



CAMPER APPLICATION AND PROFILE

Please return to the CHAMP Camp office no later than April 2, 2010. Your physician will need to complete and sign the General Medical Form. If you have questions, please contact us at 317-679-1860 or email us at jmitchell@chamcamp.org.

Camper's Name _____

How did you learn about CHAMP Camp? _____

Birth Date _____ Sex _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Name of Parent(s)/Guardian(s) (Circle One) _____

Phone Number, including area code _____ Cell Phone _____

Email _____

Camper Email _____

Employment: (Parents/Legal Guardians)

Mother's Employer _____ Father's Employer _____

Hours Reachable _____ Hours Reachable _____

Work Phone _____ Work Phone _____

To whom should we send correspondence regarding camp attendance (if different from above state parent(s)/guardian(s)):

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

EMERGENCY INFORMATION

In the unlikely event of an emergency, we contact parent(s)/legal guardian(s) first. If there is an emergency and you cannot be reached, whom shall we contact? List in order of preference:

Name _____ Relationship to Camper _____

Home Phone _____ Alternate Phone _____

Name _____ Relationship to Camper _____

Home Phone _____ Alternate Phone _____

Is there anyone restricted from seeing the camper or from picking him/her up on outgoing day?

While camper is at CHAMP Camp, Parent(s)/Legal Guardian(s) will be: _____ At home
_____ On vacation

Location _____ Phone Number _____

List specific dates to be gone _____
(THIS INFORMATION WILL BE VERIFIED WHEN CAMPER ARRIVES AT CAMP.)

RESPIRATORY NEEDS

What is your child's diagnosis that has resulted in requiring a tracheostomy and/or ventilator assistance?

How long has your child been with a tracheostomy? Ventilator assisted? (Specify):

Does your child require oxygen? Yes _____ No _____

How is the oxygen delivered? (nasal cannula, trach mask, through ventilator?)

What percentage or liter flow of oxygen does your child require? _____

Does your child require more oxygen when he/she is more active? Yes _____ No _____

If yes, how much? _____

Is your child on a ventilator? Yes _____ No _____

Please check all that apply: _____ 24 hour ventilation
_____ Night time/naps only
_____ CPAP
_____ BiPAP
_____ Pacers
_____ Other (please explain _____)

What type of ventilator does your child use? _____

If child is on a ventilator "part-time," please indicate times/schedule:

What are the current ventilator settings for your child?

Mode _____ Breathing Rate _____ Flow Rate (if applicable) _____

Tidal Volume _____ Inspiratory Time _____ Peep _____

At what pressure does your child normally ventilate with each ventilator breath? _____

Where do you set the pressure alarms on the ventilator? High _____ Low _____

Does your child trigger their own breath? Yes _____ No _____

What is the sensitivity set at? _____

RESPIRATORY NEEDS, cont'd

Please answer **YES** or **NO** to the following:

Does your child need a circuit change while at camp? _____ What day? _____

Does your child utilize heated humidity (cascade) during the night? _____ day? _____

What temperature is it set at? _____

Does your child utilize a humidivent in the ventilator tubing during the day? _____ night? _____

What size tracheostomy tubes does your child have? _____

Please indicate type of track tube (Shiley, Porter, Bivona, cuffed, uncuffed, etc):

Is the cuff up on the trach during the night? _____ day? _____

How many mls of air / sterile water (circle one)? _____

How often is the trach tube changed? _____ Is a trach change needed this week? _____

What day? _____

Does your child use trach dressings? _____

Is your child able to expel secretions on his/her own without suctioning? _____

How often does your child require suctioning? _____

Describe your child's normal secretions (thin, thick, white, yellow, etc):

