



CAMP SUNSHINE®
A ray of hope for children with cancer.™

YOU'RE INVITED TO JOIN US FOR A SCHOOL AGE OVERNIGHT

WHEN: September 22-23 (Saturday evening-Sunday morning)
6:30pm - 8:30am

WHO: All 7-12 (or 13 year olds who haven't attended Teen Week)
year olds who have or have had cancer

WHERE: Camp Sunshine House

WHAT: GAMES, FOOD, FRIENDS, ARTS & CRAFTS, FUN!

2018 APPLICATION CHECKLIST

Your application will not be considered complete until all of the following documents are submitted.

- Completed application (All sections must be filled out and signed by a legal guardian)**
- Health Form signed by a Physician/Nurse Practitioner**
 - On Therapy—New form required for every program
 - Off Therapy—Form is good for one year from date seen by Physician/Nurse Practitioner
- Up-to-Date Immunization Record (GRITS)**
- Copy of Health Insurance Card/Section Completed on Application**

Please return attached application by September 12th, 2018
Contact Astin for more information astin@mycampsunshine.com or 404-325-7979

***PLEASE NOTE: HEALTH FORM WITH PHYSICIAN/PNP SIGNATURE REQUIRED FOR ON THERAPY CAMPERS OR THOSE WHO HAVE NOT ATTENDED SUMMER CAMP WITHIN ONE YEAR FROM THIS PROGRAM**

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2018 FALL SCHOOL AGE OVERNIGHT

September 22-23

GENERAL INFORMATION

Child's Name: _____

Preferred name for nametag: _____ Birthdate ___/___/___ Gender M F

Camper's Race: Caucasian African American Asian American Indian Hispanic Other _____

Camper Address _____ City _____

State _____ Zip _____ County _____ Age _____ Grade _____

Parent Name/Guardian(s) **with whom child lives:**

Parent #1 Name _____ Relationship to Camper _____

Parent/Guardian #1 E-mail _____

Cell # _____ Work # _____

Parent #2 Name _____ Relationship to Camper _____

Parent/Guardian #2 E-mail _____

Cell # _____ Work # _____

If child does not live with both parents, please list other parent (or guardian) below.

Parent Name _____ Relationship to child _____ Home # _____

Work # _____ Cell # _____ Address _____

EMERGENCY CONTACT– Persons to contact in case of an emergency if parents cannot be reached:

1. Name _____ Cell Phone _____

Relationship to child _____ Home Phone _____

Diagnosis _____ **Date of Diagnosis** _____

On Therapy **Off Therapy - Date** ___/___ **Relapse - Date** ___/___ **BMT - Date** ___/___

Oncologist _____ **Phone #** _____

Treatment Center: **CHOA at Eggleston** **CHOA at Scottish Rite** **Children's Hospital at MUMC Savannah**

Children's Hospital MCCG Macon **Other** _____

Pediatrician _____ **Phone #** _____

Applicants will be processed on a first come, first served basis, with priority to those campers currently on treatment.

Please return your application by Sept. 12, 2018

Mail: Camp Sunshine, 1850 Clairmont Rd., Decatur, GA 30033 OR Fax: 404-325-7929

Scan and Email: astin@mycampsunshine.com

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MEDICAL INFORMATION

IMMUNIZATIONS

Current Tetanus Shot Date _____ (MUST BE WITHIN 10 YEARS OF PROGRAM START DATE)

Which of the following illnesses has your child had? Measles Mumps Chicken Pox

Shingles Whooping Cough Varicella Titer

GENERAL QUESTIONS (Explain “yes” answers in the space provided below.)

Has your child / Does your child:

- | | | | |
|-------------------------------------------------|-----|-----------------------------------------------------|-----|
| 1. Had any recent injury or infectious disease? | Y N | 8. Have frequent headaches? | Y N |
| 2. Had surgery in the last 18 months? | Y N | 9. Have any other chronic illness/condition? | Y N |
| 3. Ever had seizures? | Y N | 10. If female, begun menstrual cycle? | Y N |
| 4. Ever been diagnosed with a cardiac problem? | Y N | 11. Ever had VRE? | Y N |
| 5. Have diabetes? | Y N | 12. Have neurological deficit/muscular problems? | Y N |
| 6. Have asthma/wheezing/shortness of breath? | Y N | 13. Received the flu vaccine in the last 12 months? | Y N |
| 7. Have high blood pressure? | Y N | | |

Explain: _____

ALLERGIES - List all known.

MEDICATION ALLERGIES Describe reaction and management of the reaction

No known medication allergies

FOOD ALLERGIES Describe reaction and management of the reaction

No known food allergies

OTHER ALLERGIES – Include insect stings, hay fever, asthma, etc.

