

July 1, 2018

Dear Burn Survivor Family,

The North Carolina Jaycee Burn Center would like to invite you to ***Family Camp 2018,*** held at YMCA’s ***Camp Kanata*** in Wake Forest, NC, September 7-9, 2018. The weekend will include canoeing, swimming, and lots of family fun!

Family Camp is for burn survivors and their immediate family members (parents/legal guardians and brothers & sisters ages 7-17 who live in the home). Although we would like to include extended family and younger siblings, space is limited and activities are not appropriate for younger children. Check in time will be 4 pm on September 7. Check out time will be 11 am on Sunday, September 9. ***Note: Families will stay in camp cabins equipped with bathrooms, and you will be sharing cabin space with another family.***

So why ***Family Camp***? The Burn Center recognizes that all members of the family experience the trauma of the burn and are survivors of the injury as well. When a family member is burned, the entire family is affected in some way.  ***Family Camp*** offers families the chance to interact with, to learn from, and to offer support to one another.

The weekend schedule focuses on the family as a unit, offering fun with support for the unique impact that a burn injury can cause. No one understands the experience of a burn injury more than those who have been through it. Family members have shared experiencing guilt, overprotectiveness and/or other challenges during the recovery process. Some brothers and sisters may have witnessed the burn injury occur, or have expressed feeling abandoned and jealous of the attention that went to the injured sibling. Sound familiar? These feelings are NORMAL and are experienced by many. Family Camp offers an opportunity to share these feeling with others who have been through a similar experience. Admitting these feelings, to be reassured that others share the same feelings and to learn skills and strategies to deal with these feelings can be healing for the individual family member as well as the family unit as a whole. If you are considering family camp for the first time and would like to talk to a family who has been to camp before, we can set that up.

To register, please fill out and return the enclosed registration form. Once we receive it, we will send you a confirmation letter and additional information about the weekend. We have a limited number of spaces and this camp fills up quickly, so it is important to register as early as possible. There is a non-refundable registration fee of **$25.00 per family** to reserve your spot. Please contact us if this poses a challenge for your family. We do have a limited number of scholarships for those who qualify. In recent years, we have had a significant number of cancellations or no-shows. Experience has shown us that a small deposit helps reduce last minute no-shows and enables us to plan most accurately for the event.

*The deadline for registration is August 24, 2018*. **DO NOT DELAY!** Space is limited for this event, and we usually have a waiting list! Checks for registration can be made out to the North Carolina Jaycee Burn Center.

If you have any questions, please contact me! ***Family Camp*** is lots of fun and we hope to see you there!

*Michele*

Michele.barr@unchealth.unc.edu

*Mail Completed packets to:* Family Camp **OR** Fax to: (984) 974-1870

Pediatric Aftercare Coordinator Attention: Maria Albani

North Carolina Jaycee Burn Center

101 Manning Drive, Campus Box 7600

Chapel Hill, NC 27599-7600

**Family Camp 2018 Registration Form**

Survivor Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: home ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Survivor’s T shirt size: YM YL AS AM AL AXL A2XL A3XL (Circle Size) Year in school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Family Members Attending:***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ Size YM YL AS AM AL AXL A2XL A3X

Relationship to patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ Size YM YL AS AM AL AXL A2XL A3X

Relationship to patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ Size YM YL AS AM AL AXL A2XL A3X

Relationship to patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Relationship to patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ Size YM YL AS AM AL AXL A2XL A3X

Relationship to patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ Size YM YL AS AM AL AXL A2XL A3X

Relationship to patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does any member of the family have dietary restrictions? Yes No

Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does any member of the family have allergies? Yes No

Please specify who and what he/she is allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does any member of the family have limited mobility? Yes No

Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please let us know of any additional special needs for anyone in your family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*If anybody has a birthday during camp, please tell us who and what day his or her birthday is!\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Emergency Contact Information:*** *(other than parent/guardian at camp)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_