FIREFIGHTERS KIDS CAMP - 2018
CAMPER APPLICATION

PLEASE RETURN THIS FORM BY: June 1st, 2018

Camp Dates
July 28 – Aug 3, 2018
Camp Arroyo - Livermore, CA

Please mail to: Firefighters Burn Institute
3101 Stockton Blvd, Sacramento CA 95820
FAX to: (916) 455-4376 OR Email to: Marcos@ffburn.org
Additional camp information is available at www.ffburn.org

In order for the Firefighters Kids Camp staff to insure a safe, happy and generally fabulous camp week for your child, it is very important that the following application is completed in full. FAILURE TO PROVIDE COMPLETE AND/OR FALSE INFORMATION MAY RESULT IN ADDITIONAL ACTION SUCH AS A FOLLOW-UP CALL OR DISMISSAL FROM THE CAMP PROGRAM. It is our goal to individualize each camper's needs and your co-operation with filling out the application is of the utmost importance. Thank you in advance.

□ Male
□ Female

CHILD’S LAST NAME                     CHILD’S FIRST NAME                    MI   BIRTHDATE (MM/DD/YY)

MAILING ADDRESS                       CITY  STATE  ZIP CODE

CHILD LIVES WITH: □ BOTH PARENTS □ MOTHER □ FATHER □ FOSTER PARENTS □ GRANDPARENTS

PARENT/GUARDIAN NAME

ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)

PARENT/GAURDIAN E-MAIL

PRIMARY PHONE         WORK or ALTERNATE PHONE

DATE OF CHILD’S BURN INJURY

PERCENT OF BODY
SURFACE AREA BURNED

AREA(S) OF BODY BURNED

HOW WAS YOUR CHILD BURNED?: (use additional paper if necessary)

__________________________

T-SHIRT SIZE: ________________
(Youth S, M, L or Adult S, M, L, XL, 2XL)
Size)

SWEATSHIRT SIZE: ________________
(Youth S, M, L or Adult S, M, L, XL, 2XL)

SHOE SIZE: ________________
(Please indicate Women, Men or Kids)

Grade child will attend this Fall: ____________

HAS YOUR CHILD HAD PREVIOUS CAMP EXPERIENCES?...........................□ YES □ NO

IF YES, PLEASE LIST YEAR & CAMP NAME:

HOW DID YOU HEAR ABOUT THE FIREFIGHTERS KIDS CAMP PROGRAM?

________________________________________________________________________________
PLEASE SHARE YOUR THOUGHTS ON THE FOLLOWING QUESTIONS:

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

2. HAS YOUR CHILD EXPERIENCED ANY SIGNIFICANT LIFE CHANGES IN THE PAST YEAR?

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU FEEL WILL HELP THE COUNSELOR WORK MORE EFFECTIVELY WITH YOUR CHILD OR LIST ANY QUESTIONS OR CONCERNS YOU HAVE ABOUT OUR PROGRAM. (use additional paper if necessary)

<table>
<thead>
<tr>
<th>MEDICAL INSURANCE &amp; DOCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH INSURANCE PROVIDER / INSURANCE CARRIER</td>
</tr>
<tr>
<td>PRIMARY PHYSICIAN</td>
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<tr>
<td>DENTIST / ORTHODONTIST</td>
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<td>MENTAL HEALTH PROVIDER</td>
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<thead>
<tr>
<th>MEDICATION</th>
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<tbody>
<tr>
<td>WILL THE CHILD BE TAKING ANY MEDICATIONS WHILE AT CAMP? ☐ YES ☐ NO</td>
</tr>
<tr>
<td>PLEASE LIST ALL MEDICATIONS YOUR CHILD WILL BE BRINGING TO CAMP.</td>
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<thead>
<tr>
<th>NAME OF MEDICATION (1)</th>
<th>DOSAGE AMOUNT / TIME</th>
<th>REASON FOR MEDICATION</th>
</tr>
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<tbody>
<tr>
<td>NAME OF MEDICATION (2)</td>
<td>DOSAGE AMOUNT / TIME</td>
<td>REASON FOR MEDICATION</td>
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<tr>
<td>NAME OF MEDICATION (3)</td>
<td>DOSAGE AMOUNT / TIME</td>
<td>REASON FOR MEDICATION</td>
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<tr>
<th>MEDICAL HISTORY</th>
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<tr>
<td>LIST ALL KNOWN MEDICAL ALLERGIES, DIETARY RESTRICTIONS AND FOOD ALLERGIES:</td>
</tr>
</tbody>
</table>
### IS YOUR CHILD A VEGETARIAN?

