

Camp Celebrate! September 12, 2020

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 ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can you receive Text alerts? Yes \_\_\_ No\_\_\_

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

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

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

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

Transportation:

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_ Swims ok \_\_\_ Swims Well \_\_\_ Swims Very Well \_\_\_

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

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

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 \_\_\_



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

 First Middle Last

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

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

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

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| Please indicate any pertinent information or requests regarding medical conditions which may limit or alter camp participation. Remember to give ADHD medication on day of camp! 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

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:

***IMPORTANT***

If your child will need to take daily medication or emergency medication (ie: Benadryl or an Epi Pen) while at Camp Celebrate, please follow the following guidelines:

1. Fill out ONE Medication Distribution form per child.
2. Label a zip lock baggie with your childs name on it
3. Place each medication in the original container, inside the ziplock bag
4. Give zip lock baggie to the nurse during camper check in

No medication will be given to any child without a completed Medication Distribution Form

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

 First Middle Last

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

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

**MEDICATION DISTRIBUTION FORM**

***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!**

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| --- | --- | --- | --- | --- | --- |
| **Diagnosis** | **Name of Medication** | **Dosage**  | **How to Give** | **Time to Give** | **Log** |
| **Allergies:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Reaction:**\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |   | Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Returned by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  | **** Breakfast**** Lunch**** Dinner**** Bedtime**** Other time: \_\_\_\_\_\_\_\_\_\_ | Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Returned by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| 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.**Sunscreen Insect RepellentAcetaminophen (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) |



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 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:** |

Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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