

Camper Application and General Information

To be completed by a parent or guardian. Please print or type. All information will be used by staff only and will be kept confidential.

Camper name (last) _____ (first) _____ Sex (M) ___ (F) ___
Nickname _____ Birthdate _____ Age _____
Cabin mate request (if any) _____

Please have both campers list request- there are no guarantees

Legal Parent/Guardian Information

Primary custodial parent/ guardian full name _____
Address _____ City _____ ST _____ Zip _____
Home phone (____) _____ Work _____ Employer _____
Other contact numbers (cell phone, pager, etc.) _____
e-mail address _____
Relationship to camper _____
Secondary Custodial Parent/Guardian full name _____
Address _____ City _____ ST _____ Zip _____
Home phone (____) _____ Work _____ Employer _____
Other contact numbers (cell phone, pager, etc.) _____
e-mail address _____
Relationship to camper _____
Camper lives with (circle one) Both parents Father Mother
If camper does not live with both parents, who has legal custody? _____

Emergency contacts

Please provide us with 2 emergency contact numbers in the event that we are unable to reach a parent or guardian. Please make your emergency contacts aware that you have given their names and inform them of the dates your child will be at camp.

Name 1 _____
Relationship to camper _____
Daytime phone ____-____-____ Evening phone ____-____-____ other _____
Name 2 _____
Relationship to camper _____
Daytime phone ____-____-____ Evening phone ____-____-____ other _____

Insurance Information

Primary insurance company _____ policy# _____ Contact number _____
Name of person carrying insurance _____
Secondary insurance company _____ policy# _____ Contact number _____
Name of person carrying insurance _____
Medicaid or other 3rd party payor _____ Case number _____

Medical Information

Cardiologist _____ Phone _____
Hospital Affiliation _____
Pediatrician _____ Phone _____

Camper's heart diagnosis _____

Has your child ever had heart surgery or a catheterization procedure to correct their heart problem? ___ If so, please list the type of surgery or procedure, the date, and the hospital at which it was performed. _____

Medical problems other than cardiac problems:

- Asthma _____
- Seizures/convulsions _____
- Diabetes _____
- Bed wetting _____
- Other _____

Details of above _____

Please list all medication camper is on at home. Include the drug name, dose, how many times a day it is given and at what time.

<u>Medication</u>	<u>Dose</u>	<u>times per day</u>	<u>what time(s) it is given</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please send all medications to camp in their original containers. Camp Joyful Hearts cannot accept medications that are not packaged in their original containers. Our medical staff will store and administer any medications needed during the camp session. It is the parent/guardian's responsibility to supply, in advance, any routine medications needed. If your child is on any behavior medicines (Ritalin, antidepressants, etc.) please send these medications to camp.

Camper's current height _____ weight _____

Allergies (please include medication, food, and environmental allergies) _____

Please describe any special diet requirements or restrictions: _____

Our ability to provide special diets is limited. We will attempt to accommodate special needs.

Normal oxygen saturation for your camper _____

Does your camper: (circle yes or no)

Yes no :get short of breath with activity; please describe _____

Yes no :become more "blue" when playing or running _____

Yes no :ever require oxygen; if yes, describe _____

Yes no :know when to stop and rest _____

Yes no :swim - if so, circle one according to their ability- well, good, fair, poor

Yes no :easily walk up a flight of stairs without getting out of breath _____

Yes no :need help getting around (ie, wheelchair or scooter, or will need help at camp (we have a golf cart available for kids who are unable to walk distances without getting significantly short of breath)

Please describe _____

Does your child have activity restrictions? ___ If so, please list _____

Are all immunizations up to date? ___ Has your child had chicken pox? ___ chicken pox vaccine? ___

Does your camper participate in a school physical education program? _____

Please circle the level of activity in which your camper is able to participate in camp activities:

1) Full Active Participation with Moderate Exercise

Participates in non-competitive games, which may involve running short distances

2) Partial Active Participation with Light Exercise

Participates in limited activities. Camper rests occasionally.

3) Limited Active Participation with No Exercise

Must rest frequently and often. Participates in sedentary activities only.

Please describe _____

Special Needs

Is your camper on oxygen or respiratory treatment? ___ If so, please describe _____

Parents must provide all special equipment, supplies, or monitoring devices that their camper needs

Has your child ever spent the night away from home at camp before? _____

Is there anything we should know about your camper that would make their transition smoother? _____

Does your child function at their age level? ___ If no, please describe _____

Describe any serious fears that your child has _____

Describe any other medical or emotional needs about which you feel we should know _____

Please indicate what you hope your child will gain from Camp Joyful Hearts _____

I have, to the best of my knowledge, accurately stated all information herein correctly.

Parent/Legal guardian signature

Date