- [ ] YES
- [ ] NO

If yes, indicate the degree in which your child is a vegetarian (any meat, vegan, etc.):

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#### CHILD’S CURRENT MEDICAL CONDITIONS – PLEASE CHECK ALL THAT APPLY

- [ ] Bed wetting
- [ ] ADD / ADHD
- [ ] Asthma
- [ ] Freq. sore throats
- [ ] Obesity
- [ ] Eczema
- [ ] Ear infections
- [ ] Diabetes
- [ ] Drug abuse
- [ ] Sinuses
- [ ] Epilepsy
- [ ] Constipation
- [ ] Heart defect
- [ ] Bleeding disorder
- [ ] Headaches
- [ ] Snoring
- [ ] Mononucleosis
- [ ] Fainting
- [ ] Sleep walking

List additional medical conditions here:

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

- [ ] Chicken pox
- [ ] Measles (red)
- [ ] Diphtheria
- [ ] Polio
- [ ] Pneumonia
- [ ] Measles (4-day)
- [ ] Rheumatic fever
- [ ] __________
- [ ] Mumps
- [ ] Tuberculosis
- [ ] Whooping cough

List additional medical conditions here:

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- [ ] HAS YOUR CHILD BEEN EXPOSED TO ANY INFECTIOUS DISEASE WITHIN THE PAST FOUR WEEKS? ...
- [ ] YES
- [ ] NO

If yes, what?

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- [ ] DOES YOUR CHILD HAVE ISSUES WITH BED WETTING, INCONTINENCE (pull-ups/diapers) OR NEED ASSISTANCE IN USING RESTROOM OR SHOWERING? ...........................................  
  - [ ] YES
  - [ ] NO

If yes, explain in detail the degree of assistance needed in these areas:

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- [ ] DOES YOUR CHILD HAVE ANY MEDICALLY RELATED RESTRICTIONS THAT WILL LIMIT HIM / HER FROM PARTICIPATING IN ACTIVITIES? ............................................................  
  - [ ] YES
  - [ ] NO

If yes, please list:

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- [ ] HAS YOUR CHILD BEEN HOSPITALIZED FOR ANY REASON OTHER THAN A BURN INJURY? .................  
  - [ ] YES
  - [ ] NO

If yes, please list:

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- [ ] RECONSTRUCTIVE ADMISSIONS – NOTE MOST RECENT OPERATION INCLUDING DATE AND SPECIFIC AREA

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- [ ] ARE THERE ANY PLANS FOR RECONSTRUCTIVE SURGERY? ..................................................  
  - [ ] YES
  - [ ] NO

If yes, please list:
FOR GIRLS ONLY... HAS YOUR CHILD MENSTRUATED?................................................................. ☐ YES ☐ NO

HAS YOUR CHILD EVER CONSULTED A PHYSICIAN, MENTAL HEALTH PROVIDER OR SCHOOL COUNSELOR CONCERNING AN EMOTIONAL PROBLEM?................................................................. ☐ YES ☐ NO

IF YES, WHAT WAS THE APPROXIMATE DATE OF THE LAST VISIT?  ____________________________________________

AT ANY TIME HAS YOUR CHILD BEEN ON MEDICATION FOR ADD, ADHD, DEPRESSION, IMPULSE CONTROL OR A SEIZURE DISORDER?................................................................. ☐ YES ☐ NO

