

**CAMP I-THONKA-CHI  
Parkland Burn Camp  
2004 CAMPER APPLICATION**

CHILD'S NAME: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_ Age: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Primary Language Spoken: \_\_\_\_\_ Grade in School: \_\_\_\_\_  
T-shirt Size (adult sizes): \_\_\_\_\_ Birthdate: \_\_\_\_\_

**PARENT / LEGAL GUARDIAN INFORMATION**

Parent / Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Other Phone Contact: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Other Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employer: \_\_\_\_\_

**EMERGENCY CONTACTS:** (Other than numbers listed above)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

**CHILD CARE INFORMATION**

Has this child been to Camp I-Thonka-Chi before? Yes \_\_\_\_\_ No \_\_\_\_\_ When?: \_\_\_\_\_

Has child ever slept away from home? Yes \_\_\_\_\_ No \_\_\_\_\_ Has the child been to sleep-away camps?: Yes \_\_\_\_\_ No \_\_\_\_\_

What fears, if any, does the child have?: \_\_\_\_\_

Describe any unusual bedtime and sleep habits (sleep walking, waking up, bedwetting...):  
\_\_\_\_\_

Can child swim? Yes \_\_\_\_\_ No \_\_\_\_\_ Does child need full-time adult help in the water? Yes \_\_\_\_\_ No \_\_\_\_\_

In addition, please share with us if your child is dealing with any special issues such as divorce, recent death, peer or school pressure, a learning disability, or alcohol, drug, or tobacco use?:  
\_\_\_\_\_  
\_\_\_\_\_

## PAST MEDICAL HISTORY AND TREATMENT

ILLNESSES: Check all illnesses that your child has had:

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Measles (red)	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Polio
<input type="checkbox"/> Measles (4-day)	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Diphtheria
<input type="checkbox"/> Mumps	<input type="checkbox"/> Ring Worm	<input type="checkbox"/> Pink eye
<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Attention Deficits	<input type="checkbox"/> Other: _____

NON-BURN RELATED OPERATIONS AND/OR FRACTURES (within the last year):

Type: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

MEDICAL CONDITIONS CAMP NURSE OR DOCTOR SHOULD BE AWARE OF:

Check all that your child has:

<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Fainting spells	<input type="checkbox"/> Constipation
<input type="checkbox"/> Eczema	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Headaches
<input type="checkbox"/> Frequent sore throat	<input type="checkbox"/> Drug abuse	<input type="checkbox"/> Athlete's foot
<input type="checkbox"/> Menstrual problems	<input type="checkbox"/> Chronic colds	<input type="checkbox"/> Ear infections
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sleep walking	<input type="checkbox"/> Sinus troubles
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Obesity	<input type="checkbox"/> Snoring
<input type="checkbox"/> History of head lice	<input type="checkbox"/> Asthma	<input type="checkbox"/> Other: _____

PROSTHESIS OR HEARING AIDS?: \_\_\_\_\_

ANY PHYSICAL DISABILITY (Describe): \_\_\_\_\_

ALLERGIES: (Examples: Asthma, Hay fever, etc...)

List type and treatment: \_\_\_\_\_

DRUG ALLERGIES: \_\_\_\_\_

FOOD ALLERGIES: \_\_\_\_\_

DESCRIBE ANY SPECIAL DIET NEEDS:

FOR GIRLS ONLY: Has the camper menstruated? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, has she been educated to the facts of menstruation? Yes \_\_\_\_\_ No \_\_\_\_\_

## BURN MEDICAL HISTORY AND TREATMENT

Date of burn injury: \_\_\_\_/\_\_\_\_/\_\_\_\_ % body surface area burned : \_\_\_\_\_

Treated at what hospital?: \_\_\_\_\_

Areas of body burned?: \_\_\_\_\_

Cause of the burn?: \_\_\_\_\_

Does the child wear any splints, pressure garments, or have any open wounds that require dressings? Yes \_\_\_\_ No \_\_\_\_ If so, please describe below and indicate which item(s) will need to be sent with child to camp:

SPLINT DESCRIPTION AND WEARING SCHEDULE: \_\_\_\_\_

\_\_\_\_\_

PRESSURE GARMENT DESCRIPTION AND WEARING SCHEDULE: \_\_\_\_\_

\_\_\_\_\_

OPEN WOUNDS: (Where and what dressings used) \_\_\_\_\_

\_\_\_\_\_

Is your child currently receiving physical or occupational therapy?: Yes \_\_\_\_ No \_\_\_\_

If yes, describe the type of therapy needed while at camp? : \_\_\_\_\_

\_\_\_\_\_

Is the child currently taking any types of medications? Yes \_\_\_\_ No \_\_\_\_

If yes, will the child be using medication during camp? Yes \_\_\_\_ No \_\_\_\_

If yes, list the name, how taken, the amount, and frequency taken: \_\_\_\_\_

\_\_\_\_\_

Describe any other specific type of help that your child will need while at camp?

\_\_\_\_\_

How would you describe your child's feelings about his/her burn injury?: \_\_\_\_\_

\_\_\_\_\_

Describe how your child gets along with friends or children since the burn injury?: \_\_\_\_\_

\_\_\_\_\_

## DOCTOR'S REPORT

**\*\*This form must be filled out by a doctor before coming to camp\*\***

Does the camper have any of the following? If yes, please explain:

Medical condition (other than burn):	Yes	No
Explain: _____		
Physical condition:	Yes	No
Explain: _____		
Emotional condition:	Yes	No
Explain: _____		
Communicable disease:	Yes	No
Explain: _____		
Allergic condition:	Yes	No
Explain: _____		

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Please note any subsequent reconstructive admissions related to the burn injury (note most recent operations including date and specific areas): \_\_\_\_\_  
\_\_\_\_\_

Has the camper consulted a physician or other medical personnel concerning an emotional problem or is there an emotional trait of which the camp medical personnel should be aware? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please note any limitations the camper should follow at camp: \_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PHYSICIAN'S NAME: (Please print): \_\_\_\_\_  
PHYSICIAN'S OFFICE NUMBER: \_\_\_\_\_

### REHABILITATION NEEDS

Is the child currently receiving physical or occupational therapy? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please indicate treatments and frequency: \_\_\_\_\_  
\_\_\_\_\_

Does the child have any limitations in strength or movement? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
List any physical limitations (ex. amputation, low endurance, recent surgery..):  
\_\_\_\_\_  
\_\_\_\_\_

THERAPIST'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
THERAPIST'S NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

## PARENT'S / GUARDIAN'S AUTHORIZATION AND RELEASE

The following consent agreement must be signed by parent or legal guardian.

Your signature below indicates approval of the following:

1. As parent(s) or legal guardian of the camper, I agree to hold harmless Parkland Health & Hospital System, and or Parkland Burn Camp at Camp John Marc and the volunteers or employees of any of them from any and all liability of whatsoever nature growing out of or resulting from and injury to; sickness of, and/or other damage to the Camper or to the undersigned relating in any way to the Camper's presence at, or use of facilities of, or participation in the activities of Burn Camp. I (we) further release and waive any and all claims for damages that we may hereafter acquire due to the use of facilities of the Burn Camp.
2. Parkland Burn Camp accepts no responsibility for the loss, damage or theft of your child's property.
3. Parkland Burn Camp and Parkland Health & Hospital System have absolute permission to use your child's image in print or tape or film for any lawful purpose.
4. You authorize the physician selected to render to your child and to arrange for your child to any emergency care/transportation which is deemed advisable.
5. All information in the camper enrollment form is correct so far as I know and the child has my permission to engage in all prescribed camp activities, except as noted by me and my child's physician.
6. This form must be signed for the child to attend camp.

CAMPER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

PARENT OR GUARDIAN NAME: (Please print) \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

### PLEASE RETURN COMPLETED APPLICATIONS TO:

Parkland Burn Camp  
Parkland Health and Hospital System - PM/R Dept.  
5201 Harry Hines Blvd.  
Dallas, TX 75235-7757  
Fax #214-590-0367