

Camp 'Can' Do
Camper Application
&
Health Forms

TRANSPORTATION RELEASE CAMP CAN DO 2011

THIS RELEASE MUST BE COMPLETED AND SIGNED FOR EVERY CAMPER WHO REQUIRES A RIDE TO OR FROM CAMP CAN DO.

I, (Parent/Guardian Name) _____, have requested transportation for _____ who will be a CAMPER at Camp Can Do Burn Camp.

I am granting permission for above child to travel with a Camp Can Do designee to and/or from camp. In consideration of the permission granted for my child to ride in a vehicle, I do hereby agree that Camp Can Do, its sureties, all agents of the Burned Children’s Fund organization, shall incur no liability for loss, damage or financial responsibility arising out of, or in any manner, connected with any damages, injury, or loss to my child/ward or their property incurred while riding in any vehicle operated by said organization or while accompanying any Camp Can Do/Burned Children’s Fund designee during the performance of transportation duties and activities.

Signature(Parent/Guardian) _____

Print Name _____ **Relationship** _____ **Date** _____

Area Code and Phone (_____) _____

CONTACT IN CASE OF EMERGENCY (IN ADDITION TO PARENT/GUARDIAN)

_____ (_____) _____
Name Relationship Phone

Names of persons authorized to pick up camper at drop-off location are:

Name Relationship

CAMP CAN DO USE

Pick-up and Drop-off Locations: _____

Transporter(s) to Camp: _____
Contact phone numbers: _____

Transporter(s) from Camp: _____
Contact phone numbers: _____

ALL SECTIONS MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL BE RETURNED

This form will be completed by a parent or legal guardian of (minor) campers. The **Health Recommendations of Licensed Medical Personnel** portion of this form must be completed by a licensed health care provider. Camp 'Can' Do staff cannot be held responsible for your child's health if we do not have accurate, up to date information.

Camper Information
 Last name _____ First name _____ Middle _____ Nickname _____
 Date of Birth _____ Age at time of camp _____ Grade completed May/June 2011 _____
 Address _____ City _____ State _____ Zip code _____
 Phone (home) _____ (cell) _____ Camper email _____
 SSN _____

Parent/Legal Guardian
 Name _____ Relationship to camper _____
 Address _____ City _____ State _____ Zip code _____
 Phone (home) _____ (cell) _____ (work) _____
 Email _____

Emergency Contact Information (If parent or guardian not available in an emergency)
 Name _____ Relationship _____
 Phone (home) _____ (cell) _____ (work) _____

Health Insurance Information
 Camper's Health Insurance _____ Group _____
 Name of Insured _____ Relationship to camper _____
 Insurance ID number _____

Primary Care Doctor _____ Phone _____
Primary Care Dentist _____ Phone _____

General Information (Parent/guardian permission required for transportation assistance-see below)
Transportation may be provided to campers within a reasonable driving distance, but is not guaranteed.
 Does your child need transportation **TO** camp? Yes _____ No _____
 Does your child need transportation to **HOME**? Yes _____ No _____
Initials _____ I give permission for my child to be transported by Camp 'Can' Do staff/volunteers. **PLEASE COMPLETE THE TRANSPORTATION PERMISSION FORM ON PAGE 2.**

Is your child accustomed to being away from home overnight? Yes _____ No _____

Rate your child's ability to swim independently with adult supervision:
 Poor _____ Fair _____ Good _____ Excellent _____

Camper's T shirt size:
 Child size: S _____ M _____ L _____ XL _____
 Adult size: S _____ M _____ L _____ XL _____ XXL _____

CAMPER HEALTH HISTORY: ALL SECTIONS MUST BE COMPLETED

The following information must be completed by the parent/guardian of (minor) camper. The intent of this information is to provide camp health care personnel with the background information needed to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health care personnel upon arrival to camp. Please provide complete, up to date information so that we are aware of the camper's needs.

Allergies (Please list all allergies and describe the reaction and management or treatment of the reaction)	
Medication Allergies	Reaction/Treatment
_____	_____
_____	_____
Food Allergies	Reaction/Treatment
_____	_____
_____	_____
Other Allergies (include insect bites, hay fever, asthma, animal dander, etc.)	Reaction/Treatment
_____	_____
_____	_____

Medications (Please list **all** medications, including over the counter and non-prescription drugs. Send enough medication for the entire time at camp. Keep medications in original packaging/bottles that will identify the prescribing physician, the dosage, and the frequency of administration. Attach another sheet of paper if you need more space to list all medications.)

Name of Medication	Dosage/Frequency	Reason for taking medication
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Camper takes no medications on a routine basis

Dietary Restrictions (Please list **any and all** dietary restrictions such as pork, eggs, seafood, etc.)