IF YES, WHAT MEDICATION / DATE TAKEN / DOSAGE?  ____________________________________________

HAS YOUR CHILD’S BEHAVIOR EVER LED TO SCHOOL DETENTION, SUSPENSION OR EXPULSION?..... ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:  ____________________________________________

IS YOUR CHILD IN A SPECIAL EDUCATION PROGRAM, HAVE PROBLEMS ASSOCIATED WITH ACADEMIC PERFORMANCE AND/OR RECEIVE SPECIAL RESOURCES?................................................................. ☐ YES ☐ NO

IF YES, PROVIDE DETAILED DESCRIPTION:  ____________________________________________

IS YOUR CHILD DEALING WITH ANY SIGNIFICANT LOSSES IN YOUR FAMILY? (i.e. THE DEATH OF A FAMILY MEMBER, PET, DIVORCE, ETC.)................................................................. ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:  ____________________________________________

IS YOUR CHILD CURRENTLY DEALING WITH ANY SPECIAL ISSUES SUCH AS PEER OR SCHOOL PRESSURE, A LEARNING DISABILITY, FAMILY ILLNESS, ALCOHOL, DRUG OR CIGARETTE USE?................................................................. ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:  ____________________________________________

HAVE ANY DESTRUCTIVE BEHAVIORS SUCH AS FIRE STARTING OR CRUELTY TO ANIMALS BEEN BROUGHT TO YOUR ATTENTION?................................................................. ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:  ____________________________________________

HOW MANY TIMES HAS YOUR FAMILY MOVED IN THE PAST TWO YEARS?  ____________________________________________

HOW MANY TIMES HAS YOUR CHILD CHANGED SCHOOLS IN THE PAST TWO YEARS?  ____________________________________________

DOES YOUR CHILD PRESENTLY WEAR PRESSURE GARMENTS?................................................................. ☐ YES ☐ NO

IF YES, PLEASE SEND THEM TO CAMP WITH YOUR CHILD AND INCLUDE ANY SPECIAL INSTRUCTIONS!
• DOES YOUR CHILD USE LOTION OR CREAM ON HIS/HER SKIN? .............................................................. □ YES □ NO
  IF YES, WHAT TYPE AND FREQUENCY OF APPLICATION:

• DOES YOUR CHILD WEAR A SPLINT? .................................................................................................................. □ YES □ NO
  IF YES, STATE WHERE, WHAT TYPE AND WEARING SCHEDULE:

• DOES YOUR CHILD WEAR AN ORTHOPEDIC DEVICE / PROSTHETIC? ........................................................... □ YES □ NO
  IF YES, STATE WHERE, WHAT TYPE AND WEARING SCHEDULE:

• DOES YOUR CHILD PRESENTLY USE A WHEELCHAIR? ..................................................................................... □ YES □ NO
  IF YES, LIST ANY SPECIAL INSTRUCTIONS:

• WILL YOUR CHILD NEED TO COMPLETE SPECIFIC EXERCISES WHILE AT CAMP? ........................................ □ YES □ NO
  IF YES, PLEASE EXPLAIN:

• IS YOUR CHILD PRESENTLY RECEIVING PHYSICAL AND/OR OCCUPATIONAL THERAPY? .......................... □ YES □ NO
  IF YES, HOW OFTEN: 
  NAME OF THERAPIST: __________________________ PHONE: __________________________

• DOES YOUR CHILD HAVE ANY PHYSICAL LIMITATIONS THAT MAY AFFECT HIS/HER PARTICIPATION IN ANY CAMP ACTIVITY (i.e. AMPUTATIONS, LOW ENDURANCE, RECENT SURGERIES, ETC.)? .................. □ YES □ NO
  IF YES, PLEASE EXPLAIN:

• GIVE ANY SPECIAL CONCERNS YOU WOULD LIKE THE CAMP MEDICAL STAFF TO ADDRESS BELOW.

