

Camper Name: _____ Date of Birth: _____

CAMP HIGH FIVE 2011 CAMPER APPLICATION

APPLICATION DEADLINE: MAY 30, 2011

We are looking forward to an exciting week at Camp High Five this summer. In order to process applications in a timely manner, please review, complete and submit the application by the deadline above. A checklist is provided below.

Please submit the medical forms (pages 8-12) to the camper's medical provider as early as possible. Page 12 is ONLY required for HIV-infected campers. You do not need to give this page to the medical provider if the camper is not infected.

IMPORTANT NOTE: Tuberculosis (TB) screening is REQUIRED for camp attendance. The tuberculosis screening test requires 2 to 3 days to be completed. The test may be obtained from the camper's physician or from the health department for a minimal cost. You may call the camp office at (404) 217-4278 if you have any questions.

For non-infected youth TB screening is required after July 3, 2009.
For HIV-infected youth TB screening is required after July 3, 2010.

Please mail application to H.E.R.O. office address indicated below, or return to Ponce Clinic case manager.

Thank you.

APPLICATION CHECK LIST

	Pages	Content	Completed By
<input type="checkbox"/>	1,2,3	Camper information	Parent/Guardian
<input type="checkbox"/>	3,4,5,6,7	Releases, Consents and Contracts	Parent/Guardian signature and date required on EACH page (5 total)
<input type="checkbox"/>	6	Camper Contract	Camper Signature required
<input type="checkbox"/>	8,9,10	Medical Information	Camper's Medical Provider
<input type="checkbox"/>	12	HIV medical information	Camper's Medical Provider

Mail completed application to:
H.E.R.O. for Children – Camp High Five, 4497 South Old Peachtree Rd., Norcross, GA 30071

Camp High Five – Camper Application – 2011

Page 1-To be completed by parent or guardian

Section 1: Demographic Information

Last Name		First Name		Middle Initial
Date of Birth / /	Age (by 6/26/11)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Camper Primary Language
Street Address				
City		State	Zip	County
Home Number		Contact Name		<input type="checkbox"/> Day <input type="checkbox"/> Evening
Work Number		Contact Name		<input type="checkbox"/> Day <input type="checkbox"/> Evening
Cell Number		Contact Name		<input type="checkbox"/> Day <input type="checkbox"/> Evening
Camper Email Address				
Parent Email Address				
Parent/Guardian Name			Relationship to Camper	
Camper Last Grade Completed		Special Ed Classes <input type="checkbox"/> Yes <input type="checkbox"/> No	Siblings at Camp? <input type="checkbox"/> Yes <input type="checkbox"/> No	
T-shirt Size (Choose one size for the camper.) Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL				

Section 2: Emergency Contact Information (In case parent/guardian cannot be reached.)

Name		Relationship
Daytime Phone Number		Evening Phone Number
Name		Relationship
Daytime Phone Number		Evening Phone Number

Section 3: Insurance Information (This must be provided on all campers.)

Type of Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> PeachCare <input type="checkbox"/> Private <input type="checkbox"/> None	
Policy Number	Group Number
Other Insurance Information	

Section 4: Medical Provider Information

Name of Camper's Medical Provider		Office Phone Number
Pharmacy Name		Pharmacy Phone Number

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Page 2-To be completed by parent or guardian

Section 5: Medical Information

Current Medical Conditions (Check all that apply and list any explanations below.)

HIV Hepatitis B Hepatitis C ADD or ADHD Sickle Cell Disease
 Asthma Tubes in Ears Heart Problems Other _____

Explanation

Section 6: Allergies (If yes, list allergy below with reaction.)

Medication Allergy

Yes No

Food Allergy

Yes No

Environmental Allergy (e.g. poison ivy, insect bites)

Yes No

Section 7: Dietary Needs

Special Dietary Needs Yes No

Vegetarian Yes No

Food Restrictions (list below)

G-tube Yes No If yes, for Medicine Formula Both

Formula Supplements Yes No How? By Mouth By G-tube

Formula Type

Cans per Day

Feeding Pump

Pump Type

Yes No

Describe feeding schedule including milliliters/hour and number of hours each night feeds run.
 (Example: 60 cc/hr for 12 hours each night)

Section 8: General Health and Physical Abilities

Does the camper have or need assistance with any of the following? (Check all that apply.)