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MENTAL HEALTH

It is important that we ensure your child is both physically AND emotionally safe during their time at Camp Sunshine. Please provide us with the information below so that we can make your child's adjustment to the camp environment an easy transition for them.

Check any behavioral or emotional conditions your child has been diagnosed with: Not Applicable

- ADD/ADHD Anxiety Depression Bipolar Disorder Eating Disorder Autism Spectrum
- Other _____

If yes, has medication been prescribed? Yes No If so, please list medication(s) _____

Is your child currently taking these medications? Yes No If not, why? _____

Will your child take these medications during the overnight? Yes No If not, Why? _____

Has your child been hospitalized for any of the above conditions in the last 18 months? Yes No

If so, please explain _____

May Camp Sunshine's Camper Support Staff contact your child's physician or professional counselor if a concern arises during the camp session? Yes No

Name of Physician or Professional Counselor _____ Phone # _____

BEHAVIOR

Does your child interact well with kids his/her age at school? Y N In Groups? Y N One on One? Y N

Does your child have any behavioral problems? Yes No If yes, please describe _____

How are these behaviors handled at home? At school? _____

Please describe any behavior or emotional difficulties your child is having now _____

HEALTH INSURANCE INFORMATION

Name of insurance company: _____ Phone: _____

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

Name of insurance holder: _____

Policy No: _____ Group No: _____

If applicable, Medicaid No: _____

My child does not have health insurance

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To assist us with your child's adjustment to Camp Program, please complete the following:

Is this the first time your camper has attended a Camp Sunshine Sleepaway program? Yes No

If no, how many years has he/she been a camper _____ Has your camper been to other sleep away programs? Yes No

How does your child feel about going to the Overnight? Resistant Nervous Okay Excited Can't wait!

Please describe any special equipment or other unique needs for your child. (i.e. walker, wheelchair, prosthesis, white cane, hearing aid, glasses, contacts) _____

Please list any physical restrictions or activity limitations (i.e. no swimming, no prolonged sun exposure, no competitive sports, limb amputation, difficulty walking distances, vision or hearing loss). _____

Does your child need assistance or supervision with the following? Check all that apply
 Brushing Teeth Combing Hair Dressing Toileting/Bathroom Not Applicable

Bedtime: Check all that apply
 Fear of dark Nightmares Night Terrors Difficulty Waking Talks in Sleep Difficulty Falling Asleep
 Snoring Bed Wetting Sleepwalking Not Applicable Other _____

Please describe your child's eating habits:
 Eats everything Eats snacks several times a day Tends to skip a meal each day Needs to be encouraged to eat
 Picky eater Not applicable Other _____

Does your child have any dietary restriction and/or special food requirements? _____

Has your child experienced any stressful life events in the past year (i.e. death of a family member, friend or pet, divorce, marriage, deployment)? Yes No If yes, please describe _____

Is your child able to function at his or her age level? If no, please describe. _____

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CAMP SUNSHINE CAMPER CODE OF CONDUCT

I understand that when my child comes to Camp Sunshine that they will be expected to conduct themselves in the following manner or may be dismissed from Camp:

- Follow all reasonable directions given by any Camp Sunshine staff or volunteer member.
- Participate in all Camp activities to a reasonable extent.
- Conduct himself/herself in a manner that is not disruptive to Camp programs.
- Be respectful to all campers and staff.
- Store all medications with the medical staff.
- Not use or possess or distribute illegal or unprescribed drugs, alcohol or tobacco products. (Grounds for immediate dismissal).
- Not use or possess or distribute fireworks, weapons, knives, or other items that can be used as a weapon. (Grounds for immediate dismissal).
- Not use or possess a cell phone or messaging device of any kind (Grounds for immediate dismissal).

I have read and understand this Code of Conduct and will share these expectations with my camper.

Parent Signature _____

DO NOT DROP OFF YOUR CHILD WITHOUT ASSISTING THEM WITH CHECK-IN.

Names of adults (other than parents) who are authorized to pick up camper at the end of camp and/or special arrangements regarding transportation for your child:

I will pick my child up on time and will inform Camp Sunshine immediately if an emergency prevents me from doing so. If my transportation plans change prior to camp, I will inform Camp Sunshine staff immediately.

Parent/Guardian Signature

Date

Emergency Cell Phone #

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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.

Your signature below indicates approval of the following:

1. In the event that my child, _____, participates at Camp Sunshine School Age Overnight September 22-23, 2018, 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. Camp Sunshine maintains an accident insurance policy on campers attending the 2016 School Age 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.
- 5. 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.
- 6. 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.
- 7. 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: _____