What size suction catheter does your child use? _____

Does your child utilize a Passey-Muir valve? Yes _____ No _____

Nebulizer treatments _____ How often? _____

Meter dose inhalers _____ How often? _____

CPT ? _____ How often? _____ Full or Partial? _____

Vest Therapy? _____ Settings? _____

How often? _____

BATHROOM NEEDS

If your child is on a bowel/bladder program, please indicate: _____

How often does your child have a bowel movement? _____

If your child requires urinary catheterization, please indicate the type and size of catheter used, and scheduled times of in and out cath: _____

Toilet Chair _____ Bedpan _____ Urinal _____

Gets up in the middle of night _____ Diapers _____

Needs transfer to toilet _____ Needs help with clothing _____

Needs assist with wiping _____ Is completely independent _____

MEALTIMES

Does your child eat by mouth? Yes _____ No _____

Does your child take fluids by mouth? Yes _____ No _____

Is your child on a fluid restriction? Yes _____ No _____

If yes, please explain restrictions _____

What type of diet? Please check all that apply:

Low Salt _____ Low Cal _____ Normal Diet _____

Pureed _____ Soft Food _____ Knows Limits _____

Has Difficulty _____ Uses Straw _____ Drinks from Cup _____

Has Food Allergies _____ Please List: _____

Is your child fed through a G-tube or button? _____

What is your child's formula? _____

What is his/her feeding schedule? _____

(Please attach a separate sheet with complex feeding schedules)

Does your child need assistance with mealtimes?

Is independent _____ Needs some assistance _____ Must be fed _____

OTHER ALLERGIES

Is your child allergic to any non-food items such as bee stings, plants, chemicals, latex?

Yes _____ No _____ If yes, please list: _____

Side effects? _____

Is your child allergic to ANY medications? (Penicillin, aspirin, sulfa, etc) Yes _____ No _____

If yes, please list: _____

Side effects? _____

MOBILITY/TRANSFERS

Please check all those that apply:

Walks independently _____

Is ambulatory, but needs assistance or adaptive equipment when tired _____

Please explain: _____

Uses turbo chair or amigo/pony _____ Uses walker _____

Uses it routinely? _____ Uses as needed? _____ Uses stroller _____

Uses wheelchair _____

Is it electric? _____ Does it have a chin switch? _____

Sip and Puff? _____ Joy Stick? _____

Does your child utilize it independently? _____

Does your child need assistance with wheelchair? _____

MOBILITY/TRANSFERS, cont'd

Total assist? _____ Partial assist? _____
(Please explain, if necessary) _____

Regarding transfers: Camper's approximate weight _____

Please check all those that apply: _____ Is independent
_____ Only bears weight on feet, but needs assistance moving from place to place
_____ Needs two person assistance
_____ Must be lifted

Does your camper utilize any type of the following bracing?

Body jacket/ Brace? Yes _____ No _____
Arm/hand splints? Yes _____ No _____
Leg splints? Yes _____ No _____
Neck brace/Collar? Yes _____ No _____

If answer is YES to any of these supportive devices, please indicate schedule of usage (i.e. nights, days, on 3 hours, off 3 hours, etc) _____

DRESSING/DAILY CARE

Please check all those that apply: _____ Is independent with dressing
_____ Needs assist only w/ buttons, shoes
_____ Needs some help with dressing
_____ Needs total assistance with above
_____ Assumes responsibility for washing face, brushing teeth, combing hair, etc
_____ Needs some assistance with above
_____ Needs total assistance with above

AWAKE/SLEEP TIMES

Camper is accustomed to _____ hours of sleep per night. Child's usual bedtime is _____ o'clock.

Does your child usually require a nap? _____

Will your child require side rails on his/her bed at camp? _____

Camper: (Please check) _____ gets up in the middle of the night to use the bathroom
_____ needs to be turned during the night
_____ has occasional nightmares
_____ is afraid of the dark
_____ has special bedtime routine, i.e., reads a story, takes a bath, takes stuffed animal to bed, listens to music. Please explain: _____

What time does your child usually awaken in the morning? _____

If your child is overtired or overstimulated, what behaviors might we notice? _____

FAMILY

Has your child ever been away from home and family? Yes _____ No _____

Has your child ever been to camp before? Yes _____ No _____

If yes, when and where? _____

Names and ages of brothers and sisters:

NAME

AGE

_____	_____
_____	_____
_____	_____
_____	_____

Does your child have any pets? Yes _____ No _____ What kind(s)? _____

Are there any sensitive topics/subjects that we should be aware of when talking with your child?