Dressing Showering Eating Toileting Walking/Balance

Braces Casts Walker Wheelchair Other _____

Does the camper tire easily and need more rest periods or naps? Yes No

Does the camper swim? Yes No

Does the camper wet the bed? Yes No

Has the camper had chicken pox? Yes No

If yes, when?

FEMALES ONLY

Has the camper begun menstrual cycle? Yes No

Any problems noted?

Section 9: Psychosocial/Behavior

Does the camper experience any of the following? (Check all that apply.)

Never slept away from home Anxiety (worries a lot) Fear of dark Homesickness

Sleeps with night light Fights easily School suspension due to behavior

Hyperactivity or problems with attention → On medication? Yes No

Camper's interests (check all that apply)

Reading Music Swimming Dance Sports Arts/Crafts Fishing

How long has the camper known they or someone in their family has HIV/AIDS?

Less than 6 months Less than 1 year A few years Always

Camp High Five – Camper Application – 2011

Page 3-To be completed by parent or guardian

Section 10: Medications

Please list all medications including name, amount with dose and times the camper takes the medication. This list is to be completed by the parent or guardian.

	Medication	Amount	Times to Give
Example	Concerta	One tablet-18 mg by mouth	8am/8pm on Mon, Tues, Wed
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

PLEASE NOTE:

- **Please send any medication supplies to camp with camper. All medications should be sent in original prescription bottles with the camper’s name and recent date on the bottle. No pill boxes will be accepted. No medication should be packed in camper’s luggage. Medications will be turned in to staff at check-in. This includes facial creams, inhalers, birth control pills and vitamins.**
- **Also, if the camper takes medication for ADD or ADHD during school hours, he/she should be on those medications during camp. Please send those medications to camp in their original prescription bottles.**
- **All equipment and formula should be labeled with the camper’s name and turned in at time of check-in. They should not be packed in the camper’s luggage.**

Parent/Guardian (print name)	Parent/Guardian Signature	Date
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Mail completed application to:
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Camp High Five – Camper Application – 2011

Page 4 – To be completed by parent or guardian

Camp High Five – Parental Consent and Release Form

Consent to Participate and Release from Liability

I agree my child _____ may participate in H.E.R.O./Camp High Five activities held **June 26 – July 1, 2011**, except as noted on his/her medical forms.

I expressly waive all claims against H.E.R.O./Camp High Five, its staff, its officers, directors, trustees, volunteers, sponsors and donors, and their legal heirs, successors, and assigns on account of any illness, injury, or damage to person or property that may result. This consent does not release H.E.R.O./Camp High Five from liability for intentional or willful acts or omissions of H.E.R.O./Camp High Five or any person named above.

I agree to indemnify, hold harmless, and defend Camp High Five and other persons listed above from any loss or liability arising from my acts or omissions or those of my child in connection with my child's attendance at H.E.R.O./Camp High Five.

I agree that the physician and medical staff selected by H.E.R.O./Camp High Five may order medical treatment for my child in case of any emergency and for the treatment of pain and/or discomfort. I agree that I am responsible for all costs incurred for medical care, which are not covered by my personal insurance or by H.E.R.O./Camp High Five insurance.

I agree that any of my child's medical records or other personal health information in the possession of H.E.R.O./Camp High Five may be released as necessary for my child to receive emergency medical treatment or referral for emergency medical treatment while at camp, or for insurance purposes associated with such emergency medical treatment.

My child understands that he/she is infected with or affected by HIV/AIDS. I understand that it will be stated openly at H.E.R.O./Camp High Five activities that each child participating in such activities is in some way affected by HIV/AIDS.

I understand that H.E.R.O./Camp High Five may be sharing the Camp Twin Lakes facility simultaneously with another camp for children with a specific medical condition or disability (although the programs and activities of the two camps shall be conducted separately). I understand and acknowledge that the staff, campers and parents of the other camp have been advised that H.E.R.O./Camp High Five participants are infected with or affected by HIV/AIDS.

I agree that if no parent or guardian is available at our place of residence during the camp session, we will advise H.E.R.O./Camp High Five how we may be contacted in case of an emergency.

