

WHAT ARE YOU MOST LOOKING FORWARD TO AT CAMP THIS YEAR?

IS THERE ANYTHING YOU WOULD LIKE SOME HELP WITH THIS YEAR WHILE YOU ARE AT CAMP?

KNOWLEDGE, SKILLS AND ABILITIES:

PLEASE CIRCLE ACTIVITIES BELOW THAT YOUR CHILD HAS EXPERIENCE IN:

- | | | | | |
|------------------|------------|-------------|-----------------|---------------|
| SWIMMING | HIKING | PHOTOGRAPHY | BACK PACKING | STORY TELLING |
| JEWELRY MAKING | SURFING | READING | ZOOLOGY | BOTANY |
| HORSEBACK RIDING | THEATRE | SINGING | HIKING | PARKS |
| SKATEBOARDING | WOODWORK | ASTRONOMY | STORY TELLING | CANOEING |
| ROCK CLIMBING | TIE DYEING | DANCING | MOUNTAIN BIKING | RAFTING |
| KNITTING | POTTERY | ARTS/CRAFTS | VIDEOGRAPHY | RAPPELLING |

DOES YOUR CHILD PLAY A MUSICAL INSTRUMENT? Y / N

IF YES, WHAT TYPE? _____

DOES YOUR CHILD SPEAK A SECOND LANGUAGE? Y / N

IF YES, PLEASE INDICATE TYPE AND DESCRIBE ABILITIES: _____

DESCRIBE ANY SPECIAL KNOWLEDGE, SKILLS AND ABILITIES THAT YOUR CHILD POSSESS THAT ARE NOT LISTED ABOVE THAT YOU FEEL WOULD BENEFIT THE CAMP PROGRAM:

PARENT/GUARDIAN QUESTIONNAIRE:

CHILD LIVES WITH (CHECK AS MANY AS APPLY):

- BOTH BIOLOGICAL PARENTS
- BIOLOGICAL MOTHER
- BIOLOGICAL FATHER
- BLENDED FAMILY (STEPPARENT& BIOLOGICAL PARENT)
- GUARDIAN(S)
- FOSTER PARENT(S)
- GRANDPARENT(S)
- OTHER _____

___MR. ___MRS. NAME: _____

___MR. ___MRS. NAME: _____

IN WHAT WAYS DO YOU THINK WE CAN HELP YOUR CHILD GROW AND DEVELOP?

DOES YOUR CHILD HAVE A PARTICULAR FEAR OF THINGS OR SITUATIONS?

DOES YOUR CHILD HAVE ANY SPECIFIC CHALLENGES THEY ARE CURRENTLY FACING AS A BURN SURVIVOR YOU WOULD LIKE TO SHARE WITH US?

WHAT SPORTS, HOBBIES OR CLUBS HAS YOUR CHILD PARTICIPATED IN:
CURRENTLY:

PAST:

CAMPER'S INSURANCE AND MEDICAL HISTORY

DOES THE CAMPER HAVE MEDICAL INSURANCE? Y / N

NAME OF CARRIER: CARRIER ADDRESS: CARRIER PHONE NUMBER:

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NAME OF INSURED:	RELATIONSHIP TO CAMPER:	GROUP NAME/POLICY NUMBER:

PRIMARY PHYSICIAN:	ADDRESS:	PHONE NUMBER:

EMOTIONAL/BEHAVIORAL HEALTH PROVIDER:	ADDRESS:	PHONE NUMBER:

OTHER (SPECIFY):	ADDRESS:	PHONE NUMBER:

PERCENTAGE OF BURN (IF KNOWN):

AREAS OF BODY BURNED:

WHAT FACILITY WAS YOUR CHILD TREATED IN:

AGE OF YOUR CHILD WHEN BURNED:

DATE OF YOUR CHILD'S BURN INJURY:

HOW WAS YOUR CHILD BURNED?

