

Camp Celebrate! September 11-13, 2020

Dear Camper’s and Parents,

It is time to sign up for Camp Celebrate 2020! Your Registration Packet is attached to this letter. There are a lot of pages, so make sure you print them all! Each camper must have everything completed in order to attend camp. **The first step is to schedule your pre-camp physical.** Free physicals can be arranged through your local health department. Physicals are only good for 1 year, so campers must have a physical dated September 2019 or later.

Pages 2-3 Registration Parent/Guardian complete for Please be sure to complete section in blue regarding

All Camper’s camper family picnic on Sunday

Pages 4-6 Health Form Parent/Guardian complete for This must be complete for camper to attend camp.

 All Campers camper

\*Page 6 All Camper’s \*Healthcare Provider complete\* Schedule a physical right away! Have them fill out the bottom of page 6.

We need this form by August 21st. Call us if you have questions!

Page 7 All Camper’s Camper and Parent/Guardian Please discuss this page with your child/camper.

 must sign

Page 8 All Camper’s Parent/Guardian to sign Pictures and information regarding your camper are used on the Burn

Center webpage, for media coverage regarding camp and for professional presentations. The Burn Center is very protective of its patients and their personal health information. If you have any concerns regarding this release, please contact our staff.

Page 9 All Camper’s Camper and Parent/Guardian Individual Fire Departments are responsible for the campers they carry

 must sign on their trucks to camp. A minimum of 2 campers will be on each

truck.

Page 10 Camper’s Camper and Parent/Guardian Please sign even though your child may say they are not interested in

Ages 13-18 must sign participating. Part of the goal for Camp Celebrate is to encourage

campers to face their fears. However, please know that we do not

force anyone to participate in this or any activity.

*\*\*Please complete the entire Registration Packet and return by* ***August 21, 2020* !**

Mail completed packets to: ***OR*** Fax to:

 Camp Celebrate 984-974-1870

 North Carolina Jaycee Burn Center

 101 Manning Drive, Campus Box 7600

 Chapel Hill, NC 27599-7600

If you have any questions, please contact Michele Barr, Camp Director at 919-962-8427 or michele.barr@unchealth.unc.edu

We look forward to seeing you at camp!

*The Burn Aftercare Team*

CAMPER REGISTRATION FORM

Camper’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Called: \_\_\_\_\_\_\_\_\_\_\_\_ (First) (MI) (Last)

Date of Birth: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ **** Male **** Female

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City/State/Zip Code

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If different from Camper) Street City/State/Zip Code

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

Is the cell phone a “smart” phone? \_\_\_\_Yes \_\_\_\_No Can you receive Text alerts on your phone? \_\_\_Y \_\_\_No

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact (other than parent/guardian): Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate number: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation:

Who is bringing your child to Check-In?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will pick up your child at the end of camp?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is anyone else authorized to pick up your child from camp? **** Yes **** No

If yes, who?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*IMPORTANT NOTE!\*\*\***

***We do not want any child to miss coming to Camp Celebrate because of lack of transportation!***

***We do not provide transportation to camp. However, if you need assistance,***

***we can put you in contact with other parents from your area.***

***If you have questions or would like to discuss your transportation needs,***

***please contact the Aftercare Office at 919-962-8427***

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

*In order to ensure that your child feels respected and to maximize their camp experience, please help us to know him/her better.*

What language does your child speak? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this your child’s first time away from home? **** Yes **** No

Has your child ever been to an overnight camp? **** Yes **** No

Has your child ever been to Camp Celebrate? **** Yes **** No

If yes, what years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How well can your child swim? **** Does not swim **** Not well ****ok **** Good **** Very Well

Please tell us anything you think is important for us to know about your child while at camp.

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

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Camper’s **T-shirt size**: *Shirts are ordered on Aug 28, applications received late may result in your camper not having the correct size of shirt.*

**** Youth Medium **** Youth Large

**** Adult Small **** Adult Medium **** Adult Large **** Adult Extra Large **** Adult 2X Large **** Adult 3X Large

Shoe Size: *Please indicate shoe size in youth or adult \_\_\_\_* Youth \_\_\_ Adult

**\*\*\*Sunday Family Picnic\*\*\***

***Each camper’s immediate family is invited to join us for lunch on Sunday, the last day of Camp Celebrate! It is important that we know exactly how many people will be attending. (not including your camper). Please arrive at 11am.***

**Our family plans to have lunch at Camp Celebrate on Sunday September 13, 11am  Yes  No**

**Number of adults who will be attending: \_\_\_\_\_\_\_\_\_\_**

**Number of children over age 6 attending (NOT including camper): \_\_\_\_\_\_\_\_\_\_**

**Number of children 6 and under attending: \_\_\_\_\_\_\_\_\_\_**

 Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

 **** Male **** Female Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ Month / Day / Year

 Age on arrival at camp: \_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH FORM All campers are **required** to have a completed health form.

Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Dentist/Orthodontist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Camper covered by family medical insurance? **** Yes **** No

Insurance Co: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Please indicate any pertinent information or requests regarding medical conditions which may limit or alter camp participation. Remember to send ADHD medications with your camper for the weekend! Activity Restrictions:Dietary Restrictions:Medical Treatments:**EMERGENCY AUTHORIZATION:**I hereby give my permission to the medical staff at *Camp Celebrate* to order xrays, routine tests, and routine treatment for my child. In the event I cannot be reached in an emergency, I hereby give permission to the medical staff to hospitalize, secure proper treatment for, and to order injections, anesthesia, surgery for my child named above. I understand and accept that UNC Hospitals and *Camp Celebrate* may use Personal Health Information (PHI) for purposes of treatment, payment, and health care operations. I hereby give permission for necessary PHI to be released to insurance carriers, health care treatment facilities, and other professionals. This includes PHI from pharmacies, hospitals and clinics.Signature of parent/guardian, or adult camper / staffer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

**HEALTH HISTORY** (To be completed by parent/guardian)

**ALLERGIES:** Does your child have any known drug, food or environmental allergies? **** Yes **** No

 (medications, peanuts, poison ivy, bee stings, etc)

If yes, please list and reaction:

**IMMUNIZATIONS:** Were immunizations completed prior to entrance to school? **** Yes **** No

 Month/Year of last Tetanus immunization (DPT,DT,T) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month Year

**General health history: check “yes” or “no” for each statement. Explain “yes” answers below.**

|  |  |
| --- | --- |
| Has/does the camper have? **YES NO** | Has/does the camper have? **YES NO** |
| 1. Chronic or recurrent illness? ** **
2. Illness lasting over one week? ** **
3. Hospitalizations? ** **
4. Surgery? ** **
5. Recent infectious disease or head lice? ** **
6. Recent injury? ** **
7. Asthma/wheezing/shortness of breath? ** **
8. Diabetes? ** **
9. Seizures? ** **
10. Frequent Headaches/Migraine? ** **
11. Orthopedic injury/abnormality? ** **
12. Problems with heart/blood pressure? ** **
13. Chest pain with exercise? ** **
14. If female, problems with periods/menstruation? ** **
 | 1. Fainting or dizziness? ** **
2. Concussion/unconsciousness? ** **
3. Heat stroke/exhaustion/problem with heat? ** **
4. Sleepwalking? ** **
5. Nose bleeds? ** **
6. Frequent ear infections?  ** **
7. Intolerance to strenuous exercise? ** **
8. Emotional problems? ** **
9. Behavioral problems? ** **
10. Bedwetting problems? ** **
11. ADD/ADHD? ** **
12. Wear glasses/contacts? ** **
13. Wear braces/appliances? ** **
14. Had a significant life event that continues

to affect the camper’s life?  ** ** |

Please explain all “yes” answers:

Date of Burn Injury: \_\_\_\_\_/\_\_\_\_\_\_\_ Age at time of Burn Injury: \_\_\_\_\_ area(s) of body burned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month / Year

Where did your child receive treatment for his/her burn injury?

**** UNC North Carolina Jaycee Burn Center **** Wake Forest University Baptist Medical Center

**** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child currently wear pressure garments? **** Yes **** No

If yes, please send these to camp and outline wearing instructions here:

Does your child use creams or lotions on his/her skin? **** Yes **** No

If yes, please send these to camp with your child and outline type, location and frequency of applications:

Does your child wear a splint, prosthesis, or an orthopedic device? **** Yes **** No

If yes, please send these to camp with your child and outline type and wearing schedule:

Will your child have any wound care/therapy needs other than creams/lotion/sunscreen? **** Yes **** No

If yes, please bring wound care supplies with your child to camp and outline instructions here:

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

**HEALTH HISTORY *continued***

***Medication:*  This camper will not take any daily medications while attending camp.**

 ** This camper will take the following daily medication(s) while at camp:**

**\*\*In order for your child to get the most out of the camp experience, please send your child to camp with his/her medications, ESPECIALLY ADD/ADHD medications. All medication must be listed below (use back of form if more room is needed) and provided by parent/guardian in a container properly labeled by a pharmacist with identifying information (eg the name of the child, medication dispensed, dosage required, and the time and route it is to be given.) Provide enough of each medication for the entire weekend!**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of medication** | **Reason for taking it** | **When it is given** | **Amount or dose**  | **How given**  |
|  |  | **** Breakfast**** Lunch**** Dinner**** Bedtime**** Other time: \_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  | **** Breakfast**** Lunch**** Dinner**** Bedtime**** Other time: \_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  | **** Breakfast**** Lunch**** Dinner**** Bedtime**** Other time: \_\_\_\_\_\_\_\_\_\_ |  |  |

|  |
| --- |
| **Parent Permission:****I hereby give my permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive medication during camp. The above medication(s) has been prescribed by licensed medical provider. Medications listed below are non-prescription and would only be given as needed for illness/injury. I hereby release UNC Healthcare and their agents/employees from any and all liability that may result from my child taking medication at camp.****Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| The following non-prescription medications may be stocked in the Camp Celebrate Health Center and are used on an as needed basis to manage illness and injury. **Cross out those this camper should not be given.**Acetaminophen (Tylenol) Ibuprofen (Advil, Motrin)Phenylephrine decongestant (Sudafed PE) Pseudoephedrine decongestant (Sudafed)Antihistamine/Allergy medicine (Zyrtek, Claritin) Guaifenesin cough syrup (Robitussin)Diphenhydramine antihistamine/allergy medicine (Benadryl) Dextromethorphan cough syrup (RobitussinDM)Sore throat spray Generic cough dropsLice shampoo or cream (Nix or Elimite) Antibiotic CreamCalamine Lotion AloeLaxatives for constipation (Ex-Lax, ) Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

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|  |
| --- |
| **\*\*\*To Be Completed by Medical Provider\*\*\*** |

**Health Care Recommendations by Licensed Medical Personnel (signed within 12 months of examination).**

I have examined the above camp participant. Date of last examination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In my opinion, the above applicant \_\_\_\_\_is, \_\_\_\_\_ is not able to participate in an active camp program.

**Please list any medical information the camp medical staff should be aware of regarding this camp participant:**

**Signature of Licensed Medical Personnel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



CAMPER ACKNOWLEDGEMENT

I affirm my understanding that the activities at Camp Celebrate are mostly held out of doors. I understand that in the woods, as in other outdoor settings, there are natural risks (tripping over tree roots, mosquito bites, etc.) and that for the duration of these activities there will be no one at camp except my fellow participants and the camp staff. **I also understand that all bags will be searched upon arrival and departure to provide a safe environment, free of drugs or weapons, for all campers and counselors.**

I additionally affirm my understanding of the goals, rules, and standards stated below:

* To have a good time
* To work with the group as a team
* To challenge myself, to try things I’m not sure I can do
* If I have a problem or concern, I will talk to my counselor, cabin leader, or other adult

STANDARDS AND RULES

* I will not bring my cell phone to camp (parents: your child can use a staff phone to call if needed)
* I will not use alcohol, tobacco, or drugs at Camp Celebrate
* I will not use foul language
* I will be on time for all scheduled meetings and events
* I will not throw my trash on the ground, I will place it into a suitable trash container
* I will not use any equipment without proper supervision, will follow all safety guidelines
* I will not take any clothes, money, or other stuff that does not belong to me
* I will respect the personal space of other campers and adults
* I will observe lights out, and not leave my cabin or tent after hours

I agree to abide by these goals, standards, and rules. I understand that I may be dismissed (sent home) from Camp Celebrate for refusing to follow any of the above.

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

 Signature of Participant/Camper Date

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

 (Please print name of participant/camper)

My child has read and understands the above goals, standards, and rules. I understand the above goals, standards, and rules. **I understand that if my child’s behavior does not meet these standards at any time during the weekend that I am responsible for transporting them home.**

Parent Signature/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**University of North Carolina Health Care System**

101 Manning Drive Chapel Hill, NC 27514

**PATIENT RECORDINGS AND INFORMATION RELEASE AUTHORIZATION FORM (COMMUNICATIONS, MARKETING AND EXTERNAL AFFAIRS) – HIM #739s**

I authorize UNC Health Care System and NC Jaycee Burn Center to take and/or release recordings (e.g., photographs, videos and/or audio), and related medical information, of

 **[patient name]**, for Public Relations and/or Marketing Purposes (including internet sites, publications, public media, presentations and advertisements). I understand that I may be identified by name, unless I initial the statement below.

 **I do not consent to the use of my name.** I understand that, even though my name will not (initial here) be used, it is possible that someone may recognize me based on the recording(s) alone.

