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January 2012

Dear Parent/Legal Guardian:

The American Cancer Society's Camp Hope day camp will be held on **Tuesday, June 19, 2012** from 10:00 a.m. until 4:00 p.m. If your child is interested in attending, please complete the enclosed application and return it to the **American Cancer Society, 1315 SW Arrowhead Road, Topeka, Kansas 66604 as soon as possible.**

Additional information regarding camp will be provided prior to camp. If you have further questions, please contact Stephanie Weiter or Lori Clark at 800/359-1025.

Sincerely,

Judith Calhoun, PhD, ARNP
Camp Hope Committee Chair

Please return all forms to:
American Cancer Society
1315 SW Arrowhead Road
Topeka, KS 66604

Camp Hope Day Camper Application

To be completed by parent or guardian

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Tuesday, June 19, 2012

Please Type or Print in Black Ink

Date: ____/____/____

Camper's Full Name: _____ Male Female

Name you prefer to be called if different from above: _____ Date of Birth: ____/____/____

Age at time of camp: _____ Grade next year: _____

Parent or Legal Guardian: _____

Home Address: _____

City/State/Zip: _____ County: _____

Parent/Legal Guardian's Telephone Number(s):

Primary: () _____

Type: Home Work Cell

Secondary: () _____

Type: Home Work Cell

Tertiary: () _____

Type: Home Work Cell

Email: _____

Camper's Primary Language: _____

Emergency Contact (not living in your home) _____ Phone: () _____

Cancer Diagnosis: _____ Date of Diagnosis: ____/____/____

Allergies: _____

Has Camper had Chickenpox? Yes No Date of Last Tetanus Booster: ____/____/____

Has camper ever been to Day Camp before? Yes No

T-shirt Size: (**Youth**) Small Medium Large

Personality Issues/Parental/Legal Guardian Concerns/Campers Fears: _____

Please tell us about your child: _____

Present Medications (name, dosage, & schedule):

- ◆ Unless other arrangements have been made, it is expected that each family will supply any medication(s) needed. All medicines must be in a labeled container with the label stating the name of the medicine, strength and instructions for taking.

Name	Dosage	Schedule

Name: _____

Medical Contact Information:

Primary Physician: _____ Phone: () _____

Oncologist: _____ Phone: () _____

Surgeon/Transplant Physician: _____ Phone: () _____

Secondary Medical Conditions: Indicate with a check (X) any of the following conditions exhibited by your child. Please provide detailed information about his/her limitations. Do not hesitate to use an additional sheet to provide more information which would help us better understand your child.

- Visual Impairments: _____
- Hearing Impairments: _____
- Seizures/Convulsions: _____
- Learning Disabilities: _____
- Cognitively (academically) Functions Below Age Level: _____
- Asthma: _____
- Diabetes: _____
- Frequent Ear Infections: _____
- Heart Defect/Disease: _____
- Prosthesis: _____
- Bleeding/Clotting Disorders: _____
- Others: _____

Special Activities-of-Daily-Living Needs: Specify any assistance needed by your child.

- Dressing: _____
- Eating: _____
- Bathrooming: _____
- Walking from Place to Place: _____
- Needs Wheelchair Assistance (describe): _____

Parent Recommendations/Restrictions: (Please indicate if your child has restrictions for the following.)

- ◆ Diet: _____
- ◆ Swimming/Diving: _____
- ◆ Activity Level: _____
- ◆ Other: _____

Special Devices and Procedures:

- Broviac/Hickman
- Port
- Ostomy

Care (Flushes/Dressing): _____

- Other procedure (if no procedure is described, then we will follow the Camp Hope protocol)

Description of procedure (in detail): _____

Authorization For Treatment

To be completed by parent or guardian

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You must return this form with a notary signature and seal or your camper will not be permitted to stay at camp.

In consideration of this camping opportunity, applicant does thereby agree to indemnify and hold the American Cancer Society, High Plains Division, Inc. and Camp Hope harmless from any claims for accident or injury sustained by the camper named in this form while attending or participating in any Camp Hope program on or off the Camp Hope premises.

I further consent to any routine or non-surgical medical care that my child may be required to have either due to circumstances previous to or during the camp sessions.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the individual in charge to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above. Your signature is required or we will not be able to accept your child at camp.

To be in effect, please have these forms notarized.

Print Camper's Name

Signature of Parent or Legal Guardian

Signature of Notary

Date

In case of emergency, we will make every effort to contact parent/legal guardian, and/or your designee.

Health Insurance Information

To be completed by parent or guardian

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In order to complete the records for our infirmary, please provide the following information:

Please Print or Type

Camper's Name: _____

Insurance Company: _____
(Name of insurance company)

Employer: _____
(Employer name)

(address) (city) (state) (zip)

Policy Number: _____

Name of Cardholder: _____

Signature of Cardholder: _____

Attach copy of health insurance card here.
Include a front and back copy of the card.

Publicity Release & Consent Form

To be completed by camper and parent or guardian

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I authorize the American Cancer Society, High Plains Division, Inc., its employees, agents, successors, assigns, subsidiaries and/or affiliates to use all information supplied by me in any or all of its publicity. Such shall include without limitation the use of any picture(s), photograph(s), life story and information.

This material may be used with or without using my name or by using my initials. The American Cancer Society may use these materials in its entirety or in part. I understand that the publication or otherwise use of these materials is not subject to my inspection or approval. The materials may be used in various forms of media, including print, video, or audio.

I agree that I will not be compensated for the use of these materials. Any picture or photograph supplied to and/or taken by the American Cancer Society, High Plains Division, Inc. shall be and remain the property of the American Cancer Society, High Plains Division, Inc.

I release, discharge, and agree to hold harmless the American Cancer Society, High Plains Division, Inc., its employees, legal representatives or assigns, and all persons acting under their authority from any liability that may occur from the publishing of this story, picture(s), photograph(s), or in its subsequent publishing or processing thereof. I also agree to hold harmless the American Cancer Society, High Plains Division, Inc. in the event that I submit materials such are not returned to me.

I state that if I have submitted any information that it is true and accurate. I also state that I have the authority to use and submit any materials and information given to the American Cancer Society, High Plains Division, Inc. I acknowledge that I am at least eighteen years of age. I understand that if I am less than eighteen years of age that my parent or guardian must authorize the release of this information. I also state that I have not given any person or entity the exclusive right to use my name, life story, picture or any other information.

Dated this _____ Day of _____, 200__.

Print Full Legal Name

Legal Signature

Parent or Guardian Consent

I, the undersigned, being the (parent and/or guardian of the above named minor), do hereby consent to the above authorization and general release.

Dated this _____ Day of _____, 200__.

Print Full Legal Name

Legal Signature

Release of Camper

To be completed by parent or guardian

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Please Print or Type

Campers will be released only to those individuals listed below, upon proof of identity (i.e., valid driver's license or government issued picture identification). This includes parent(s) and/or guardian(s).

1. _____
name address phone

2. _____
name address phone

3. _____
name address phone

4. _____
name address phone

Signature(s) of parents(s) or guardian(s):

Date: _____ Date: _____