I hereby testify that the health history provided herein is correct to the best of my knowledge and that the person described has permission to engage in all prescribed camp activities except as noted.

I agree that the Firefighters Kids Camp Medical Staff or their authorized agents may administer over-the-counter medications (or generic equivalents) and/or prescription medication (as advised by a physician) if deemed medically necessary. This includes, but is not limited to; Calamine Lotion, Betadine, Milk of Magnesia, Pepto Bismol, Aspirin, Ibuprofen, Tylenol, Neosporin, sun block, Sucrets, sting ointment, Blistex and Visine.

I also understand that reasonable measures will be taken to safeguard the health and safety of all participants at all times, and that I will be notified as soon as possible in case of any emergency affecting my child.

In the event I cannot be reached in an emergency, I hereby give my permission to the Firefighters Kids Camp Medical Staff to secure and administer treatment at my expense, including emergency medical or surgical treatment as may be necessary; including, but not limited to, x-rays, routine tests, treatment, and necessary related transportation for my child.

PARENT’S SIGNATURE __________________________ DATE __________________________

TREATMENT AUTHORIZATION
EMERGENCY CONTACTS

EMERGENCY CONTACT 1

HOME PHONE WORK PHONE CELL PHONE

RELATIONSHIP

EMERGENCY CONTACT 2

HOME PHONE WORK PHONE CELL PHONE

RELATIONSHIP

TRANSPORTATION TO / FROM CAMP & RELEASE

PLEASE INDICATE HOW YOUR CHILD WILL BE ARRIVING AND DEPARTING FROM CAMP:

MY CHILD WILL ARRIVE AT CAMP BY:

- ☐ SHRINERS HOSPITAL (Sacramento)
- ☐ ANGEL FLIGHT
- ☐ OTHER: __________________
- ☐ WE WILL PROVIDE OUR OWN TRANSPORTATION (PLEASE ARRIVE NO EARLIER THAN 4:30 PM)

MY CHILD WILL DEPART FROM CAMP BY:

- ☐ SHRINERS HOSPITAL (Sacramento)
- ☐ ANGEL FLIGHT
- ☐ OTHER: __________________
- ☐ WE WILL PROVIDE OUR OWN TRANSPORTATION (PLEASE ARRIVE NO LATER THAN 11 AM)

NOTE: Camp provided transportation is provided from/to Shriners Hospital in Sacramento. Additional transportation from other regional areas may also be arranged. We will work to assist with transportation for those residing outside of the Sacramento area, however we cannot guarantee transportation accommodations.

PLEASE LIST THE NAME OF ANY PERSON (S) WHO WILL BE AUTHORIZED TO PICK-UP YOUR CHILD UPON RETURNING TO CAMP OR IN THE EVENT OF AN EMERGENCY. YOUR CHILD WILL ONLY BE RELEASED TO ONE OF THE INDIVIDUALS LISTED BELOW. IDENTIFICATION WILL BE REQUIRED.

NAME RELATIONSHIP PHONE

NAME RELATIONSHIP PHONE

NAME RELATIONSHIP PHONE

LIABILITY RELEASE

I, the undersigned, certify that I am the legal parent or guardian of the above participant, that he/she is in good physical condition and I give my permission for him/her to participate in any and all activities, including water activities and archery at Firefighters Kids Camp. I further understand that Firefighters Kids Camp is a physically active program. Injuries and exposure to cold temperature are potential dangers. Proper clothing and equipment are required. I further acknowledge that potential injuries include strains, sprains, cuts, abrasions, broken limbs and even accidental death. I hereby Release, Waive, Discharge and Covenant Not to Sue or hold the Firefighters Burn Institute and its employees, volunteers and agents responsible or liable, and I will assume full responsibility, on or off premises for any injuries or damages incurred or caused by him/her in connection with his/her stay during Firefighters Kids Camp.

PARENT’S SIGNATURE ___________________________ DATE ___________________
FIREFIGHTERS KIDS CAMP PROMISES TO BE A GREAT EXPERIENCE FOR ALL INVOLVED! Please take a moment to go over the following guidelines carefully with your child before signing at the bottom.

