

# Children's Heart Foundation's



This application is to be filled out by the parents/guardian of minors. Parent must complete this application process no later than **Friday, April 30, 2010**. Space is limited, we cannot guarantee that space will be available. **Application must include a recent photo of your child.**

### CAMPER INFORMATION

The information in this portion is not part of the camper acceptance process, but is required to assist us in identifying appropriate care.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

NAME CAMPER PREFERS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

AGE: \_\_\_\_\_ GRADE ENTERING FALL 2010: \_\_\_\_\_

**T-SHIRT SIZE (circle one):** Youth S Youth M Youth L Adult S Adult M Adult L

### THE LEGAL PARENT(S)/LEGAL GUARDIAN INFORMATION

Primary Custodian/Parent/Guardian Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Hours to be contacted: \_\_\_\_\_

Secondary Custodian/Parent/Guardian Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Camp Mend-a-Heart 2010 Application**

**Name of Camper:**  
**Parent Initials:**

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Hours to be contacted: \_\_\_\_\_

Camper lives with (circle one): Both Parents/Father/Mother/Other: \_\_\_\_\_

What language(s) does your child speak? \_\_\_\_\_

**EMERGENCY CONTACTS OTHER THAN GUARDIAN**

Full Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**INSURANCE INFORMATION**

Named of Insured: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name of Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Insurance Co.: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Other Insurance Information (Medicare, CHAMPUS, etc): \_\_\_\_\_

**MEDICAL INFORMATION**

PEDIATRIC CARDIOLOGIST: \_\_\_\_\_

If other than Children's Heart Center - Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Hospital Affiliation: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

Address: \_\_\_\_\_ Hospital Affiliation: \_\_\_\_\_

Cardiac/Medical Diagnosis: \_\_\_\_\_

*Indicate last date which illness occurred. If illness is a frequent occurrence, please comment below*

Frequent ear/cold infections		Chicken Pox		Asthma		Poison Ivy	
Frequent fever		Mononucleosis		Diabetes		Seizures	
Frequent bowel/bladder problems		Hypertension		Mumps		Sinus infection	
Bleeding/clotting disorders		German Measles		Measles		Stomach aches	
Stroke/paralysis		Endocarditis		Strep throat		Bee sting	
Fainting episodes		Rheumatic Fever		Hepatitis		Hay Fever	
How many times with in the past year has your child had strep throat?		Comments:					

*Please list and comment on any of the prior check illnesses or add additional sheet:*

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**IMMUNIZATION HISTORY**

Fill in approximate dates: **Tetanus Booster must be up to date.**

<b>Tetanus Booster</b>		<b>TB Test or chest x-ray</b>		<b>Polio Series</b>	
<b>Measles</b>		<b>Mumps</b>		<b>MMR</b>	
<b>DPT Series</b>		<b>Pneumo-vac</b>		<b>Flu</b>	

Has camper been exposed to chicken pox or any other communicable disease in the past 1-3 months? **Y or N** If yes, please explain. \_\_\_\_\_

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Does your child have any food allergies? **Y or N** Any drug allergies? **Y or N**  
If yes, please explain. \_\_\_\_\_

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**ACTIVITY PARTICIPATION**

Is camper able to walk 150 yards unassisted without extreme fatigue? **Y or N.**

Your child may have the opportunity at Camp Mend-a-Heart to experience the following activities: Ropes/Challenge course (assisted by firefighters), light running, walking on nature trail, active games, squirt gun games, tug of war. Participation is not mandatory but encouraged. Please state any activity in which your child may not participate. Please explain.

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**CAMPER PSYCHOSOCIAL PROFILE**

Does your child function at his/her age/grade level? **Y or N**

Describe below: \_\_\_\_\_  
\_\_\_\_\_

What are your child's strengths and what area does your child feel the greatest sense of accomplishment? \_\_\_\_\_

List any other chronic or recurring illnesses that we should be aware of.

\_\_\_\_\_  
\_\_\_\_\_

What is you your child's hopes or fears about coming to Camp Mend-a-Heart?

\_\_\_\_\_  
\_\_\_\_\_

Use the space below to provide any additional information about your child's behavior or physical, emotional, or mental health with the camp should know about (i.e. bedwetting, recent move, divorce, recent death, serious fears). Also, please share information with the counselors that will help make your child's adjustment to camp smoother (i.e. camper's way of handling anger and frustration, etc).

\_\_\_\_\_  
\_\_\_\_\_

Does your child have a psychiatric/emotional disorder? **Y or N**

If **YES**, what is his/her diagnosis? \_\_\_\_\_

Is your child currently under the care of a counselor, psychologist, or psychiatrist? **Y or N**.

