



THE OFFICIAL SPONSOR
OF BIRTHDAYS.™

Camp Hope June 17-23, 2012

Important Information

- ✓ It is vital that all application information be completed. Applications with missing information will be returned – Complete forms are due by May 3, 2012. Applications received after the deadline will be accepted on a first come first serve basis.
- ✓ All campers are required to have a complete health evaluation within the past year and the form must be signed by a licensed health care professional, preferably a pediatrician. Campers with clinically significant medical histories with implications for ongoing care (e.g., asthma, surgery, seizures, diabetes, or orthopedic injuries) should have had an examination within the previous 6 months.
- ✓ A complete record of all immunizations is required - not just tetanus shot dates. Every child who attends school is required to be current on immunizations. You may obtain a copy of immunization records from your child's school.
- ✓ The authorization for medical treatment form will require a notary signature in addition to yours. Notaries can be located by checking your local yellow pages or they can be found at banks, attorney offices or most Dillon super stores.
- ✓ The parent/legal guardian ONLY should complete the application for campers under the age of 18. Please do not have your child complete the forms.
- ✓ In May, you will receive a medical packet that includes: a lab work form, list of suggested items to bring to camp, medication sheets, activity schedule and directions to camp. Please bring this information when you register at camp on the 17th of June.
- ✓ For questions, please call the American Cancer Society at 800/359-1025.

Please return all forms to:
American Cancer Society
High Plains Division, Inc.
1315 SW Arrowhead Road
Topeka, KS 66604

Camp Hope Mission Statement

It is the mission of the American Cancer Society's Camp Hope to provide a normal, active, and safe camp experience where children can celebrate life with, through, and beyond the diagnosis of cancer.

Camp Hope Goals

Goal: To provide campers with a safe, supervised camping environment.

Outcome Objectives:

- There will be no more than 5 campers to 1 volunteer at all times.
- Select a minimum of 75 volunteers per session.
- Orient all volunteers to the policies and procedures of camp.

Goal: To provide the medical expertise and close monitoring required by children with a history of cancer.

Outcome Objectives:

- At least 2 physicians will be available at all times.
- A member of the medical staff will be assigned to each group and present at all activities.
- All medical staff will be in compliance with medical protocols.

Goal: To provide campers opportunities to experience normal camp programs as their medical needs will allow and at no cost to the camper.

Outcome Objectives:

- Activities will be evaluated every year to determine whether they meet the needs of the camp and campers.
- 100% of all participants are identified by their personal doctors to be well enough to attend.
- American Cancer Society will provide 100% of the funds for Camp Hope.

Goal: To offer children with cancer the opportunity to interact with others who have similar circumstances.

Outcome Objectives:

- All campers will interact with others by the end of the session.
- At least 75% of all campers will actively participate in small group activities of their choice.
- At least 3 newsletters will be mailed annually to Camp Hope campers and volunteers, besides the daily newsletter distributed during camp.

Goal: To provide to the parents/legal guardians whose children attend camp a safe, secure program, and to provide them with all necessary information and support.

Outcome Objectives:

- 100% of families receive camp packets and final information at least 2 weeks prior to camp.
- 100% of the families will have received written documentation regarding Camp Hope.
- 100% of the families will meet with a member of the medical staff at arrival and departure regarding the campers' needs or concerns.
- Maintain accreditation with the American Camp Association

Goal: To provide maximum benefits to the children from the donations received.

Outcome Objectives:

- All restricted camp gifts will be used for camp programs.



Camp Hope Camper Application

To be completed by parent or legal guardian

1

THE OFFICIAL SPONSOR OF BIRTHDAYS.™

Please Type or Print in Black Ink

Personal Information:

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: _____

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

Primary: () _____ Type: Home Work Cell

Secondary: () _____ Type: Home Work Cell

Tertiary: () _____ Type: Home Work Cell

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

Primary: () _____ Type: Home Work Cell

Secondary: () _____ Type: Home Work Cell

Tertiary: () _____ Type: Home Work Cell

Camper's E-mail Address: _____

Camper's Primary Language: _____

Other language(s) spoken: _____

Parent/Legal Guardian's E-mail Address: _____

Parent/Legal Guardian's Primary Language: _____

Emergency Contact (**person not living in your home**): _____

Relationship to Camper: _____

Primary: () _____ Type: Home Work Cell

Secondary: () _____ Type: Home Work Cell

Tertiary: () _____ Type: Home Work Cell

T-shirt Size: (Youth) Small Medium Large (Adult) Small Medium Large X-Large XX-Large

Medical Information:

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

Is Camper Currently on Chemotherapy: Yes No

If **not**, was their last round within the last 6 months? Yes No

If **yes**, what chemotherapy/medications did they receive most recently and on what date?

Camper's Name: _____

Medical Information:

Drug Allergies (Describe Reaction): _____

Immunization History: (The State of Kansas requires all immunizations be up to date for camp.)

*****Please include a copy of your child's immunization card —We must have a NEW copy each year.*****

Your school should have copies if you do not.