DID ANY OTHER MEMBER OF YOUR HOUSEHOLD SUSTAIN A BURN INJURY AT THE SAME TIME AS YOUR CHILD? Y / N

PLEASE NOTE THE MOST RECENT SURGERY INCLUDING DATE AND SPECIFIC AREA:

ARE THERE ANY PLANS FOR SURGERY? Y / N

PLEASE LIST ANY ALLERGIES TO FOOD OR MEDICINE:

CHILD'S MEDICAL HISTORY – PLEASE CHECK ALL THAT APPLY:

<input type="checkbox"/> BED WETTING**	<input type="checkbox"/> CONSTIPATION	<input type="checkbox"/> BLEEDING DISORDER
<input type="checkbox"/> ECZEMA	<input type="checkbox"/> HEADACHES	<input type="checkbox"/> SLEEP WALKING
<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> DIABETES	<input type="checkbox"/> FREQUENT SORE THROAT
<input type="checkbox"/> SNORING	<input type="checkbox"/> HEART DEFECT	<input type="checkbox"/> HEARING AID
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> FAINTING	<input type="checkbox"/> SINUSES
<input type="checkbox"/> EAR INFECTIONS	<input type="checkbox"/> DRUG/ALCOHOL ABUSE	<input type="checkbox"/> HOMESICKNESS

<input type="checkbox"/> OBESITY	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> OTHER
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****IF THIS IS AN ISSUE WITH YOUR CHILD WE WILL BE PREPARED TO DEAL WITH THE SITUATION DISCRETELY AND CONFIDENTIALLY**

DETAILS:

PREVIOUS ILLNESSES – PLEASE CHECK ALL ILLNESSES THAT THE CHILD HAS HAD TO DATE:

<input type="checkbox"/> H1N1	<input type="checkbox"/> TETANUS/DIPHTHERIA	<input type="checkbox"/> CHICKEN POX
<input type="checkbox"/> DPT	<input type="checkbox"/> POLIO	<input type="checkbox"/> HEPATITIS B
<input type="checkbox"/> MUMPS	<input type="checkbox"/> RUBELLA	<input type="checkbox"/> MEASLES
<input type="checkbox"/> PERTUSSIS	<input type="checkbox"/> NONE	

DOES YOUR CHILD HAVE ANY PHYSICAL OR MENTAL LIMITATIONS? Y / N
IF YES, PLEASE EXPLAIN:

DOES YOUR CHILD HAVE ANY DIETARY RESTRICTIONS? Y / N
IF YES, PLEASE EXPLAIN:

HAS YOUR CHILD EXPERIENCED ANY NON-BURN RELATED INJURIES OR FRACTURES? Y / N
IF YES, PLEASE EXPLAIN:

HAS YOUR CHILD BEEN HOSPITALIZED FOR ANY REASON OTHER THAN THE BURN INJURY? Y / N
IF YES, PLEASE EXPLAIN:

WILL YOUR CHILD BE WEARING PRESSURE GARMENTS AT THE TIME OF CAMP? Y / N
WILL YOUR CHILD BE WEARING DRESSINGS AT THE TIME OF CAMP? Y / N
DOES YOUR CHILD USE LOTION OR CREAM ON HIS/HER SKIN? Y / N
DO YOU HAVE ANY SPECIAL CONCERNS YOU WANT THE CAMP MEDICAL STAFF TO BE AWARE OF? Y / N
IF YES, PLEASE EXPLAIN:

IS YOUR CHILD CURRENTLY INVOLVED IN PHYSICAL THERAPY? Y / N
IF YES, PLEASE EXPLAIN:

IS YOUR CHILD CURRENTLY INVOLVED IN OCCUPATIONAL THERAPY?
IF YES, PLEASE EXPLAIN:

Y / N

IS YOUR CHILD CURRENTLY INVOLVED IN COUNSELING OR THERAPY?
IF YES, PLEASE EXPLAIN:

Y / N

HAS YOUR CHILD BEEN EXPOSED TO ANY TYPE OF INFECTIOUS DISEASES?
IF YES, PLEASE EXPLAIN:

Y / N

DOES YOUR CHILD HAVE ANY FEARS REGARDING THE FOLLOWING?

___ ANIMALS

___ BEING ALONE

___ FIRE

___ DARK

___ HEIGHTS

___ WATER

WHAT IS YOUR CHILD'S SWIMMING ABILITY?

