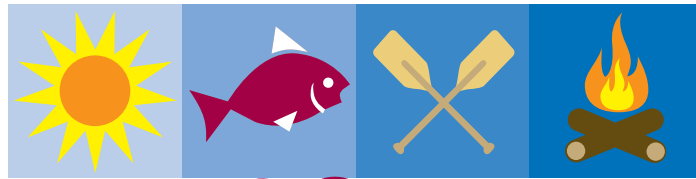


When was the last time you ate s'mores, chased lightning bugs, caught a fish or just enjoyed the relaxing beauty of the Texas Hill Country?

All that and more awaits you at **Camp CareFree**, a weekend retreat for cancer patients.

Anderson Network



Camp  **CareFree**



A Retreat for Adult Cancer Patients April 24 - 26, 2009

- Who:** Any M. D. Anderson cancer patient 25 years or older. Due to the number of applications and limited space available, a waiting list will be established. Highest priority will be given to recently diagnosed patients. All applicants are subject to medical approval.
- Where:** The beautiful hill country near Burton, Texas. Transportation from M. D. Anderson Cancer Center will be provided.
- What:** An active weekend that may include canoeing, nature hikes, crafts, games, massages and tons of fun.
- When:** April 24-26, 2009.
- Cost:** \$35.00 (Includes transportation, meals, linens and all activities.)

At **Camp CareFree**, you can rediscover the kid in you and share the experience and camaraderie with new friends also on the cancer journey. You will be supported by Anderson Network cancer survivors and M. D. Anderson staff, including trained medical personnel.

For more information contact **Maureen Valenza, 713-792-2553.**



Sponsored by Anderson
Network, a program of
Volunteer Services

THE UNIVERSITY OF TEXAS
MD ANDERSON
CANCER CENTER
Making Cancer History[®]

Camp Carefree April 24-26, 2009

Date: _____

Patient Information

Patient Name: _____ Medical Record #: _____

Address: _____

City _____ State: _____ Zip: _____

Telephone/Cell #s: _____

E-mail: _____

Current Address (if not same as above): _____

T-shirt size: _____ Age: _____ Sex: _____

PATIENT SIGNATURE: _____

Patient/Medical Health Form

To Be Completed By Patient's Physician

Brief Medical Summary (i.e., diagnosis, treatment course, relapses, recurrences, surgeries or radiation, physical disabilities and/or limitations, cognitive status and/or changes, behavior problems)

Comorbidities (i.e., high blood pressure, heart disease, diabetes, etc.)

Describe, if applicable, convulsions/seizures

Allergies (including medicine and food allergies)

IV Access _____ **Defective Vision** _____

Defective Hearing _____ **Muscular Problems** _____

Restrictions _____

Name and date of last chemotherapy to be given prior to retreat (April 24, 2009)

Physician's Statement: I have examined _____, who is physically able to engage in camp activities, except for the physical limitations and restrictions listed above. I hereby verify the information concerning health matters, drugs and immunizations, and all medications to be given.

_____, M.D. Date: _____

Send completed registration to: Anderson Network
ATTN: Maureen Valenza
FAX: 713-745-5231
andersonnetwork@mdanderson.org
Telephone: 713-792-2553

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