The focus of our entire program is on the kids. With this in mind, we have established the following list of behavioral expectations in an effort to assure that all involved understand them and have the safest and most enjoyable time possible.

A camper’s failure to meet these expectations will result in a systematic administration of supportive counseling and consequential actions. The Firefighters Kids Camp will utilize the “3-step process of discipline” outlined below as a means to ensure that all campers take care of themselves, their fellow campers and the environment.

STEP ONE ........ The camper will be counseled by the Camp Directors(s).
STEP TWO .......... The camper will again be counseled by the Camp Director(s), and may be restricted from participation in an activity(s). The camper’s parent(s) or guardian will be notified by telephone of the child’s behavior, the counseling provided and the consequential actions that will be taken if the behavior(s) continue.
STEP THREE .... The camper’s parent(s) or guardian will be notified and required to pick-up their child immediately. If the parent(s) or guardian is unable to provide immediate transportation home for the child, then transportation arrangements will be made for the child at the parent’s expense. In the event that a child must be removed from the camp environment and the parent(s) or guardian cannot be contacted, the Camp Directors(s) will be required to contact local agents of county Child Protective Services (CPS), who will take protective custody of the child.

ACCEPTABLE BEHAVIORS INCLUDE:
- Campers will be expected to comply to camp rules at all times.
- Campers will be expected to be attentive to and be respectful of all camp staff at all times.
- Campers will be expected to actively Think and Listen.
- Campers will be expected to work together - the “Buddy System” must be used at all times.
- Campers will be expected to protect the environment.
- Campers will be expected to take care of any equipment they use, and return it to where they found it.

UNACCEPTABLE BEHAVIORS INCLUDE BUT NOT LIMITED TO:
- Campers will not be allowed to act in a manner that exhibits racist or sexist activities or humor.
- Campers will not be allowed to threaten or harass any other camper or member of the staff.
- Campers will not be allowed to possess alcohol and/or illicit drugs, weapons or fireworks at camp.
- Campers will not be allowed to smoke at camp. Any tobacco products will be confiscated and not returned.
- Campers will not be allowed to bring radios, pagers, cellular telephones or other electronic devices to camp.
- Campers will not be allowed to use profanity or fight at camp.

The Firefighters Kids Camp reserves the right to remove from camp any camper whose behavior, in the sole judgment of the Camp Director(s), is 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 HAVE READ AND UNDERSTAND THIS POLICY AND REALIZE THAT IT WILL BE ENFORCED IN ORDER TO ASSURE THE SAFETY OF ALL CAMPERS AND THE ENVIRONMENT. OUR SIGNATURES SIGNIFY THAT WE UNDERSTAND AND AGREE TO THE CONSEQUENCES.

PARENT’S SIGNATURE _____________________________ DATE ____________________

CAMPER’S SIGNATURE ___________________________

☐ YES ☐ NO MAY WE SHARE YOUR PHONE NUMBER, MAILING ADDRESS AND EMAIL WITH OTHER BURN FOUNDATIONS THAT PROVIDE BURN CAMPS, BURN RECOVERY PROGRAMS AND SCHOLARSHIPS FOR HIGHER EDUCATION THAT MAY BENEFIT YOUR CHILD?
IMMUNIZATION POLICY

For the health and safety of our campers, the Firefighters Burn Institute in accordance with American Camp Association (ACA) standards, asks that all parents carefully read and complete the appropriate section of our immunization policy below and return it to our office no later than the first day of camp, July 28, 2018.

STATEMENT OF CURRENT IMMUNIZATIONS:

I ________________, the parent/guardian of ________________, attest that my child is up to date on all immunizations required for school. I further attest that my child’s last tetanus shot was on ________________.

Date (MM/YY)

PARENT/GUARDIAN SIGNATURE ________________________________ DATE ________________________________

EXEMPTION FROM IMMUNIZATION – For minors who do not have immunizations for religious or other reasons. If you have filled out the top portion, skip this section.