___ DOES NOT KNOW

___ POOR

___ AVERAGE

___ EXCELLENT

FAMILY AND CAMPER HISTORY

HAS YOUR CHILD EVER CONSULTED A COUNSELOR CONCERNING ANY EMOTIONAL OR BEHAVIORAL PROBLEMS? **Y / N**

HAS YOUR CHILD EVER BEEN ON MEDICATION FOR ADD, ADHD, DEPRESSION OR IMPULSE CONTROL? **Y / N**

HAS YOUR CHILD’S BEHAVIOR EVER LED TO SCHOOL SUSPENSION OR EXPULSION? **Y / N**

HAS YOUR CHILD EXPERIENCED ANY SIGNIFICANT LIFE CHANGES IN THE PAST YEAR (I.E. DIVORCE, DEATH OF LOVED ONE OR PET, NEW SIBLING, CHANGING SCHOOLS, ECT.)? **Y / N**

IF YES, PLEASE EXPLAIN:

HAS YOUR CHILD RECENTLY DEALT WITH, OR CURRENTLY DEALING WITH, ANY SPECIAL ISSUES SUCH AS PEER PRESSURE, ALCOHOL AND/OR DRUG ABUSE, SCHOOL ADJUSTMENT, SUICIDAL THOUGHTS, OR FAMILY ILLNESS/CRISIS? **Y / N**

IF YES, PLEASE EXPLAIN:

HAVE ANY DESTRUCTIVE BEHAVIORS, SUCH AS FIRE SETTING OR CRUELTY TO ANIMALS, BEEN BROUGHT TO YOUR ATTENTION? **Y / N**

HOW MANY TIME HAS YOUR FAMILY MOVED IN THE PAST YEAR?

HOW MANY TIME HAS YOUR CHILD CHANGED SCHOOLS IN THE PAST YEAR?

WHAT ACTIVITIES DOES YOUR FAMILY CURRENTLY DO TOGETHER?

IF THIS IS YOUR CHILD’S FIRST TIME AT CAMP, PLEASE ANSWER THE FOLLOWING 5 QUESTIONS:

DURING YOUR CHILD’S HOSPITALIZATION, DID YOU RECEIVE REFERRALS TO AFTER CARE SUPPORT? **Y / N**

IF YOUR FAMILY ATTENDED AFTER CARE SUPPORTS, WHAT TYPE DID YOU RECEIVE?

IF YOUR FAMILY PARTICIPATED IN AFTER CARE SUPPORT, WHAT LENGTH OF TIME DID YOU PARTICIPATE?

WHO PROVIDED YOU WITH ASSISTANCE FOLLOWING YOUR CHILD’S DISCHARGE FROM THE HOSPITAL? (PLEASE CHECK ALL THAT APPLY):

- | | | |
|---|--|---|
| <input type="checkbox"/> FAMILY MEMBERS | <input type="checkbox"/> VISITING NURSE | <input type="checkbox"/> PHYSICAL THERAPIST |
| <input type="checkbox"/> FRIENDS | <input type="checkbox"/> FAITH BASED COMMUNITY | <input type="checkbox"/> SOCIAL WORKER |
| <input type="checkbox"/> CO-WORKERS | <input type="checkbox"/> OCCUPATIONAL THERAPY | <input type="checkbox"/> SCHOOL COMMUNITY |
| <input type="checkbox"/> OTHER | | |

PERSONAL HEALTH HISTORY:

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS THAT WOULD HAMPER HIS/HER ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS DURING CAMP, WITH OR WITHOUT REASONABLE ACCOMODATION? **Y / N**

If yes, please describe: _____

IS YOUR CHILD CURRENTLY TAKING ANY MEDICATION AT THIS TIME? Y / N

If yes, please list: _____

DOES YOUR CHILD HAVE ANY ALLERGIES? Y / N

If yes, please list: _____

DOES YOUR CHILD HAVE ANY RECENT NON-BURN RELATED INJURIES? Y / N

If yes, please list: _____

MEDICATION CURRENTLY TAKING: (PLEASE PRINT)