DPT Series	___/___/___	Last Tetanus Booster (must be within 10 yrs)	___/___/___	Hepatitis B	___/___/___
Polio	___/___/___	Last Polio Booster	___/___/___	Varicella (chicken pox)	___/___/___
Last TB Test	___/___/___	MMR (measles, mumps, rubella)	___/___/___	Hib	___/___/___
MMR Booster	___/___/___	Other _____	___/___/___		

Highly Recommended Vaccinations (not required at this time)

Tdap	___/___/___	Menactra	___/___/___
Varicella Booster	___/___/___	Hepatitis A	___/___/___ ___/___/___

Please List Current Infectious Diseases: _____

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

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

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: _____
- Bedwetting: _____
- Prosthesis: _____
- Bleeding/Clotting Disorders: _____
- Sleepwalking: _____
- Allergies: _____
- Others: _____

Camper's Name: _____

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):

Special Devices and Procedures:

- Broviac/Hickman
- Port
- Ostomy
- Other procedure (if no procedure is described, then we will follow the Camp Hope protocol)

Care (Flushes/Dressing): _____

Description of procedure (in detail): _____

Additional Comments: _____

Is your child being treated for ADHD or ADD? Yes No

Has your child ever been treated for emotional or behavioral difficulties? Yes No

If yes, please explain: _____

During the past 12 months, has your child seen a professional to address mental/emotional health concerns? Yes No

If yes, please explain: _____

Camper's Name: _____

Medical Contact Information:

Primary physician: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Oncologist: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Surgeon/Transplant physician: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Other Physician: _____

Type of Physician: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

For Female Campers ONLY:

Has child ever menstruated? Yes No

If not, has she been told about it? Yes No

If so, is her menstrual history normal? Yes No

Any special considerations: _____

Camper's Name: _____

Other Personality Issues/Behavioral Problems/Parental or Legal Guardian Concerns or Camper's Fears: _____

Please tell us about your child: _____

- ◆ Has your child ever been to Camp Hope before? Day Camp Yes No Overnight camp? Yes No
- ◆ Has your child ever been to any other camp before? Yes No If yes, where? _____
- ◆ Will your child be attending camp all week? Yes No
 - If no, which days will your child be attending? Sun Mon Tue Wed Thur Fri Sat
- ◆ Camp Hope may have an onsite beautician. Is your child allowed to have a haircut? Yes No

American Cancer Society Privacy Policy

The American Cancer Society takes your concerns about privacy seriously and we make every reasonable effort to protect your privacy when we receive and use your information. When you complete this form, your information helps us better understand your needs. We may use this information to provide services to you or to arrange services with other organizations. We may also use your information to invite you to an event in your community and to inform you of volunteer or giving opportunities.

The American Cancer Society keeps your information private and protected; please call us at 800-227-2345 or visit our website at www.cancer.org if you have questions about our privacy standards or would like a full description of our privacy policy.

By signing below, you give permission to the American Cancer Society to use and share your information as described above.

Parent/Legal Guardian's Signature: _____ Date: ____/____/____

Authorization for Treatment

To be completed by parent or legal guardian

You must return this form with a notary signature and seal or your camper will not be permitted to attend 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 your signature notarized on this form.

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 legal guardian

7

Please provide the following information in the event hospitalization is necessary:

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 legal guardian

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 _____, 201____.

Print Full Legal Name

Legal Signature

Parent or Legal 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 _____, 201____.

Print Full Legal Name

Legal Signature

Release of Camper
To be completed by parent or legal guardian

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 legal guardian(s).

1.			
	Name	Address	Phone
2.			
	Name	Address	Phone
3.			
	Name	Address	Phone
4.			
	Name	Address	Phone

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

Date: _____ Date: _____

American Cancer Society Use Only



To be signed when picking-up child from camp.

Signature

Date

Camp Hope Camper Code of Conduct

To be completed by camper and parent or legal guardian

Before every sporting event, the coach, players and officials go over the ground rules. Likewise, Camp Hope has its own “ground rules” that all campers are required to follow. The rules are needed so that all participants can have the best camp experience possible.

The parent(s) or guardian(s) of each camper is (are) required to read/discuss the following ground rules with their child. This form must be signed and returned with the application before the child can attend Camp Hope.

1. I will cooperate with my house parents, other volunteers and camp staff members in all camp activities.
2. I will be responsible for my actions and behavior so that they do not interfere with the enjoyment of the camp by other campers and volunteers.
3. I will listen and be quiet when others are talking because I want them to do the same for me.
4. I will represent my family and the American Cancer Society’s Camp Hope positively at all times while at camp.
5. I will be respectful of camp property and the property of other campers and volunteers. Camp Hope is not responsible for lost items. Please keep this in mind when deciding what to bring to camp (e.g., jewelry, CDs, money, electronic equipment). If radios, walkmans, CD players, I pods, or hand-held electronic games are bought to camp they should remain in the cabins.
6. I will follow the rules established by the camp facility and Camp Hope, including:
 - The use of tobacco, illegal drugs or alcohol of any kind is not permitted while at camp.
 - Campers are not to leave the campground unattended once they arrive at camp.
 - Campers are not permitted to drive vehicles at camp.
 - The use of cellular phones and pagers by campers is not permitted. Cell phones and pagers will be taken at the beginning of camp and returned on closing day.
 - Campers are to return to cabins at night with house parents and to remain in the cabin after lights out.
 - Swearing, lewd jokes and language and suggestive clothing are not permitted at camp.
 - Firearms, knives or weapons of any kind are not permitted at camp.
7. We reserve the right to search personal property at any time without notice if enough suspicion arises that a weapon or illegal substance is present at camp, law enforcement will be notified.

Camp Hope cannot schedule around certain behavior problems. Campers who cannot control themselves and follow the “ground rules” will receive one or more of the following consequences for their actions:

1. Verbal warning and the possibility of “time out” or the loss of certain camp privileges (e.g., sitting out certain camp activities). The house parent and/or camp director determine the duration of the time out.
2. Telephone call made to parents/guardians by the camp director to discuss the problem.
3. Immediate dismissal from camp. Parents/guardians will be notified. Campers will be released from camp according to policy and to individuals identified in the release of camper form.

I agree to follow the code of conduct and ground rules of Camp Hope.

Camper’s Signature _____ Date _____

Parent/Guardian’s Signature _____ Date _____