* I understand that I may revoke this Authorization at any time by sending a written request to the Office of Communications, Marketing and External Affairs, 211 Friday Center Drive, Chapel Hill, NC, 27517. Any revocation will not apply to information already released.
* I may refuse to sign this Authorization and UNC Health Care System will not condition my treatment or eligibility for benefits on receiving my signature on this Authorization.
* I have been informed and understand that information disclosed pursuant to this Authorization may be subject to redisclosure by a recipient of such information. Once disclosed, the privacy of the information may no longer be protected by federal and state privacy laws.
* Unless otherwise revoked, this authorization will expire in one year *or* on the following date, event, or condition: .

**I have read and understand the information in this Authorization form.**

|  |
| --- |
| **Signature of Patient or Authorized Representative:** |
| **Printed Name:** |
| **Date:** | **Time:** |

**Relationship of Authorized Representative to Patient (if applicable):**

Witness

Date:

Time:

For filing, please email competed form to Health Information Management at mimdept@unch.unc.edu or fax to 919-966-0839. Questions about filing? Call 919-966-2312.

\*HIM739\* HDF0652 Rev. 05/07/15 Chart Location: Authorizations

Camp Celebrate Parade

**CONSENT FOR PARTICIPATION IN PARADE**

**September 11, 2020**

The University of North Carolina Hospitals (“UNC Hospitals”) conducts a camp for pediatric burn survivors called “Camp Celebrate”. As part of the opening ceremonies for camp, campers are invited to ride a fire truck in a parade to the camp location. This parade will occur on Friday, September 11, 2020, beginning at the Triangle Town Center Mall in Raleigh, NC and ending at Camp Kanata in Wake Forest, NC. The parade will last approximately one hour. As part of the parade, campers will be offered the opportunity to ride in a municipal fire truck operated by fire and rescue personnel from the municipality owning each vehicle.

I hereby give consent for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in the Camp Celebrate fire truck parade described above. I specifically consent to, and authorize, UNC Hospitals and the individual fire department(s) to escort my child in this parade and I authorize my child to ride in a municipal fire truck in the parade.

I understand that there are certain risks involved in transporting children, including general risks such as injuries from traffic hazards and other inherent risks of transport in a parade. By signing below, I acknowledge these risks, and I hereby request and authorize UNC Hospitals to do what is medically necessary and appropriate for treating any injuries which might occur.

By signing below, I hereby grant permission for my child to participate in the Camp Celebrate fire truck parade as described above.

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 13524 CAMP KANATA RD. VOICE 919-556-2661

 WAKE FOREST, NC 27587 FAX 919-556-9459

 [www.campkanata.org](http://www.campkanata.org)

**Low and High Ropes Challenge Course Waiver age 13 and over only**

This form must be completed and returned prior to participation on the Camp Kanata Ropes Challenge Course. Participants under 18 years of age must have a parent or guardian signature also.

*PLEASE TYPE OR PRINT*

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under 18 name of Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical limitations/allergies/medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*PLEASE READ CAREFULLY*

**ACKNOWLEDGEMENT OF RISKS**

I understand and acknowledge that the ropes course program I am about to voluntarily participate in bears certain risks which could result in injury, death or disability. These risks include but are not inclusive of (l)injury or death due to falling and/or sudden collision with the ground, objects, or persons, lightning, bee stings, heart attack, severe allergic reactions: (2) acts or omissions, negligent in any degree, of Camp Kanata, YMCA of the Triangle Area, their officers or employees: (3) defects or conditions in equipment supplied by Camp Kanata: (5) acts of other participants: (6) my own physical condition, or my own acts or omissions: (7) first aid, emergency evacuation, or treatment. I understand and acknowledge that this list is incomplete, and that other unknown risks may also result in injury, death, or disability.

*Acceptance of Risk and Responsibility*

Being aware that this activity entails risks, I agree and promise to accept and assume all responsibility and risk for injury, death, or disability arising from my participation in this activity. I elect to participate in spite of the risks and do so voluntarily.

*Release and Discharge of Liability*

I hereby voluntarily release and forever discharge Camp Kanata, The YMCA of The Triangle Area, their employees, officers, trustees, and all other persons or entities, from any and all liability claims, demands, actions or rights of actions, which are related to, arise out of, or are in any way connected with my participation in this activity.

*Authorization for Emergency Medical care*

If I am rendered unable to communicate by an emergency or accident, I hereby give permission to staff present to give first aid, to secure treatment, to hospitalize, and to take whatever actions are deemed appropriate to treat me.

**Agreement to Listen carefully to and abide by all Safety Standards**

I agree to listen carefully to, seek full understanding of, and to actively enforce and promote for myself and others all safety standards and information as will be explained prior to and during activities.

**MY/OUR SIGNATURE(S) BELOW INDICATES THAT WE HAVE READ FULLY AND UNDERSTAND COMPLETELY THIS DOUMENT, AND AGREE TO BE BOUND BY ITS TERMS:**

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_