NAME OF MEDICATION	DOSE	PURPOSE
NAME OF MEDICATION	DOSE	PURPOSE
NAME OF MEDICATION	DOSE	PURPOSE
NAME OF MEDICATION	DOSE	PURPOSE
NAME OF MEDICATION	DOSE	PURPOSE
NAME OF MEDICATION	DOSE	PURPOSE
NAME OF MEDICATION	DOSE	PURPOSE

EMERGENCY CONTACT INFORMATION: (PLEASE PRINT)

NAME	PHONE	SECONDARY PHONE
NAME	PHONE	SECONDARY PHONE
NAME	PHONE	SECONDARY PHONE

CONSENT AND RELEASE FOR PHOTO/VIDEO/PUBLICITY RELEASE:

THE UNDERSIGNED DOES HEREBY AUTHORIZE THE BURN INSTITUTE TO USE PHOTOGRAPHS/VIDEO/ AND/OR LIKELINESS OF (PLEASE PRINT CHILD'S NAME) _____ TAKEN DURING CAMP BEYOND THE SCARS. THIS INCLUDES ANY/ALL CAMP PROGRAMS AND ACTIVITIES UNDERTAKEN THROUGHTOUT THE WEEK.

I, THE UNDERSIGNED PARENT/LEGAL GUARDIAN OF THE ABOVE NAMED CHILD, PERMIT THE BURN INSTITUTE TO USE AND PUBLISH PHOTOGRAPHS AND/OR VIDEO FOR PUBLICITY PURPOSES INCLUDING BURN INSTITUTE LITERATURE. I ALSO GIVE PERMISSION FOR THE BURN INSTITUTE TO RELEASE SUCH PHOTOGRAPHS AND/OR VIDEO TO THE NEWS MEDIA. THE UNDERSIGNED PARENT/LEGAL GUARDIAN ALSO AUTHORIZES THE NEWS MEDIA TO VIDEO AND/OR CONDUCT INTERVIEWS FOR PUBLICATION/AIRING TO ITS LISTENERS/READERS.

THE UNDERSIGNED HEREBY AGREES TO HOLD HARMLESS THE BURN INSTITUTE, ITS OFFICERS, AGENTS, AND EMPLOYEES, FROM ANY LIABILITY RESULTING FROM OR ARISING IN CONNECTION WITH THE TAKING, PUBLICATION AND RELEASE OF THE PHOTOGRAPHS OR VIDEO OF THE UNDERSIGNED PURSUANT TO THIS AGREEMENT.

CONSENT I **DO** AUTHORIZE THE BURN INSTITUTE TO USE PHOTOGRAPHS, VIDEOS AND/OR INTERVIEWS OF MY CHILD TO FURTHER THEIR EFFORTS TO PROMOTE PUBLIC AWARENESS AND SUPPORT.

NO CONSENT I **DO NOT** WISH MY CHILD TO BE PHOTOGRAPHED, VIDEOTAPED OR INTERVIEWED

CONSENT AND RELEASE FOR ARTWORK:

THE UNDERSIGNED DOES HEREBY AUTHORIZE THE BURN INSTITUTE TO USE ARTWORK CREATED/SUBMITTED BY (PLEASE PRINT CHILD'S NAME) _____ DURING CAMP BEYOND THE SCARS. THIS INCLUDES ANY/ALL CAMP PROGRAMS AND ACTIVITIES UNDERTAKEN THROUGHTOUT THE WEEK.

I, THE UNDERSIGNED PARENT/LEGAL GUARDIAN OF THE ABOVE NAMED CHILD, PERMIT THE BURN INSTITUTE TO USE AND PUBLISH ARTWORK CREATED/SUBMITTED BY MY CHILD IN CONJUNCTION WITH THE BURN INSTITUTE PUBLICATIONS, ACTIVITIES, AND/OR FUNDRAISING.

THE UNDERSIGNED HEREBY AGREES TO HOLD HARMLESS THE BURN INSTITUTE, ITS OFFICERS, AGENTS, AND EMPLOYEES, FROM ANY LIABILITY RESULTING FROM OR ARISING IN CONJUNCTION WITH THE PUBLICATION AND/OR USE OF SUBMITTED MATERIALS OF THE UNDERSIGNED PURSUIT TO THIS AGREEMENT.

