



Camp Kesem Camper Application Forms Checklist

Please be sure the following forms are completed before returning your child's application:

- General Information
- Medical History
- Medical Authorization
- Release Form

Please return all forms by **March 15, 2010** to:

Camp Kesem at UVA
Attn: Camper Care
P.O. Box 4321
Charlottesville, VA 22903



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P.O. Box 4321
Charlottesville, VA 22905



**Please attach a recent photo of your child here.

February 16, 2010

Dear Friend,

Thank you for your interest in Camp Kesem, a camp for children who have a parent who has died from cancer, is currently in treatment for cancer, or is in remission from cancer. Camp Kesem will take place from August 9, 2010 - August 14, 2010 at Camp Holiday Trails in Charlottesville, VA.

The mission of Camp Kesem is to provide a student-run summer camp program for children who have or had a parent with cancer, where campers build self-esteem and gain support from peers facing similar challenges. With a camper-counselor ratio of 2:1, campers receive the special attention and support that they would not receive at a regular summer camp.

30 volunteer counselors from The University of Virginia will staff the camp and will undergo extensive training prior to camp. The professional staff will include a Nurse, a Psychotherapist, and a Camp Advisor.

Camp Kesem is open to all children in the commonwealth of Virginia between the ages of 6 and 13, regardless of race, religion, color, national origin, or financial status. Due to the financial burden experienced by families coping with cancer, *Camp Kesem is provided free of charge to all families.*

Camp Kesem will accept 60 children this year. **Applicants will be accepted on a first-come, first-serve basis**, with consideration to ensure appropriate balances of age and gender. **THE APPLICATION DEADLINE IS March 15, 2010.** If your child would like to attend Camp Kesem, please return the enclosed application to the address below as soon as possible. We will notify you when we have received your child's application. Be sure to fill out a separate application for each child you wish to send to camp. If you have further questions, please do not hesitate to contact me at kesemcampercare@gmail.com or 434-227-4556.

Sincerely,

Amy "Penguin" Bittner and Carla "Racecar" Jones
Camper Care Coordinators



Camp Kesem Camper Application General Information

Date: ____/____/____

| Child Information | | | |
|---|--|---|------|
| Full Name: | | Nickname: | |
| Date of Birth: | | T-Shirt Size : <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XLarge | |
| Age as of first day of Camp: | | Sex: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |
| Height: _____ feet and _____ inches | | Weight: _____ pounds | |
| Current Address: | | | |
| City: | | State: | Zip: |
| Parent / Guardian Information | | | |
| Parent / Guardian Name: | | | |
| Relationship to Child: | | | |
| Address: | | | |
| City: | | State: | Zip: |
| Home Phone: ()) | | Work Phone: ()) | |
| Mobile Phone: ()) | | Email: | |
| Native Language: | | | |
| | | | |
| Parent / Guardian Name: | | | |
| Relationship to Child: | | | |
| Address: | | | |
| City: | | State: | Zip: |
| Home Phone: ()) | | Work Phone: ()) | |
| Mobile Phone: ()) | | Email: | |
| What is the best way to contact you? Please circle: Home Phone Mobile Phone Work Phone Email | | | |
| When is the best time of day to contact you? | | | |
| Native Language: | | | |
| If one/both parent's native language is not English: Would you like to receive subsequent camp documents translated in your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |



Your child's native language: _____

If your child's native language is not English:

Would you like to receive camp documents translated in your child's native language?

Yes No

If child does not live with both parents, who has legal custody?

Please explain the custody arrangements.

Siblings

| | |
|-------|------|
| Name: | Age: |
| Name: | Age: |
| Name: | Age: |

Emergency Contacts (Please provide two contacts)

| | |
|---------------------|---------------------|
| Name: | Relationship: |
| Work Phone: | Home Phone: |
| Name: | Relationship: |
| Work Phone: () | Home Phone: () |

Additional Information

Has your child been away from home before? Yes No

If yes, please describe:

Please provide the name of the parent who has/had cancer, the date he/she was diagnosed, and what the diagnosis and prognosis are:



How much does your child know about the parent's illness? Are there any specific ways that you help your child cope with the parent's illness?

How did you hear about Camp Kesem? Please be specific.

Has your child attended Camp Kesem before? Yes No

If no, would you like to be contacted by a member of the Camp Kesem Parent Committee?

Yes No

If yes, would you like to join the Camp Kesem Parent Committee, which serves to offer support for and answer questions from new parents?

Yes No

Transportation:

Would you be willing and able to carpool with another Camp Kesem family to/from camp?

Yes No

If yes, how many spots would you have available in your vehicle? _____ # of spots

I authorize the verification of the information provided on this form.

