Kamp KACE 2011
Camper Information

Complete one form for each camper; return by May 27, 2011

General Information

Child's full name: _____ Male ☐ Female ☐

Address: _____ City: _____ State: _____ Zip: _____

Phone: ( ) _____ Age: ____ Birth date: ____ / ____ / _____ Grade in school next fall: _____

Diagnosis: _____ Date of diagnosis: ____ / ____ / ____ Last treatment date: _____ / ____ / ____

Preferred name to be called or nickname: _____

Father's Name: _____ Phone: _____

Father's Address: _____ Cell Phone: _____

Father's Employer: _____ Work Phone: _____

Mother's Name: _____ Phone: _____

Mother's Address: _____ Cell Phone: _____

Mother's Employer: _____ Work Phone: _____

Guardian's Name: _____ Phone: _____

Guardian's Address: _____ Cell Phone: _____

Guardian's Employer: _____ Work Phone: _____

Emergency Contact

Name: _____ Phone: _____

Relationship to child: _____ Work Phone: _____

Name: _____ Phone: _____

Relationship to child: _____ Work Phone: _____

If both parents or guardians should leave home for any extended length of time while their child attends a Kamp session, they must advise the Kamp director where they can be contacted in case of an emergency.

Physician Information

Physician: _____ Phone: _____

Institution: _____

Dentist: _____ Phone: _____

Medical Information

Does your child have a central line (Broviac, Hickman, Port)? _____

If external line: Flushed how often? _____ Dressing changed how often? _____

Please bring ALL supplies with you.

Special Needs

Please list all special needs your child has. Your child's application will not be rejected on the basis of these needs. The more information we have, the better we will be able to care for your child.

Is your child allergic to any food or drug? ☐ Yes ☐ No If yes, please list and describe reaction:

_____

_____

_____

Is your child currently being treated for any other medical condition such as asthma, ADD, diabetes, etc.? ☐ Yes ☐ No If yes, please explain and be sure to include medications routinely taken for any condition, and list them on the med sheet on next page:

_____

_____

_____

If female, has child begun menstruation? ☐ Yes ☐ No

List any special equipment (walker, crutches, wheelchair, prosthesis) used by your child:

_____

_____

Are there any other special needs that your child has that the medical staff should know about?

_____

_____

_____

Dietary restrictions and/or special food needs?

_____

_____

Has your child had the chickenpox? ☐ Yes ☐ No If yes, when? ___ / ___ / ____

Please note: you must alert us if your child has been exposed to any communicable disease (chicken pox, measles, flu, etc.) 1-3 weeks before Kamp.

Child's weight in pounds _____ Child's height _____

Is there anything we should know about your child that will make his/her adjustment smoother?

_____

_____

Is your child able to function at his/her age level? ☐ Yes ☐ No If no, describe:

_____

_____

Describe any unusual bedtime or sleep habits (sleepwalking, nightmares, bedwetting, etc.):

_____

_____

Does your child know how to swim? ☐ Yes ☐ No

Medications

Each family will send all medications, chemotherapy, catheter dressing and supplies, and any other supplies necessary for their child while at Kamp. The medical staff will store and administer medications as directed by you. Please send 2 extra days worth of meds, in case of emesis, loss, or wasting. All medications must be in their original pharmacy bottles.

Oral Medications:

Drug name and strength	Dose	Frequency

IM, SQ or IV medications:

Drug name and strength	Dose	Frequency

Please indicate any special ways to give medications. Include information about medication used to prevent nausea, vomiting, and pain management if applicable.

_____

_____

_____

_____

We know that medication schedules may change before summer. Please let us know at the time of registration if there have been changes.

Insurance Information (Please include a copy of your insurance card):

Name of parent who insures child: _____

Insurance Company Name: _____

Address: _____ City: _____ State: _____

Phone: _____

Policy #: _____ If Group, Name: _____ ID#: _____

Please send completed and signed forms to:
Kamp KACE
P.O. Box 6001
Fargo, ND 58108

www.kampkace.org

Kamp KACE 2011

Permission Forms

Complete one form for each camper; return by May 27, 2011

I hereby grant permission for my child _____ to attend Kamp KACE.

Consent for Medical Treatment

I, for and on behalf of the camper named above, hereby give permission to the medical staff of Kamp KACE to administer medication, arrange for emergency treatment, admit the camper to a hospital, or take any other medical action deemed necessary under the circumstances. I understand that I will be notified in the event of an emergency as soon as possible.

Release of Liability

I, the undersigned parent/guardian, understand that occasionally accidents occur during Kamp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of Kamp activities, nevertheless, and in consideration of my child's acceptance for participation at Kamp, I hereby agree to assume those risks and to hold harmless the Children's Oncology Camp Foundation, and all camp agents, representatives, employees, and volunteers from any and all liability, claims for personal injury and/or property damage, costs, expenses, and damages arising out of or connected in any way with my child's participation in Kamp activities. Further, I acknowledge that Kamp KACE accepts no responsibility for the loss, damage or theft of my child's personal property.

Photo Information and Release

I, the undersigned parent/ guardian, give Kamp KACE permission to photograph and use pictures or visual and audio recordings of the participant in progressional and fundraising and/or marketing activities. On occasion, with this permission, participant photographs may be included in a bulletin board, video, website, newsletter, camp album, or in personal photographs. Kamp KACE respects the privacy of its participants and does not allow unauthorized visitors to photograph the Kamp or its participants.

In addition, by signing below, I give Kamp KACE permission to give the participant's contact information to groups or individuals wishing to support Kamp KACE by sending them an invitation to an event or by sending information related to Kamp. This will not a be a list sold or given to anyone else for any other reason.

Participation Consent

I, the undersigned parent/guardian, hereby give permission for my child to participate in any and all activities, including transportation to and from Kamp for Kamp activities, except those specifically prohibited by me, as indicated below.

_____

_____

_____ _____ / _____ / _____

Participant Signature (Parent/Guardian for participants under age 18) Date

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