CONSENT I **DO** AUTHORIZE THE BURN INSTITUTE TO USE ARTWORK CREATED/SUBMITTED BY MY CHILD TO FURTHER THEIR EFFORTS TO PROMOTE PUBLIC AWARENESS AND SUPPORT.

NO CONSENT I **DO NOT** WISH MY CHILD'S ARTWORK TO BE SHARED.

OFFICE NOTES: EVENT: DATES:	MEDIA TYPE:
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CAMPER BEHAVIORAL AGREEMENT

Every camper has the right to a happy and safe camp experience. Camp Beyond the Scars' goal is to encourage each camper to develop new skills and establish a greater appreciation of his/her capabilities. Additionally, we provide a community setting whereby campers are given the confidence to explore different and make new friends. Every volunteer wants to be here for the campers and is dedicated to their needs. Every experience is a learning experience and is the responsibility of counselors and staff is to provide a well-rounded program to each campers.

Behavioral Expectations

Camp Beyond the Scars strives to create a safe and stimulating environment for all campers - an environment where sensitivity, respect for others, and cooperation are valued.

Acceptable Behavior

We have developed and maintain "Acceptable Behavior Guidelines" for all campers.

- Campers will be expected to show respect and courtesy towards others and their property.
- Campers will be expected to choose appropriate behaviors and language while encouraging others to do the same.
- Campers will be expected to think beforehand about the results of their actions and how they might affect others.
- Campers will be expected to solve disagreements by listening, discussing and compromising.

Unacceptable Behavior

We have developed and maintain "Unacceptable Behavior" for campers with the intent this be a guide for general behavior.

- Campers will not be allowed to threaten, bully or harass any other camper or staff members.
- Campers will not be allowed to bring iPods, cell phones, or other electronic devices to camp.
- Campers will not be allowed to use profanity at camp.
- Campers will not be allowed to smoke or possess tobacco products at any time.
- Campers will not be allowed to possess alcohol and/or illicit drugs at camp.
- Campers will not be allowed to act in a manner that exhibits racist or sexist activities or humor.

Consequences for Inappropriate Behavior

If a counselor is unable, through discussion with a camper, to solve any behavioral problem(s), the counselor will refer the camper to the Lead Counselor where the following procedure will be implemented.

Strike 1 A warning to discontinue unacceptable behavior may be given by the cabin counselor and may result in the camper losing special privileges and/or time out.

Strike 2 If the problem continues or another rule is broken, the Camp Beyond The Scars Camp Director, the Burn Institute's Camp Coordinator, and/or another appointed designee will speak with the camper directly. A new consequence may result, including contacting the parent(s)/guardian(s) to speak with their child.

Strike 3 If the problem persists, the camper will be removed from all camp activities and the camper's parents/guardians will be contacted by Camp Beyond The Scars Camp Director and/or Burn Institute's Camp Coordinator to pick up their child from camp. Being sent home from camp will require an evaluation for eligibility to attend camp the following year. Verbal abuse (including bullying, teasing, ethnic slurs, making fun of other or harassment), physical violence and/or vandalism will NOT be tolerate and may result in the camper being sent home immediately.

Camp Beyond the Scars has **zero tolerance** for possession of drugs, alcohol, weapons, fighting, and/or theft. If a camper is found in violation of any of these, the Crisis Aversion Team and Camp Director will make arrangements to send the camper home and include suspension from future camps for a specified period of time. *Camp Beyond the Scars reserves the right to remove from camp any camper whose behavior is, the sole judgment of the Camp Director, is in determined to be detrimental to the best interests of the children and adults using the camp facilities and/or the overall welfare of the camp program.*

MY CHILD AND I BOTH HAVE READ AND UNDERSTAND THIS POLICY AND REALIZE THAT IT WILL BE ENFORCED TO MAINTAIN ORDER WHILE ASSURING THE SAFETY OF ALL CAMPERS AND THE ENVIRONMENT. OUR SIGNATURES ACKNOWLEDGE THAT WE UNDERSTAND AND AGREE TO THE CONSEQUENCES AS STATED ABOVE.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **Date:** _____

CAMPER SIGNATURE: _____ **Date:** _____