AFFIDAVIT TO BE SIGNED BY PARENT/GUARDIAN

I request exemption of my child______________________________ from the immunization requirements for camp attendance because all or some immunizations are contrary to my beliefs. I understand that in the case of an outbreak of any of these diseases, the camper named above may be temporarily excluded from camp for his/her protection.

PARENT/GUARDIAN SIGNATURE ________________________________ DATE ________________________________
PHOTO RELEASE

THE FIREFIGHTERS BURN INSTITUTE (FFBI) IS A CHARITABLE ORGANIZATION WHICH DEPENDS UPON FINANCIAL SUPPORT FROM THE PUBLIC TO OPERATE AND TO OFFER RECOVERY PROGRAMS FOR BURN SURVIVORS. FFBI ENGAGES IN MARKETING, PUBLIC RELATIONS AND FUNDRAISING PROGRAMS DESIGNED TO PUBLICIZE THE AVAILABILITY OF ITS SERVICES AND THE NEED FOR CONTINUED FINANCIAL DONATIONS AND SUPPORT. FFBI ASKS FOR YOUR CONSENT TO USE PHOTOGRAPHS, SLIDES, FILM, VIDEOTAPE, AUDIOTAPE, MOTION PICTURES OR OTHER RECORDINGS CONTAINING IMAGES AND/OR VOICE OF YOU (IF OVER THE AGE OF 18) OR YOUR CHILD (IF YOU ARE THE CHILD’S PARENT OR LEGAL GUARDIAN) AS PART OF FFBI’S MARKETING, PUBLIC RELATIONS AND FUNDRAISING PROGRAMS. YOUR CONSENT, OR REFUSAL TO GRANT SUCH PERMISSION WILL HAVE NO BEARING WHATSOEVER ON YOU OR YOUR CHILD’S PARTICIPATION IN PROGRAMS OFFERED BY FFBI. PLEASE CHECK YES OR NO AND SIGN BELOW. THANK YOU!

☐ YES. I GIVE MY CONSENT FOR THE USE OF PHOTOGRAPHS, SLIDES, FILM, VIDEOTAPE, AUDIOTAPE, MOTION PICTURES OR OTHER RECORDINGS CONTAINING IMAGES OF ME (IF I AM 18 YEARS OR OLDER), OR OF MY CHILD (IF I AM THE CHILD’S PARENT OR LEGAL GUARDIAN) IN MARKETING, PUBLIC RELATIONS AND FUNDRAISING PROGRAMS FOR FFBI.

☐ NO. I DO NOT GIVE MY CONSENT FOR THE USE OF PHOTOGRAPHS, SLIDES, FILM, VIDEOTAPE, AUDIOTAPE, MOTION PICTURES OR OTHER RECORDINGS CONTAINING IMAGES OF ME (IF I AM 18 YEARS OR OLDER), OR OF MY CHILD (IF I AM THE CHILD’S PARENT OR LEGAL GUARDIAN) IN MARKETING, PUBLIC RELATIONS AND FUNDRAISING PROGRAMS FOR FFBI.

I UNDERSTAND THAT I MAY ASK ANY QUESTIONS ABOUT THIS CONSENT PRIOR TO SIGNING THIS RELEASE.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THE TERMS OF THIS RELEASE AND HAVE CHECKED EITHER “YES” ABOVE TO GIVE MY CONSENT OR “NO” ABOVE TO REFUSE CONSENT. I HAVE NO QUESTIONS OR THEY HAVE BEEN ANSWERED TO MY SATISFACTION.

SIGNATURE (LEGAL ADULT OR PARENT/LEGAL GUARDIAN’S) ________________________________ DATE ________________________________

PRINT NAME (LEGAL ADULT OR PARENT/LEGAL GUARDIAN’S) ________________________________ PRINT NAME (CHILD’S IF APPLICABLE) ________________________________