Does your child fear any particular situation (i.e. water, bad weather, darkness)? _____

If your child is getting sick, are there any particular behaviors or indicators we should look for? (i.e. becomes withdrawn, overly agitated) _____

How would you describe your child? _____

Why does your child want to attend camp? _____

How do you think CHAMP Camp will benefit your child? _____

Has the camper had any recent illnesses or hospitalizations? _____

Please include further comments about your child which would be helpful to the counselors and medical staff:

Emergency Medical Release

Camper's Name _____

Birth date _____

In case of a medical emergency, I understand that every effort will be made to contact parents or guardians of campers. In the event that I cannot be reached, I hereby give permission to the Medical Director or authorized designee to secure responsible treatment, appropriate medical care and hospitalize, if necessary, my child named above.

I give my authorization for CHAMP Camp medical staff to administer routine maintenance treatments and therapy and/or treatments for acute respiratory flare-ups or other minor illnesses and injuries, and to change medications and adjust the dosages of such, if necessary.

Signature of Parent/Legal Guardian _____

Date _____

In case we need to call in a prescription, your child's:

Insurance Carrier _____

Policy # _____

Group # _____

Name of Policy Holder _____

Relationship to Camper _____

Phone number to verify insurance coverage _____

PREFERRED PHARMACY (i.e. Walgreens, CVS, Meijer, WalMart, etc) _____

Is camper listed in that pharmacy's database? _____

Is there a pharmacy co-pay per prescription? _____

Amount? _____

Additional Information that will be Helpful to us in Planning

1. Is the camper able to hear without difficulty? Yes _____ No _____
Does the camper wear a hearing aid? Yes _____ No _____
If so, any special instructions? _____

2. Is the camper able to see without difficulty? Yes _____ No _____
Does the camper wear glasses? Yes _____ No _____
If yes, any special instructions? _____

3. Regarding your child's cognitive abilities, please check the most appropriate:
_____ Typical for Chronological Age
_____ Is one year delayed in grade level at school
_____ Has been diagnosed with learning disability
_____ Has been diagnosed with Attention Deficit Disorder
_____ Has been diagnosed with developmental delay in cognition(mental ability)

COMMUNICATION/LANGUAGE:

_____ No communication difficulties
_____ Verbalizes, but may be difficult to understand
_____ Answers yes/no questions only
_____ Non-Verbal (Please explain: _____)
_____ Uses sign language
_____ Uses a Passey-Muir valve
_____ Uses a communication board or other augmentative system or device
(Please explain: _____)

Camper T-shirt Size:

_____ Children's M (10-12)
_____ Children's L (12-14)
_____ Adult S
_____ Adult M
_____ Adult L
_____ Adult XL

Current Grade Level: _____ Name of Camper's School _____

If your child receives any special services or therapy at school, please let us know what they are and how often they are received: _____

Please provide the name of a teacher, social worker, etc, who is familiar with the camper so that we can contact this person for additional information, if needed:

Name _____ Day Phone _____

Relationship to Camper _____

Signature of Parent/Guardian _____ Date _____

CONSENT AND RELEASE

The undersigned, as the parent or legal guardian of _____ (“Camper”), hereby grants permission for Camper to attend CHAMP Camp (“Camp”) and further ascertains that Camper is medically and mentally able to participate in the activities at Camp as described in the application packet, camp brochure, and video.

The undersigned acknowledges that Camper’s attendance and participation in Camp is completely voluntary and that the undersigned is familiar with the programs and activities in which Camper will be participating in Camp.