If **YES**, why? \_\_\_\_\_

Is your child currently taking medication for his/her behavior or emotional issues? **Y or N**

If **YES**, what medications? \_\_\_\_\_

Does your child have an IEP, 504, or special education plan? **Y or N**

If **YES**, please include a copy.

Please rate what you think your child's self confidence:

**Low**

**Average**

**High**

How well does your child interact with other children?

**Poorly**

**Well**

**Very Well**

Does your child interact better with children younger or older than them? \_\_\_\_\_  
\_\_\_\_\_

How well does your child listen to persons in authority? \_\_\_\_\_  
\_\_\_\_\_

Please name some your child's strength's. \_\_\_\_\_  
\_\_\_\_\_

Please name some your child's weaknesses. \_\_\_\_\_  
\_\_\_\_\_

Does your child have any history in the following areas? Please indicate **YES or NO**.

- |  |   |
|--|---|
| <input type="checkbox"/> Nightmares                      | <input type="checkbox"/> Being Bullied                |
| <input type="checkbox"/> Bed Wetting                     | <input type="checkbox"/> Bowel Accidents              |
| <input type="checkbox"/> Bullying Others                 | <input type="checkbox"/> Obsessive thoughts           |
| <input type="checkbox"/> Difficulty Sleeping             | <input type="checkbox"/> Anxiety/Nervousness          |
| <input type="checkbox"/> Eating Concerns                 | <input type="checkbox"/> Depression/Sadness           |
| <input type="checkbox"/> Any Phobias                     | <input type="checkbox"/> Fears                        |
| <input type="checkbox"/> Difficulty Following Directions | <input type="checkbox"/> Adjustment Issues            |
| <input type="checkbox"/> Low IQ/Learning Disability      | <input type="checkbox"/> Wandering From Group Setting |

If you have answered yes to any of the follow please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate **YES or NO**.

- Is this first time your child is away from home?
- If yes, has your child exhibited signs of homesickness when away from home?
- Is your child participating in a physical education program?
- Can your child walk up and down a flight of stairs unassisted?
- Does your child have at least one close friend?
- Has your child had previous group experiences?
- Does your child have any special dietary needs? If so, we will do our best to accommodate any special diet needs.
- Has your child experienced a traumatic event recently such as divorce, a move or the death of someone? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

**2010 Cardiology and Medical Form**

**Dear Pediatric Cardiologist:**

Your patient is applying to attend Camp Mend-a-Heart from June 27-July 1, 2010. Your cooperation is requested to provide our medical staff with pertinent medical history about your patient. All information is confidential and solely for the guidance of the Camp Mend-a-Heart medical staff. If you have examined your patient during the period of July 2009 through May 2010, please use information from the most recent visit in completing this form. Thank You.

I hereby authorize release of the information requested on this form to Camp Mend-a-Heart and Children's Heart Foundation, its delegates and other medical care providers that they deem appropriate and necessary.

Parent/Legal Guardian (print) \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

**PHYSICAL EXAM**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ kg H.R.: \_\_\_\_\_ B.P.: \_\_\_\_\_ SaO<sub>2</sub> saturation range: \_\_\_\_\_

Cardiovascular: \_\_\_\_\_

**CARDIAC DIAGNOSIS**

Please print or type. Medical staff must be able to CLEARLY read the diagnosis. This is vital to our programming and staffing.

<u>Cardiac Diagnosis</u>	<u>Last Surgical Intervention</u>	<u>Date Performed</u>



**CARDIAC RHYTHM/DEVICE HISTORY**

Does applicant have a history of arrhythmia? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please describe: \_\_\_\_\_

Date of last episode:  / /

Other: \_\_\_\_\_

Does applicant have a PACEMAKER or ICD? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PACEMAKER**

Brand: \_\_\_\_\_ Model \_\_\_\_\_ Date of Last Interrogation:  / /

Programmed To: \_\_\_\_\_ Mode: \_\_\_\_\_ Lower Rate: \_\_\_\_\_ Upper Rate: \_\_\_\_\_

**ICD**

Brand: \_\_\_\_\_ Model: \_\_\_\_\_ Date of Last Interrogation:  / /

Has ICD discharged recently? \_\_\_\_\_ Yes \_\_\_\_\_ No How often? \_\_\_\_\_

***PLEASE SEND COPIES OF LAST PROGRAMMED SETTINGS FROM ALL DEVICES***

**ALLERGIES**

Medication/Trigger	Date of last reaction	Type of reaction

Describe any recent operations or serious illness. Do they require treatment? \_\_\_\_\_

Describe any physical disability or physical limitation effecting camp activity. \_\_\_\_\_

Describe any psychological problems that you are aware of that could impact campers participation. \_\_\_\_\_

Describe any pertinent findings on examination that may require monitoring while at camp. \_\_\_\_\_

Dear Pediatric Cardiologist:

Please **circle** the letter below describing the level of activity in which the applicant is able to participate.

