



Kamp KACE Camper Information

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: _____

Family/parent email address: _____

Father's Name: _____ Phone: () _____

Father's Address: _____ Work: () _____

Father's Employer: _____ Cell Phone: () _____

Mother's Name: _____ Phone: () _____

Mother's Address: _____ Work: () _____

Mother's Employer: _____ Cell Phone: () _____

Guardian's Name: _____ Phone: () _____

Guardian's Address: _____ Work: () _____

Guardian's Employer: _____ Cell Phone: () _____

Emergency Contact

Name: _____ Phone: () _____

Relationship to child: _____ Work: () _____

Name: _____ Phone: () _____

Relationship to child: _____ Work: () _____

If both parents or guardians should leave home for any extended length of time while their child attends a camp session, you must advise the camp director where you 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 the next page:

If female, has child begun menstruation? Yes___ No _____

List any special equipment (walker, crutches, wheelchair, prosthesis) used by 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....) 1-3 weeks before camp.

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? 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 camp. 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 medications 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# _____

Return this form to:

Pediatric Oncology #0915

Sanford Roger Maris Cancer Center

820 4th St N.

Fargo, ND, 58122



Permission forms

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

Consent for Medical Treatment:

I, for and on the 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

The undersigned parent/guardian understands that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, and in consideration of my child's acceptance for participation at camp, the undersigned hereby agrees 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 camp activities. Further, the undersigned acknowledges that Kamp KACE accepts no responsibility for the loss, damage or theft of my child's personal property.

Photo and Information Release:

The undersigned gives Kamp KACE permission to photograph and use pictures or visual and audio recordings of the participant in promotional 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. The camp respects the privacy of its participants and does not allow unauthorized visitors to photograph the camp or participants.

In addition, by signing below, the undersigned gives Kamp Kace the 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 be a list sold or given to anyone else for any other reason.

Participation consent:

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



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

Kamp KACE Code of Conduct

In a continuing effort to offer Kamp KACE campers the best week possible with the most memorable outcomes, we feel several rules of camper behavior should be understood and agreed to by the campers and the parent/guardian before attending Kamp. Please note that while we don't expect problems with your child, this code of conduct is simply a way to provide a safeguard for both you and us.

Please read the statement below thoroughly with your child, sign and return along with the Kamp application.

Each camper is encouraged to take a full and active interest in all parts of the planned programs including attending all activities scheduled.

A camper may be sent home or parents called if involved in any of the following actions, such as:

- Deliberate destruction of facilities or equipment
- Possession or use of fireworks, knives, or firearms except under supervision in activities
- Disrespect of fellow campers and/or counselors
- Curfew violations

Campers will be advised of general camp rules during the first day of Kamp. Infractions or unacceptable conduct will be reviewed by a conference of the Kamp staff.

Campers are not allowed in or around the lake except during scheduled supervised activities.

My child has read and understands Kamp KACE'S code of conduct. If my child does not conform to these rules, I am aware the Kamp director may call me and ask that the child be picked up.

Camper signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____