Camp has taken safety measures to minimize the risk of injury to participants; however, the undersigned acknowledges that Camp cannot insure nor guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents, and/or injuries. The undersigned further understands that certain hazards and risks are inherent in the programs and activities offered at Camp, including but not limited to horseback riding, fishing, swimming, tree climbing, archery, photography, outdoor obstacle course activities, pontoon boating, canoeing, recreational games, campfire activities, overnight wilderness excursions, and creative arts. The undersigned recognizes and has instructed Camper of the importance of understanding and abiding by Camp’s rules, regulations, and procedures for the safety of Camper.

In consideration of Camp’s acceptance of Camper’s application to attend and participate in camp activities, the undersigned hereby releases and forever discharges Camp, its employees, directors, officers, agents, staff, and volunteers from any and all damages arising out of any injury, illness, or death to Camper during his/her attendance at Camp.

The undersigned hereby consents to Camper’s appearance in photographs and videos to be used by Camp for publicity, public information, fundraising, or any other lawful purpose.

The undersigned understands that Camp reserves the right to refuse any applicant that may require care beyond the scope of services offered by Camp and understands that Camp, at any time, has the right to terminate Camper’s participation in Camp in the event of Camper’s illness or other circumstances making such termination necessary.

Date: _____ Signature: _____

Printed: _____

Relationship to Camper: _____

Date: _____ Signature: _____

Printed: _____

Relationship to Camper: _____

Authorization and Release

I, _____ (camper name), agree to be a volunteer spokesperson on behalf of CHAMP Camp for its campaign to further its mission of providing a camping experience for children with tracheostomies or ventilator assisted. I will share my diagnosis, first name, and camping experience with CHAMP Camp, the public and parties working with CHAMP Camp in support of its mission. I understand and agree that CHAMP Camp may share my name and camping experience with various media outlets including newspapers, television, radio, and magazines and with other third parties working with CHAMP Camp to provide educational information on camping experiences for technologically assisted children to the general public.

I further understand and agree that:

1. CHAMP Camp may copy and distribute my story and my likeness; and may create, copy, and distribute derivative works based upon my story and my likeness in the form of print, videotape, film, slides, photographs, audio tapes, web site, internet, electronic media or other media. CHAMP Camp shall own the copyright in any such derivative works and may license or convey the copyrights to third parties at its discretion.
2. CHAMP Camp may disclose my story to media representatives, including public relations agencies and others, for consideration for use in CHAMP Camp's public relations and educational promotions and materials;
3. CHAMP Camp may introduce me to media representatives but CHAMP Camp has no obligation to do so;
4. I may be photographed and I will give interviews on my story for use and publication in newspapers, magazines, television, radio or other media or with other third parties working with the CHAMP Camp and will do so upon request of CHAMP Camp;
5. I will receive no compensation from CHAMP Camp for the disclosure or publication of my story;
6. I may withdraw my consent to serve as a spokesperson before I have actually granted an interview to the media.
7. The media outlet publishing my story will own the copyright to the story and materials it publishes about me or that include references to or photographs of me.

I release, indemnify and hold harmless CHAMP Camp, its board, volunteers, employees, agents, and representatives from any and all claims or demands, known or unknown, arising out of or in any way connected with CHAMP Camp's use, disclosure or publication of my story.

I hereby warrant that I am the legal guardian of the minor named above and have every right to contract for her/him in the above regard. I state further that I have read the above agreement and that I consent and hereby agree on behalf of myself and the above named minor to its terms.

Guardian Signature

Guardian Printed Name

Date

PLEASE RETURN ALL PIECES OF THIS APPLICATION TO:

By Mail: CHAMP Camp, Inc.
Camper Application Review
c/o Jamie Mitchell
49636 Churchill Street
Mattawan, MI 49071

By Email: jmitchell@champcamp.org

By Fax: 317.245.2291

Application and profile is due by April 2, 2010.

General medical form is due by May 7, 2010.

Please contact Jamie Mitchell with any questions at 317.679.1860.