



Medical Professional's Statement Ostomy Youth Camp 2026

(Name) _____ is attending Ostomy Canada Youth Camp at Easter Seals Camp Horizon located in Bragg Creek, Alberta. They have medical needs that may include an ostomy, bladder or bowel incontinence, and/or inflammatory bowel disease.

These conditions may require the surgical creation of an external stoma or internal pouch to collect urine and/or body waste. If there is an external stoma, the individual will wear an ostomy pouching appliance attached to the abdomen. This pouch may be visible on a full-body scanner or noticed during a body pat down.

The individual requires that medical supplies (e.g., ostomy supplies) and/or medications be available in carry-on baggage.

The above-named person is a patient under my care.

This form must be signed by your Doctor or NSWOC

Medical Professional's Name _____

Address of Practice _____

Phone Number _____

Print Name

Medical Professional Signature

Date

**This form needs to be copied and carried with the child through airport security.*

Helping to Live Life to the Fullest | Aider à vivre pleinement sa vie

5800 Ambler Drive, Suite 210, Mississauga, ON L4W 4J4

Telephone: 1.905.212.7111 Toll Free: 1.888.969.9698 Fax: 1.905.212.9002 E-mail: info1@ostomycanada.ca

www.ostomycanada.ca