Parent/Guardian (print name)

Parent/Guardian Signature

Date

Camp High Five – Camper Application – 2011

Page 5 – To be completed by parent or guardian

Camp High Five – Photography – Media Release Form

Camper Name (print) _____

PHOTOS: Part of camp includes keeping memories alive through photos.

Camp High Five may involve reporters, photographers or other members of the media to help promote camp awareness or for fundraising. My camper will be included in these promotions only if I give permission below:

____ I hereby give H.E.R.O. for Children, Inc. (“H.E.R.O.”) and its representatives permission to take photographs and videos of my child, _____, during his/her participation in Camp High Five 2011, and to use and publish the photographs and videos and/or the negatives, transparencies, prints, or digital information pertaining to the photographs and videos, in still, single, multiple, moving or video format, or in media which your child may be included in whole or in part, or composite, or distorted in form, or reproductions thereof, in color or otherwise, made through any media for any lawful commercial purposes. I also hereby release H.E.R.O. and its directors, officers, employees, agents and representatives from any and all liabilities, losses, damages, or claims based on H.E.R.O.’s use of the photographs or videos described herein. I hereby waive any right that I may have to inspect and approve the finished product or copy that may be used in connection with a photograph or video that H.E.R.O. has taken of my child, or the use to which it may be applied.

____ **I DO NOT** give H.E.R.O. for Children, Inc. (“H.E.R.O.”) and its representatives permission to take photographs and/or videos of my child during his/her participation in Camp High Five 2011 activities. I understand that H.E.R.O. has no control over the actions of third-parties who observe H.E.R.O.’s events, especial those events held in public locations or locations where H.E.R.O. cannot reasonably control observation by third parties. I hereby release H.E.R.O. and its directors, officers, employees, agents and representatives from any and all liabilities, losses, damages, or claims related to any third-parties’ use of photographs or video taken at any Camp High Five 2011 event. I have been advised by H.E.R.O. that if I am unwilling to accept the risk of third-parties photographing, recording, or making any use of images of my child, I should choose not to allow my child to attend Camp High Five 2011. I understand that my refusal to allow H.E.R.O. to use photographs and videos of my child, or my choice to have my child not participate in Camp High Five 2011 events where pictures will be taken, will not affect my child’s ability to participate in future H.E.R.O. activities.

Parent/Guardian (print name)

Parent/Guardian Signature

Date

Camp High Five – Camper Application – 2011

Page 6 – To be completed by parent or guardian and camper

Camp High Five – Parent/Camper Contract for June 26 – July 1, 2011

Dear Campers and Parents,

Safety is our first concern. The following rules apply to all campers, volunteers and staff. Failure to follow the rules may result in being sent home from camp. Campers and parents/guardians should read the rules together.

1. I recognize that all people must have prior approval from the camp director to come to camp.
2. My counselor must know where I am at all times.
3. I agree to stay on campgrounds at all times (unless for a camp activity).
4. If I am out of my cabin after lights out, I must be accompanied by a staff person.
5. I agree to respect all campers/staff personal property. Destruction of anyone's property will not be tolerated. This includes destruction of camp property. Graffiti is not allowed.
6. **Physical violence or verbal abuse is unacceptable. If there are conflicts, I will take them to the camper's counselor or camp director.**
7. I agree not to wear clothing that advertises drugs or sexually explicit messages.
8. I agree not to use or carry tobacco products, including cigarettes, cigars, snuff and chewing tobacco. The products are not permitted.
9. I agree not to use or carry alcohol and/or illegal drugs. If I use or have these substances in my possessions, I will be asked to leave camp immediately.
10. I agree not to bring firearms, knives, brass knuckles or any other weapons as they are not allowed at camp. If I am found in possession of any of these things, I will be asked to leave camp immediately.
11. The use of personal mp3 players, radios, cassettes, or CD players by campers is limited to the campers' cabin areas. If these items are brought to camp, I will use them in the cabin area only.
12. I agree not to use foul language or explicit music. This behavior will not be tolerated.
13. I agree to leave all cell phones and pagers at home. If these items are brought to camp, the camp director will hold them until the camp session is completed.