**A. Full Active Participation With Moderate Exercise.**

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

**B. Partial Active Participation With Light Exercise.**

*Participates in limited activities. Camper rests occasionally.*

**C. Limited Active Participation With No Exercise.**

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

Please circle the letter below describing the level of activity in which the applicant is able to participate.

If applicant fits **category C**, please reconsider his/her suitability. However, if you perceive that this applicant can benefit from actively participating in the programs, please submit a written explanation, in addition to circling each category.

We would like to thank you for helping us make Camp Mend-a-Heart a safe place for children with heart issues. If any event occurs while your patient is at camp we will contact you as soon as possible as instructed below:

**Doctor's Statement:**

I have examined \_\_\_\_\_ who is physically able to engage in camp activities, except for the limitations and restrictions listed above.

Physician's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_

Phone Numbers: Office (\_\_\_\_\_) \_\_\_\_\_ Off Hours On-Call (\_\_\_\_\_) \_\_\_\_\_

### **Camp Mend-a-Heart 2010 Release Forms**

#### **Camp Rules and Expectations**

In order for Camp to be safe, fun, enjoyable, and run successfully everyone must cooperate and comply with Camp rules. Below are the expectations you need to talk about with your camper before Camp. **Please read and discuss these expectations with the camper.**

1. Each camper must treat every person at Camp with respect and consideration. Camp will not tolerate intimidation, verbal or physical abuse, or destruction of property.
2. Campers must help out with chores (dining room and room clean-up, packing and unloading) and comply with Retreat rules.
3. Alcoholic beverages, illegal drugs, smoking, or tobacco products are not allowed.
4. Guns, knives, slingshots, fireworks, or any other kinds of weapons are not allowed.
5. Physical, sexual, or suggestive behavior is not appropriate or acceptable.
6. We expect all campers to be respectful and responsible at all times.
7. Cussing, swearing, and foul language is not acceptable.

*If at any time during Camp these expectations are broken or a camper's behavior takes away from a positive camping experience the Camp Director reserves the right to notify the parent(s) or guardian who will be required to drive out to the Rapport Leadership International Retreat in Alamo to pick up the camper.*

#### **Photo Release**

The undersigned do hereby authorize Camp Mend-a-Heart and Children's Heart Foundation to interview, photograph, or make any other visual or audio recordings of the person named above, who will be identifiable. The undersigned authorizes the use for television, radio, magazines, newspaper, website, and any other forms of media presentations, for related stories about the summer camp, Camp Mend-a-Heart, sponsored by Children's Heart Foundation. Authorization and/or consent as outlined above are hereby granted. I hold Camp Mend-a-Heart, Children's Heart Foundation, its agents, employees, and volunteers harmless from any claim for injury or compensation resulting from the activities authorized by this document.

#### **Medical Release and Permission to Treat**

We authorize and appoint any member of the staff of Camp Mend-a-Heart to care for our child while attending Camp Mend-a-Heart. This authorization shall include the right to any necessary medical or dental treatments, such as operations, drug, emergency care, hospitalization, and or any type of medical or dental treatments. **This medical authorization shall take effect June 27, 2010 and shall be valid through July 1, 2010.**

#### **Release and Waiver of Liability and Indemnity Agreement**

I (we) understand that there are risks and dangers inherent in attending summer camp and/or participating in the activities offered at Camp Mend-a-Heart and that these risks may be higher in children with congenital heart disease or heart rhythm abnormalities. I also understand that in order for my child/ward to be allowed to attend summer camp and participate in the activities offered at Camp Mend-a-Heart I must give up my rights to hold Camp Mend-a-Heart, Children's Heart Foundation, its board of directors and volunteers, Rapport Leadership International, RLI Retreat Ranch, and its employees liable for any injury or damage, which my child/ward may suffer while attending summer camp and/or participating in the activities offered at Camp Mend-a-Heart.

KNOWING THIS, AND IN CONSIDERATION OF MY CHILD/WARD BEING PERMITTED TO ATTEND SUMMER CAMP AND/OR PARTICIPATE IN THE ACTIVITIES OFFERED AT CAMP MEND-A-HEART, MY CHILD AND I HEREBY VOLUNTARILY RELEASE CAMP MEND-A-HEART, CHILDREN'S HEART FOUNDATION, ITS BOARD OF DIRECTORS AND VOLUNTEERS, RAPPORT LEADERSHIP INTERNATIONAL, RLI RETREAT RANCH, AND ITS EMPLOYEES FROM ANY AND ALL LIABILITY RESULTING FROM OR ARISING OUT OF MY CHILD/WARD ATTENDING SUMMER CAMP AND/OR PARTICIPATION IN THE ACTIVITIES OFFERED AT CAMP MEND-A-HEART.