Activity Restrictions (Please explain activity restriction: What camper cannot do, adaptations or limitations necessary for camper)

General Health Questions (Explain “Yes” answers below) ALL SECTIONS MUST BE COMPLETED

Has or does camper...	Yes	No
1. Had any recent injury, illness, or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
4. Had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>
6. Had a head injury or been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7. Wear eyeglasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
8. Had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>
9. Been dizzy or passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Had seizures?	<input type="checkbox"/>	<input type="checkbox"/>
11. Had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
12. Had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
13. Been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
15. Had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
16. Had problems with joints (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>
18. Skin problems such as itching, rash, acne?	<input type="checkbox"/>	<input type="checkbox"/>
19. Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
20. Asthma or Allergies?	<input type="checkbox"/>	<input type="checkbox"/>
21. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
22. Had problems with constipation or diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>
23. Have a history of sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
24. If female-have a history of menstrual problems?	<input type="checkbox"/>	<input type="checkbox"/>
25. Had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
26. Had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
27. Currently being treated for ADHD or ADD?	<input type="checkbox"/>	<input type="checkbox"/>
28. Had involvement with law enforcement or juvenile authorities?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any “Yes” answers, noting the number of the questions. Use another sheet of paper or the back of this form if additional space is needed.

Please use this space to provide any additional information about the camper’s behavior and physical, emotional, or mental health about which the camp staff should be aware.

Briefly describe the circumstances of your child’s burn injury, the date it occurred, and where treated.

ALL SECTIONS MUST BE COMPLETED

***CAMP 'CAN' DO REQUIRES A CURRENT COPY OF THE CAMPER'S IMMUNIZATION RECORD
PLEASE ATTACH THE COPY HERE***

Health Care Recommendations by Licensed Medical Personnel

Camp 'Can' Do health care personnel cannot insure proper care or be held responsible for your child's health while at camp without accurate, up to date medical information. Please have your child's health care provider complete the following:

Date of last examination _____ Camper's Weight _____ Height _____

Is camper able to participate in an active camp program? Yes _____ No _____

Camper is under the care of a physician/health care provider for the following conditions:

Current treatment at the time of this report (Include treatment held during the summer, ex: ADHD, ADD):

Recommendations and Restrictions at Camp

Treatments to be continued at camp _____

Medications (include dosage and frequency) _____

Special meal plans or dietary restrictions? _____

Known Allergies _____

Limitations or restrictions to camp activities _____

No activity limitations or other restrictions

Additional information for Camp Medical Staff only to complete:

Date screened _____ Screened by _____

Medications received _____

Updates/additions to health history noted Yes _____ No _____ None required _____

Current health needs identified _____

**ALL SECTIONS MUST BE COMPLETED
PARENT/LEGAL GUARDIAN AUTHORIZATIONS**

Parent or legal guardian must acknowledge by initialing each section and signing below

Medical Acknowledgements

Initials _____ As far as I know, this health history is correct and complete and the person herein described has permission to engage in all camp activities except as noted. I will inform camp health care personnel if my child is exposed to any communicable diseases or has a current illness such as chicken pox, measles, or the flu within a month prior to attending camp.

Initials _____ **Permission to provide necessary treatment and emergency care:** I hereby give permission to camp health care personnel to order routine tests, x-rays, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp health care personnel to secure and administer medical treatment including hospitalization for my child. This completed form may be copied.

Initials _____ **Over the counter medications:** Camp health care personnel will have several over the counter medications available for complaints such as itching, nausea, stomach-ache, and generalized pain. Acetaminophen (Tylenol) or Ibuprofen (Motrin) will be the only analgesic pain relievers given by camp health care personnel; dose will be based on manufacturer’s guidelines. I hereby give permission for my child to receive these over the counter medications if deemed necessary by camp health care personnel. **DO NOT send any prescription narcotics to camp as we will not administer these medications.**

Permission to Attend Camp

Initials _____ I give permission for (minor camper’s name) _____ to attend Camp ‘Can’ Do, co-sponsored by MUSC Children’s Hospital and South Carolina Firefighters, at Camp St. Christopher, Seabrook Island, SC, **July 3 to July 7, 2011.**

Field Trip

Initials _____ A field trip away from Camp St. Christopher **may** be planned for all campers and counselors. The campers will be well supervised and never left alone during the field trip. The trip details will be determined prior to camp, you may contact the Camp ‘Can’ Do office at 843-792-3852 for any questions regarding the field trip.

Photo Release

Initials _____ Please complete the attached “Patient consent to photography/videotape/film/interview” form on the following page-required for camp participation (If you have questions or concerns about your child’s photo being taken, please contact us).

I certify that I am the parent or legal guardian of the camper named above and I have read and agree to the above statements/permissions.

Signature of parent or legal guardian

Signature of Witness

Date

Camper Acknowledgement of Camp ‘Can’ Do Rules

I (print camper’s name) _____ have read and understand the Camp ‘Can’ Do Camper Rules and Camp ‘Can’ Do Discipline Policy (located in the Camp ‘Can’ Do Camper Information booklet) and I agree to obey all rules while attending Camp ‘Can’ Do. I understand the stated consequences for breaking any Camp ‘Can’ Do rules, and acknowledge that I could be sent home from Camp ‘Can’ Do for breaking any Camp rules.

Signature of Camper

Signature of parent or legal guardian

Date

