

Le Bonheur Cardiac Kids Camp 2014
Counselor/Volunteer Application (Associate ACHD)

Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ T-shirt Size: _____

Facility: _____ Dept: _____ FTE Status: _____

Supervisor Name: _____ Supervisor's Phone Number: _____

Emergency Contact Numbers: _____

Employer/ School: _____

Employer's/School's Address: _____

Contact Name: _____ Contact Phone Number: _____

Congenital Heart Defect: _____

Cardiologist Name: _____ Phone #: _____

Have you been a camp counselor before? (Please *circle*) NO YES If yes, where and when?

What experience do you have with children with special needs or heart conditions? _____

Are you CPR or PALS certified? If yes, date of expiration? _____

Why do you wish to be a camp counselor? _____

Do you have any health concerns? If so, please list. _____

Do you take medication? If so, please list. _____

Do you have any allergies? If so, please list. _____

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Cardiovascular Services
C/o Cardiac Kids Camp
50 N Dunlap
Memphis TN 38103

Would you like to attend camp for the entire week or part of the week?

If you can only attend part of the week, what day(s) and/or night(s) would you like to attend?

Do you want to drive your own vehicle to camp?

This year we are requiring everyone to be involved in our educational program.

Examples are heart dissections, vitals, rhythm stuff, nutrition, exercise, procedural information, general congenital heart education, adult congenital, healthy lifestyles, etc.

1. Which of these topics are you interested in leading or helping to lead? Indicate if you want to lead or help in your response.
2. Are there any topics that you are uncomfortable leading or participating in?
3. Are there other topics that you would like to lead or see added?

We would like to allow scheduled breaks and leaders for our general activities as well.

Examples include, but are not limited to... swimming, pontoon, wild life/nature, high ropes, dancing, general outdoor stuff, general indoor stuff, crafts, talent/game night, singing, etc.

1. Which of these activities are you most interested in participating in or leading? Indicate if you want to lead or help in your response.
2. Which of these activities are you least interested in participating in or leading?
3. What other activities would you like to see us provide?

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Have you ever volunteered at Cardiac Kids Camp? If no, we will need 3 references. They can not be family members. At least one must be a school or work representative. We also, may run a background check. Please understand that you will be notified by mail if you have been accepted to volunteer for this year's camp. Thank you for your interest.

References Name	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

By my signature, I certify that the information contained in this profile is complete and accurate to the best of my knowledge. I authorize Le Bonheur Cardiac Kids Camp and/or its agents to examine any applicable records, which may attest to my character and suitability for a volunteer staff position.

Signature

Date

Photo Consent Form

Le Bonheur Children's Hospital uses photographs, film, videotape, news releases internet publications and articles to keep the public informed of hospital services and activities. Occasionally, outside photographers from newspapers or television stations are also used to help illustrate hospital activities.

We appreciate your permission to photograph (you/your child) or use (your name/child's name) and story during/about (your/their) stay at Le Bonheur and to use them as mentioned above.

By signing this form, you indefinitely waive the right to inspect or approve the photographs and/or materials before publication. Le Bonheur and their affiliated corporations, officers, agents and employees are indefinitely released from all debts, claims, and/or liability of any kind arising out of or in connection with the use of your name, story or statements and the use of any caption or descriptive material herewith.

Your signature fully releases Le Bonheur Children's Hospital of all responsibility for information and photographs that are used. Please call (901) 287-6030 with any questions.

Signature: _____ **Date:** _____

Witnessed By: _____ **Date:** _____

Forms can be faxed to 901-287-4646 attention Cardiac Kids Camp
Mailed to: Le Bonheur Children's Hospital
Cardiovascular Services
C/o Cardiac Kids Camp
50 N Dunlap
Memphis TN 38103

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Counselor's Expectations

In addition to the associate rules and expectations camp counselors should abide by the following rules:

- No alcoholic beverages, illegal drugs, or tobacco products are allowed.
- Prescription medication must be stored in its original container and secured in the designated area.
- No guns, knives, projectile devices, fireworks, or any other kind of weapons are allowed.
- Physically/Verbally suggestive or sexual behavior is unacceptable and will not be tolerated.
- Swearing and foul language are unacceptable and will not be tolerated.
- No counselor should under any circumstance be alone with a camper.
- No counselor should leave the campgrounds without permission from the Camp Director.
- The Camp Director should be notified of any concerns regarding a camper/counselor's well-being and/or behavior.

If at any time during camp these expected behaviors are not displayed or a counselor's behavior takes away from a positive camp experience, the Camp Director reserves the right to terminate the counselor's stay at camp. In such a case, the counselor will be responsible for arranging transportation at his or her own expense. The Camp Director will decide if and when such a counselor can return to camp in the future.

