

**Overnight at Camp Sunshine House
July 31 – August 1, 2009
Applications due by July 24, 2009**

Note: You must have had a physical exam within a year of the program date.

Name: _____ Is this your first Camp Program? _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email Address: _____

Sex: _____ Age: _____ Birthdate: _____ Grade in school: _____

Name of Legal Guardian or Parent: _____ Relationship to child _____

Home Phone _____ Cell Phone _____ Evening Phone _____

Emergency Contact: Person to contact in case parents cannot be reached:

Name _____ Relationship to child _____

Day Phone _____ Cell Phone _____ Evening Phone _____

Medical Information:

Diagnosis: _____ Date of Diagnosis: _____ Are you on or off therapy? _____

Oncologist _____ Phone _____

Hospital/Campus _____

Pediatrician _____ Phone _____

Camper Health History

***Please photocopy front and back of health insurance card and attach to this form.**

Allergies: (medication, food, insects) Describe reaction and management of the reaction

List Any Food Restrictions:

Activity Restrictions or other medical conditions: (i.e. crutches, limb amputation, wheelchair, sight or hearing loss.)

If you have been exposed to any communicable disease, particularly chicken pox, measles or mumps 1-3 weeks prior to camp, please contact us as soon as possible.

Date of last tetanus shot: _____ Have you had the chicken pox? _____ Varicella titer: _____

CAMP SUNSHINE CONSENT FORM

The following consent agreement must be signed by a parent or legal guardian of the minor child in order for the child to attend Camp Sunshine's Overnight at the Camp Sunshine House.

Your signature below indicates approval of the following:

1. In the event that my child, _____, participates in the Camp Sunshine House Overnight, July 31 – August 1, 2009. I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my child's participation in the Camp's activities. This release is intended to discharge in advance Camp Sunshine and all of its agents, representatives, volunteers and employees from any and all liability, claims, costs, expenses and/or damages (collectively referred to as "liability") arising out of or connected in any way with my child's participation in the activities of the Camp, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during Camp activities, and that participants in Camp activities occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof. Knowing the risks of Camp activities, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to my child or to me (or to my heirs or assigns) for damages.

I further agree to indemnify and hold harmless Camp Sunshine in the event any other person or entity, other than the undersigned, brings an action for the death or personal injuries of my child, _____, as a result of my child's participation in the Camp's activities.

2. Camp Sunshine accepts no responsibility for the loss, damage or theft of your child's property.

3. Should you as parent or guardian, during the Camp session, leave your place of residence, you will advise the Camp administration where you can be contacted in the event of an emergency.

4. If you have any health and accident insurance coverage, please list:

Name of insurance company: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Name of insured _____ Relationship to participant _____
Policy No: _____
If covered by medicaid, please list medicaid number _____

5. Camp Sunshine maintains an accident insurance policy on campers attending the overnight. All claims under this policy must be submitted within 30 days of the occurrence of the accident. This policy is in addition to and not in place of any health or accident insurance maintained by you.

6. Notwithstanding Paragraph 1, I recognize and understand that Camp Sunshine is operated as a charitable organization. My child and I are receiving all of the benefits of Camp Sunshine with minimal or no costs to us and recognize that Camp Sunshine is immune from suit under Georgia's Charitable Immunity Doctrine.

7. In case of medical and/or surgical emergency, you authorize Camp Sunshine medical staff to render to your child or to arrange for your child to receive any X-rays, anesthetic, medical, dental, surgical diagnosis, treatment, and hospital care which is deemed advisable by and is to be rendered under, the supervision of any physician, dentist or surgeon licensed to practice in the State of Georgia.

8. Camp Sunshine and its representatives have absolute permission to use your child's image in a photograph that pertains to the lawful programs and activities of the Camp.

9. All information is correct so far as I know and the child being described has permission to engage in all prescribed Camp activities, except as noted by me and the examining physician.

Signature: _____ Date: _____

Print Name: _____ Relationship to Camper: _____

Camper's Name: _____

General Questions (Explain “yes” answers in the space provided below – use additional paper if needed)

Has your child / Does your child:

Had any recent injury or infectious disease?	Y N	Have a chronic illness/condition other than cancer?	Y N
Been hospitalized in the last 18 months?	Y N	Had surgery in the last 18 months?	Y N
Have frequent headaches?	Y N	Ever had a head injury?	Y N
Ever been knocked unconscious	Y N	Wear glasses, contacts or protective eye wear?	Y N
Ever passed out during or after exercise?	Y N	Ever been dizzy during or after exercise?	Y N
Ever had seizures?	Y N	Ever had chest pain during or after exercise?	Y N
Ever had frequent ear infections?	Y N	Have an orthodontic appliance?	Y N
Have a history of bed wetting?	Y N	Have ADD/ADHD?	Y N
(walker, crutches, wheelchair, prosthesis)?	Y N	Ever had high blood pressure	Y N
Ever been diagnosed with a heart murmur?	Y N	Ever had back problems?	Y N
Ever had problems with joints?	Y N	Have any skin problems (itching, rash, acne)?	Y N
Have diabetes?	Y N	Have asthma?	Y N
Had mononucleosis in the past 12 months?	Y N	Had problems with diarrhea/constipation?	Y N
Have problems sleepwalking?	Y N	Ever had an eating disorder?	Y N
Have a central line or port?	Y N		

Explain all “yes” answers: _____

If your child is on therapy, please send the most recent blood counts to overnight.

Please send all medications to camp with your child in their ORIGINAL CONTAINER with written instructions.

___ My child takes no medication on a routine basis.

___ My child takes the following medications on a routine basis (use additional paper if needed):

Drug Name	Dosage	Frequency

***Physician/Practitioner Statement and Recommendations**

I examined _____ on _____.
camper's full name date of most recent examination
 Weight _____ Height _____ BP _____
 Last blood count: Hgb _____ Hct _____ WBC/ANC _____ Platelets _____

***Please note:**
 Physician/PNP signature required for on therapy campers or those who have not attended summer camp within one year from this program.

Medical recommendations and/or restrictions while on overnight:

In my opinion, the above applicant is able to participate in Camp Sunshine’s year round programs.

Physician or PNP Signature: _____ **Date:** _____