Signature of Parent / Guardian:

Date:

Camp Kesem Camper Application Medical History



Please answer the following questions about your child's medical history so that necessary preparation can be made. The information you provide will not be considered in the camper application process. The more information we have, the better we will be able to care for your child.

IMMUNIZATION DATES

MMR _____
Polio _____
DTaP _____
Hib _____
Hep B _____
Pneumovax _____
Varricella _____
Chicken Pox or history of disease _____
Other _____

For kids over age 11:

Tdap _____
Meningoccal _____
HPV _____

| | | |
|---|---|-----------------------------|
| Has your child had chicken pox or shingles? | <input type="checkbox"/> Yes, Date: _____ | <input type="checkbox"/> No |
| Was this diagnosed by a physician? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the chicken pox varicella vaccine been given? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| List any food restrictions, allergies, or special requirements: | | |
| List any other medical problems (such as allergies, asthma, hay fever, seizures, etc) and specific instructions for care while at camp. | | |
| List any drug allergies: | | |
| List any physical restrictions or limitations (amputations, crutches, wheelchair, etc.): | | |



| | |
|---|--------|
| Special needs/care requirements (fluid needs, vision/hearing loss, behavior, etc.): | |
| Level of assistance required for personal hygiene care: Independent_____ Minimal_____ Moderate_____ 1:1_____ | |
| Does your child wet the bed? If so, how often? | |
| Primary Care Physician: | Phone: |
| Any other information to help us care for your child: | |

LIST OF MEDICATIONS

Please list the medications that your child is taking. If there are none, please write NONE. Any medication that you bring to camp must be in the original or prescription bottle. Medicine in unlabeled containers will not be accepted.

| Medication | Dosage | Special Instructions |
|------------|--------|----------------------|
| | | |
| | | |
| | | |

Please check and sign below to authorize that your child may be given the following **over-the-counter** medication:

- | | |
|---|---|
| <input type="checkbox"/> Tylenol/Acetaminophen <input type="checkbox"/> Benadryl/Anti Histamines <input type="checkbox"/> Maalox, Mylanta, Tums | <input type="checkbox"/> Advil/Ibuprofen/Motrin <input type="checkbox"/> Cough Medicine <input type="checkbox"/> Pepto-Bismol |
|---|---|

Signature _____



Camp Kesem Camper Application Medical Authorization Form

Camper Name: _____ Birth Date: _____

I hereby authorize the Camp Advisor of Camp Kesem, or such designee(s) as the Camp Advisor may appoint, to provide for the giving of emergency medical care or treatment, including medicines, immunizations, x-rays, tests, dental and minor surgical treatment, hospitalization, general anesthesia, or other medical treatment as may be appropriate while the child is in the care of Camp Kesem. Notification of the parent or guardian will always be attempted. I further agree that this authorization shall be effective until revoked.

| | | |
|--------------------------------|-----------|-----------------------|
| Signature of Parent / Guardian | Date | Relationship to Child |
| _____ | | |
| Print Name | | |
| _____ | | |
| Address | Telephone | |
| _____ | _____ | |
| City | State | Zip |
| _____ | _____ | _____ |

INSURANCE INFORMATION (to be used for special tests, x-rays, or medical treatment):

If Medicaid, specify number:

Name of Insurance Company: _____

Address: _____

Phone number: _____

Policy Number or CIN#: _____

Prescription Plan (company, ID#): _____

If group insurance, specify company: _____

Name of parent who insures child: _____

Any specific billing instruction: _____

| | | |
|---|-------|--------|
| Physician to be contacted in case of emergency: | | |
| Institution: | | |
| _____ | | |
| Address: | City: | |
| _____ | _____ | |
| State: | Zip: | Phone: |
| _____ | _____ | _____ |

Camp Kesem Camper Application



Release Form

RELEASE OF LIABILITY

I, _____

Parent/guardian of _____

hereby agree for him/her to attend the functions provided by Camp Kesem at UVA from August 9,2010 to August 14,2010. I hereby release Camp Kesem and its personnel from any and all liabilities to my child as a result of mode of travel to and from the aforementioned camp; engagement of activities during camp; use of materials, buildings and/or environment; and specifically, give permission for my/our child to attend this function.

Parent/Guardian Signature

Date

PUBLICITY RELEASE

I give my consent and permission for Camp Kesem and Camp Kesem National to use or authorize the use of any photos, video, interviews, or other publicity-related items involving my child.

- YES, including my child in publicity-related items is fine.
- NO, please do not include my child in any publicity-related items.

Parent/Guardian Signature

Date