By signing below, I agree to and understand the above counselor expectations/behaviors:

Print Counselor's Name: _____ Date: _____

Counselor's Signature: _____

Medical Release / Permission to Treat:

I, _____, authorize and appoint any member of the staff of Le Bonheur Cardiac Kids Camp to care for me in the case of medical emergency while attending Le Bonheur Cardiac Kids Camp. This authorization shall include the right to any necessary medical or dental treatments, such as operations, drug, emergency care, hospitalization and/or any type of medical or dental treatment. I authorize the Camp Director and/or camp staff to communicate about my medical information with my primary care physician.

This medical authorization shall take effect immediately and shall be valid until July 31, 2014.

Signature

Date

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Mailed to: Le Bonheur Children's Hospital
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Memphis TN 38103

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Medical Information for ACHD Counselors:

Other Emergency Numbers:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Medical Information

Cardiologist: _____ Phone: _____

Family Physician: _____ Phone: _____

Name of Heart Problem(s): _____

Medications (Please send copy (front and back) of your child's insurance card and prescription card.)

Medication	Dosage	Time of Day Given
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Pharmacy: _____ Phone number: _____

Allergies

Allergies to any medications, foods, or other things? _____

If so, what happens? _____

Is patient required to carry an epi pen? _____

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I (we) hereby authorize release of the information requested on this form to Le Bonheur Cardiac Kids Camp, its delegates, assigns, and other medical care providers that are deemed appropriate and necessary.

Camper Name: _____

Date of Birth: _____

Signature: _____ Date: _____

Cardiology Form

Your patient is applying to attend Le Bonheur Cardiac Kids Camp, Summer 2014. Your cooperation is requested to provide our medical staff and medical care providers with pertinent medical history about your patient. **This form is to be completed by the Pediatric Cardiologist.** All information is confidential and solely for the guidance of the camp's medical staff. Please use information from the most recent visit to complete this form. **In addition, a copy of the last clinic note is required.**

Patient Name: _____ Date of Birth: _____

Date of Most Recent Visit: _____

Cardiac Diagnosis: _____

Physical Exam (*Information needed if not in the last clinic note*)

Weight: _____ (kg) HR: _____ BP: _____ SaO2 range: _____

Neurologic: _____

Lungs: _____

Cardiovascular: _____

Murmurs: _____

Surgical History (*Information needed if not in the last clinic note*)

Intervention	Date of Service	Reason for Procedure

Allergies

Medication/Trigger	Date of last reaction	Type of Reaction

Does patient require epi pen for any allergies? _____

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Prescribed Medication *Please be specific and PRINT CLEARLY*

Type of Medication	Strength	Dosage	Frequency	Reason
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Please Note Any Special Instructions For Any Of The Above Listed Medications
(i.e., refrigerate, take pulse prior to giving, watch for bleeding, or history of seizures)*

Do you recommend SBE Prophylaxis? _____

Non-prescription medications we stock in the camp infirmary are listed below:
Please circle those, which we **should NOT** administer.

**Sudafed Pepto Bismol Ibuprofen Benadryl Caladryl Acetaminophen Chloraseptic
Spray**

Cardiac Rhythm/Device History

Does the camper have a history of dysrhythmia? If so, describe:

Date of last episode? _____

Does applicant have a PACEMAKER or ICD? Y__N__ Reason for implantable device: _____

Brand: _____ **Model:** _____ **Date of Last Interrogation:** _____

Programmed to: _____ Mode: _____ Lower rate: _____ Upper Rate: _____

Has ICD discharged recently & how often?

Please Send Copies of Last Interrogation

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This page must be completed by a Cardiologist

Activity Participation

Cardiologist approved activity level. Please circle one:

- A = FULL ACTIVE PARTICIPATION WITH MODERATE EXERCISE**
Participates in non-contact games, which may involve running short distances.
- B = PARTIAL ACTIVE PARTICIPATION WITH LIGHT EXERCISE**
Participates in limited activities. Camper rests occasionally.
- C = LIMITED ACTIVE PARTICIPATION WITH NO EXERCISE**
Must rest frequently and often. May participate in sedentary activities only.

If camper fits category C, please reconsider his/her suitability for camp. If you perceive that this applicant may benefit from actively participating in our programs, please submit a written explanation.

We would like to thank you for helping us to make Le Bonheur Cardiac Kids Camp a safe place for children with heart disease/defects. If any event occurs while your patient is at camp we will contact you as soon as possible as instructed below:

No stamps. Must be signed by MD.

Doctor's Statement

I have examined _____ who is physically able to engage in camp activities, except for the limitations and restrictions listed above.

Physician's Signature: _____

Print Name: _____ Date _____

Address: _____

Phone Numbers: Office (____) _____ On-call (____) _____

Please send completed form before May 1, 2014 to:

Cardiac Kids Camp
Le Bonheur Cardiac Services
50 North Dunlap
Memphis, Tennessee 38103

Fax: 901-287-4646

Phone: 901-287-6270

Email: Alicia.rice@lebonheur.org