**Camp Mend-a-Heart 2010 Application**

**Name of Camper:  
Parent Initials:**

I understand and agree that my child/ward and I are releasing not only the entities set forth in the paragraph about, but also the officers, agents, and employees of those entities.

I understand and agree that this Release will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my child/ward attending summer camp and/or participating in the activities offered at Camp Mend-a-Heart. THIS RELEASE CONSTITUTES A COMPLETE RELEASE, DISCHARGE, AND WAIVER OF ANY AND ALL ACTIONS OR CAUSE OF ACTION AGAINST CAMP MEND-A-HEART, CHILDREN'S HEART FOUNDATION, ITS BOARD OF DIRECTORS AND VOLUNTEERS, RAPPORT LEADERSHIP INTERNATIONAL, RLI RETREAT RANCH, AND ITS EMPLOYEES, THEIR OFFICERS, AGENTS, OR EMPLOYEES.

I understand and agree that this Release applies to personal injury, property damage, or wrongful death, which my child/ward suffer, even if caused by the acts or omissions of others.

I understand and agree that by signing this Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by my child/ward while attending summer camp and/or participating in the activities offered at Camp Mend-a-Heart.

I understand and agree that this Release will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children, and any guardian ad litem for said children. I understand and agree that by signing this Release, I am agreeing to indemnify and hold Camp Mend-a-Heart, Children's Heart Foundation, its board of directors and volunteers, Rapport Leadership International, RLI Retreat Ranch, and its employees, their officers, agents, and employees harmless from any and all liability or cost including attorneys fees, associated with or arising from my child/ward attending summer camp and/or participating in the activities offered at Camp Mend-a-Heart.

I understand and agree that by signing this Release on behalf of my minor child that I will be giving up the same rights for said minor, as I would be giving up if I signed this document on my own behalf.

I acknowledge that I have read this Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to my child/ward attending summer camp and/or participating in the activities offered at Camp Mend-a-Heart.

**Authorization for the release of medical records**

Pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") Privacy Regulations, 45 CFR Parts 160 and 164, this Authorization authorizes the release of the Protected Information of \_\_\_\_\_ (child's name) to Children's Heart Foundation relating to cardiology, general medical conditions and any information related to psychological or psychiatric conditions. Reason(s) for this authorization is so the child may attend Camp Mend-a-Heart June 27-July 1, 2010. This authorization ends six months from the date of this authorization.

I understand that this release means my health information may be disclosed by employees, volunteers or business associates of Children's Heart Foundation.

**That the information to be disclosed may include information, protected under Nevada or other federal law.** I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment or enrollment). However, I do have to sign an authorization form: (a) To take part in a Camp Mend-a-Heart or (b) To take part in a research study.

**Children's Heart Foundation**  
3006 South Maryland Parkway, Suite 690 • Las Vegas, NV 89109  
www.chfn.org • (702) 967- 3522 office • (702) 732 - 0992 fax

I may revoke this authorization in writing. If I do, it will not affect any actions already taken by the above named organization based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. Two ways to revoke this authorization are:   Fill out a revocation form; or write a letter to the above named organization expressly revoking this authorization.

Once the office discloses health information, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

<b>I have, to the best of my ability, accurately stated all information herein this application correctly.</b>	
Child's Name:	_____
Print Parent/Guardian's Name:	_____
Signature of Parent/Guardian:	_____ Dated: _____
Relationship to child:	_____
Witness:	_____ Dated: _____

**Dear Parent:**

Camp Mend-a-Heart encourages participation in all activities. Fifty percent of the activities are physically active. We request that when a camper gets tired, he or she asks to sit out to rest. Please **circle** the letter below describing the level of activity in which your child is able to participate.

**A. Full Active Participation With Moderate Exercise.**

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

**B. Partial Active Participation With Light Exercise.**

*Participates in limited activities. Camper rests occasionally.*

**C. Limited Active Participation With No Exercise.**

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

If your child fits **category C**, please reconsider his/her suitability. However, if you perceive that your child can benefit from actively participating in the programs, please submit a written explanation, in addition to circling each category.

We would like to thank you for helping us make Camp Mend-a-Heart a safe place for children with heart issues.

## Odds & Ends

SHHH...if you are new to camp, this is a secret so don't tell your child as we surprise the kids each year by throwing a birthday/dance party. Please indicate a few items your child needs or would like for a birthday present. Be specific i.e. Malibu Barbie. We have a limit of \$25 per child.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Also, in order to get an accurate account for camper transportation back to Las Vegas and Wednesday's lunch, we want to know if a parent will be attending the closing ceremonies on Thursday, July 1, 2010.

Will your child be returning with you in the car or riding the bus back?      CAR              BUS