I understand and agree to the above rules of Camp High Five. It is completely understood that if I break any of these rules, strict disciplinary actions will be taken, which may result in my parent/guardian being notified and my being sent home from camp.

Camper (print name)	Camper Signature	Date
Parent/Guardian (print name)	Parent/Guardian Signature	Date

Mail completed application to:
H.E.R.O. for Children – Camp High Five, 4497 South Old Peachtree Rd., Norcross, GA 30071

Camp High Five – Camper Application – 2011

CAMP TWIN LAKES, INC.

RELEASE, WAIVER, INDEMNIFICATION AND HEALTH AFFIRMATION

By signing this Release, Waiver, Indemnification and Health Affirmation below, I intend to be legally bound hereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns, and in consideration of Camp Twin Lakes, Inc.'s ("CTL") permitting me/my child/my ward to attend and participate in activities at CTL's facility ("Camp Will-A-Way"), I hereby release and forever discharge CTL and any of its officers, directors, employees, and agents from and against any and all damages of any kind whatsoever arising out of any injury, illness, infirmity, disease, or loss of any kind, personal or property, to me/my child/my ward during or related to me/my child/my ward's attendance at a camp at Camp Will-A-Way. I understand and certify that my/my child's/my ward's participation in H.E.R.O./Camp High Five ("User Group") and its activities at Camp Will-A-Way is completely voluntary and I have familiarized myself with H.E.R.O./Camp High Five's program and activities at Camp Will-A-Way in which I/my child/my ward will be participating. I recognize that certain hazards and dangers are inherent in H.E.R.O./Camp High Five's activities and programs, and I acknowledge that CTL cannot ensure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child or my ward, to the extent my child or ward will be attending and participating in activities at Camp Will-A-Way, in the importance of knowing and abiding by the rules, regulations, and procedures for H.E.R.O./Camp High Five's camp at Camp Will-A-Way. I also agree to defend, indemnify and hold CTL and its officers, directors, employees, agents harmless from and against any and all damages, costs, claims, demands actions or causes of action sustained by any other person as a result of my/my child's/my ward's participation at Camp Will-A-Way, whether caused in whole or in part by the negligence of CTL, its officers, directors, employees or agents; provided, however, that this provision shall not operate to require indemnification for any gross negligence or willful misconduct of CTL. Further, I attest that my health insurance will cover any medical and hospital expenses that I/my child/my ward incur and that I have received approval from a doctor authorizing me/my child/my ward to participate in at least some of the activities at Camp Will-A-Way. I further agree to inform H.E.R.O./Camp High Five of activities in which I/my child/my ward is not to participate.

I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward) to be treated by a doctor if needed.

Adult Signature _____ Date _____

Name of Minor Child or Ward (if applicable): _____

CAMP TWIN LAKES, INC

RELEASE AND WAIVER OF COPYRIGHT AND OTHER USAGE RIGHTS

By signing the Release and Waiver of Copyright and Other Usage Rights below, I intend to be legally bound thereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns, acknowledging that Camp Twin Lakes, Inc., ("CTL") has the right to photograph and/or videotape my/my child's/my ward's participation in activities of CTL's facility and that CTL has the right to use photographs or other images of me/my child/my ward in public relations activities and promotional materials including, but not limited to videotapes, pamphlets, and brochures. I further acknowledge that CTL shall have all rights of copyright in and to such photographs and videotapes and may exploit such copyright fully. I release and waive all rights and interests in and to such materials.

I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward).

Adult/Guardian Signature _____ Date _____

Name of Minor Child or Ward (if applicable): _____

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Camp High Five – Camper Application – 2011

Page 8 – To be completed by Camper’s Primary Medical Provider.

Dear Provider: _____ will be attending camp this summer
(camper’s full name)
 and requires a physical examination to be completed after June 30, 2009. Please provide the information requested below, sign and return to camper. Please attach additional forms if needed. Thank you.

Section 1: Medical History (Required)

Camper Name: _____ **Date of Birth:** _____

Current Medical/Mental Health Diagnoses : _____ 3.
 1. _____ 4.
 2. _____ 5.

Please briefly describe diagnoses and management--(include recent surgeries/current treatments

Has the camper had chicken pox? Yes No If yes, when?

Does this camper require nutritional supplements? Yes No
 If yes, describe the feeding regimen and care required.

