

CAMP I-THONKA-CHI Parkland Burn Camp 2010 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)

- Name: _____ Phone: _____ - _____ - _____
Relationship to Child: _____
- Name: _____ Phone: _____ - _____ - _____
Relationship to Child: _____
- 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?: _____

Sleep Habits:

_____ walks in sleep _____ snores _____ restless sleeper _____ sleeps soundly
_____ afraid of the dark _____ wets the bed

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

Water Activity:

_____ does not swim _____ fears water _____ wades _____ swims shallow _____ swims deep
_____ wears earplugs _____ uses lifevest/floaties

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?:

Socialization:

_____ social _____ withdrawn/shy _____ verbally aggressive _____ cautious _____ helpful
_____ physically aggressive

PAST MEDICAL HISTORY AND TREATMENT

ILLNESSES: Check all illnesses that your child has had:

_____ Chicken Pox	_____ Tuberculosis	_____ Whooping Cough
_____ Measles (red)	_____ Rheumatic Fever	_____ Polio
_____ Measles (4-day)	_____ Scarlet Fever	_____ Diphtheria
_____ Mumps	_____ Ring Worm	_____ Pink eye
_____ Hyperactivity	_____ Attention Deficits	_____ 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:

_____ Bedwetting	_____ Fainting spells	_____ Constipation
_____ Eczema	_____ Epilepsy	_____ Headaches
_____ Frequent sore throat	_____ Drug abuse	_____ Athlete's foot
_____ Menstrual problems	_____ Chronic colds	_____ Ear infections
_____ Shortness of breath	_____ Sleep walking	_____ Sinus troubles
_____ Diabetes	_____ Obesity	_____ Snoring
_____ History of head lice	_____ Asthma	_____ Brain trauma
_____ Epilepsy	_____ Uses wheelchair	_____ Heart condition
_____ Diabetes	_____ Cerebral Palsy	_____ Spina Bifida
_____ Visually impaired	_____ Other: _____	
_____ Hearing impaired:	_____ uses sign language	_____ uses hearing aid
_____ Amputation: What:	_____	

COGNITIVE DISABILITIES:

_____ Mental Retardation: _____ mild _____ moderate _____ severe

_____ Attention Deficit Disorder: _____ with hyperactivity

_____ Down Syndrome _____ Autism _____ Other(describe):_____

Additional information:_____

SPECIAL EQUIPMENT: (If camper has special equipment, please send to camp.)

_____ splints _____ prosthesis _____ night brace _____ compression garments

Further instructions:_____

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

List type and treatment: _____

DRUG ALLERGIES, if so what?: _____ Reaction(s):_____

INSECT STING ALLERGIES, if so what?: _____ Reaction(s):_____

FOOD ALLERGIES, if so what?: _____ Reaction(s):_____

LATEX ALLERGIES, if so what?: _____ Reaction(s):_____

ANIMAL ALLERGIES, if so what?: _____ Reaction(s):_____

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 _____

MEDICATIONS:

	<u>DRUG</u>	<u>DOSAGE</u>	<u>FREQUENCY</u>	<u>TIMES</u>
Ex.	Ritalin		1x/day	8:00am

Special Instructions: _____

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? : _____

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?: _____

***For returning campers, parents/guardian may fill out. Please complete fully so that we may take the best possible care of your child.**

DOCTOR'S REPORT

****This form must be filled out by a doctor for all first time campers 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: _____

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: _____

PRIMARY CARE DOCTOR NAME: _____ PHONE: _____
 SPECIALTY DOCTOR NAME: _____ PHONE: _____
 (ex. Plastic surgeon/rehab)
 MENTAL HEALTH DOCTOR NAME: _____ PHONE: _____

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

Return by May 1, 2010



Fax #214-590-0367