Formula Type: _____ Oral G-tube N-G Tube

Allergies/Reaction (foods/medication/environmental, etc.) None

Section 2: Physical Exam Date: ___ ___ / ___ ___ /20___

Please indicate normal or describe pertinent abnormalities

Weight	Height	Pulse	Respiration Rate	Blood Pressure
HEENT			Skin	
Cardiovascular			GU/GYN	
Pulmonary			Glasses/Contacts/Hearing Aids/PE tubes	
Abdomen			Miscellaneous (e.g. G tube): Comments:	
Lymph Nodes				
Extremities				
Spine				

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Camp High Five – Camper Application – 2011

Physical Assessment Form

Camp Session June 26 – July 1, 2011

**Page 9 –To be completed by Camper’s Primary Medical Provider.
Exam should be completed *after* 6/30/09**

Camper Name	Date of Birth
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Section 3: Cognitive/Developmental Level

<input type="checkbox"/> Age Appropriate	<input type="checkbox"/> Moderate Delay	<input type="checkbox"/> Mild Delay	<input type="checkbox"/> Severe Delay
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Please describe and list any other Psychosocial Information (e.g. behavior problems, family issues, etc.)

Section 4: Immunizations: Required. (Please complete below or attach a current immunization record.)

DTP, DTaP, DT, Tdap					
IPV or OPV					
HIB					
Hep B					
MMR					
Varicella					
Pneumococcal					
Meningococcal					
Influenza					
H1N1 influenza					

Section 5: Tuberculosis Screening (Required) Screening must occur after 7/03/09

Tuberculin Skin Test Date Placed ___/___/___ Result _____

Chest X-ray Date Taken ___/___/___ Result _____
(If previously positive TST)

Section 6: Recommendations or Restrictions

Does the camper have restrictions for strenuous activity? Yes No

If yes, please list the restrictions.

Please list any other restrictions or recommendations for this camper.

Camp High Five – Camper Application – 2011

Physical Assessment Form

Camp Session June 26 – July 1, 2011

**Page 10 – To be completed by Camper Primary Medical Provider.
Exam should be completed *after* 6/30/09**

Section 7: Medications (Required)

Please list all medications including name, amount with dose and times the camper takes the medication.

	Medication	Amount	Times to Give
Example	Concerta	One 18 mg tablet by mouth	Mornings Monday thru Friday
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Physician Medical Statement

I have examined the person herein described and have reviewed the health history. It is my opinion that this camper is physically able to engage in camp activities, except as noted above.

Examining Medical Provider Signature

Date

Examining Medical Provider Printed Name

Street Address

City, State, Zip Code

Phone Number

Emergency On Call Contact

Mail completed application to:
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Camp High Five – Camper Application – 2011

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Camp High Five – Camper Application – 2011

Page 12– To be completed by Camper’s HIV Provider

Supplemental Medical Information for Campers with HIV Infection

Dear Provider: _____
(camper’s full name)

will be attending camp this summer. Information on HIV infection status is requested to help campers maintain good health during the camp session. Please complete this supplemental form in addition to the information and signatures requested on pages 8-10.

For HIV-infected youth, the physical examination and TB skin testing are required annually instead of every two years as indicated on the previous pages. Therefore, please ensure that:

1. The physical examination is performed after July 3, 2010 and
2. The tuberculosis skin testing is performed after July 3, 2010 for those without a history of positive skin testing.

Thank you,
Sheryl L. Henderson, M.D., Camp Medical Director

Camper Name: _____

Date of Birth: _____

Medical Diagnoses:

HIV Hepatitis B Hepatitis C ADD or ADHD Poor Growth Sickle Cell Renal Disease
 Asthma Pulmonary Disease Heart Problems Other _____

Explanation: _____

Laboratory Data (please list or attach any other studies that are pertinent to camper’s recent medical diagnoses)

Date	Date	Date
WBC	CD4 #	CD4#
HGB	Viral Load	Viral Load
HCT		
PLT		Date
		Varicella Antibody <input type="checkbox"/> Pos <input type="checkbox"/> Neg

Medical Provider Signature _____

Date _____

Medical Provider Printed Name _____

Telephone Number _____

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