

Le Bonheur Cardiac Kids Camp
 Camper Application (Due May 15, 2018)
 Please PRINT CLEARLY

First Name: _____ Last Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Sex: _____ T-shirt Size: _____

THE LEGAL PARENT(S)/LEGAL GUARDIAN INFORMATION

Parent/Guardian Full Name(s): _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Email is a great way to communicate important information with you. Please provide a valid email address where we can reach you for communication.

Email: _____

Other Emergency Numbers:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Camper lives with (circle one) - Both parents/Father/Mother/Other: _____

Is there anyone that campers should not have contact with while at camp and reason? _____

MEDICAL INFORMATION

Pediatric Cardiologist: _____ Phone: _____

Family Physician: _____ Phone: _____

Name of Heart Problem(s): _____

IMMUNIZATION AND EXPOSURE HISTORY

Are your child's immunizations up to date: Yes No

Has camper been exposed to chicken pox or any other communicable disease in the past 1-3 months? If so, please explain. _____

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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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: _____

IF YOUR MEDICATIONS CHANGE PRIOR TO CAMP, PLEASE CALL THE CLINIC TO LET THE CAMP TEAM KNOW.

Please circle over the counter medications that you give permission to be administered to your child.

- | | | | |
|---------|-----------|----------|--------------|
| Sudafed | Claritin | Benadryl | Caladryl |
| Tylenol | Ibuprofen | Tums | Pepto Bismol |

GENERAL INFORMATION

In school, can your child keep with other students in his/her grade? If not, describe:

Does your child need assistance with any normal daily activities? If yes, explain:

List any other chronic or recurring illnesses that we should be aware of: _____

Has your child ever had seizures or neurological disorders? _____

If so, please describe this condition including how often and when was the last occurrence: _____

If your child is being followed by a neurologist, a letter of clearance is needed to attend camp.

Has your child been under the care of or been counseled by a School Counselor, Social Worker, Psychiatrist, or Psychologist at any time? Y___N___ If yes, please explain: _____

Does your child have a history of depression or anxiety? Y___ N ___

If yes, please explain: _____

Use the space below to provide any additional information about your child's behavior or physical, emotional, or mental health the camp should know about (i.e. bedwetting, recent move, divorce, recent death, serious fears, etc.)

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Do you anticipate your child have any issues being away from home?* _____

Is your child on a special diet for health or religious reasons? If yes, please explain: _____

Please share information with the counselors that will help make your child's adjustment to camp smoother (i.e. camper's way of handling anger, frustration, fear, etc.). _____

If your child participates in sports, what kind do they play? _____

Does your child have any activity limitations? If yes, what kind? _____

Activity Level. Please circle one:

Not Active*
(does not like to walk/
run or go outdoors
much)

Somewhat Active
(likes indoors, but does
go out to walk/run/play
for less than 30 min.
and/or less than 3 times per week)

Active
(walks/run/plays
outside most of the
time or at least 30 min.
per day 3 times per week)

Very Active
(plays sports or
walks/runs/plays
30 min. or more
each day)

* If you chose "Not Active", Le Bonheur Cardiac Kids Camp may not be appropriate for your child.

*If your child has trouble adapting to being away from home, Le Bonheur Cardiac Kids Camp may not be appropriate for your child.

***JOIN OUR FACEBOOK PAGE FOR UPDATES,
IMPORTANT INFORMATION AND PHOTOS.***

***Search for Le Bonheur Cardiac Kids Camp
<https://www.facebook.com/groups/23842798687/>***

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***You can DROP OFF your child at
Please check ONE of the following:***

- Le Bonheur in Memphis, 850 Poplar Memphis, TN 38105*
- Le Bonheur clinic in Jackson, 1535 Vann Drive Jackson, TN 38305*
- Lakeshore camp site in Eva, 1458 Pilot Knob Road Eva, TN 38333*

***You can PICK UP your child at
Please check ONE of the following:***

- Le Bonheur in Memphis, 850 Poplar Memphis, TN 38105*
- Le Bonheur clinic in Jackson, 1535 Vann Drive Jackson, TN 38305*
- Lakeshore camp site in Eva, 1458 Pilot Knob Road Eva, TN 38333*

Please tell us who can pick up your child _____

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Medical Release / Permission to Treat: Camper/Minor

I (we) am (are) the parent(s) and/or legal guardian(s) of minor child, _____ (print camper's name) Child's Date of Birth _____

I (we) authorize and appoint any member of the staff of Le Bonheur Cardiac Kids Camp to care for our child 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 (we) authorize the Camp Director and/or camp staff to communicate about my (our) child's medical information with his/her cardiologist and/or primary care physician. I (we) understand that Le Bonheur Cardiac Kids Camp will retain camp records/medical information on my (our) child for no longer than five (5) years or until I (we) request they be destroyed or given to me (us).

This medical authorization shall take effect immediately and shall be valid until August 1st, 2018.

Signature of parent/legal guardian: _____ Date: _____

Release of Medical Information

I hereby authorize release of the information requested on the Medical form to Le Bonheur Cardiac Kids Amp, its delegates and other medical care providers that are deemed appropriate and necessary.

Camper Name: _____ Date of Birth: _____

Signature of parent/legal guardian: _____ 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.

Camper/Minor Name: _____ Date of Birth: _____

Signature of parent/legal guardian: _____ Date: _____

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RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I (we) understand that there are risks and dangers inherent in attending summer camp and/or participating in the activities offered at Le Bonheur Cardiac Kids Camp (AKA Heart Camp) and that these risks may be higher in children with congenital heart disease or heart rhythm abnormalities. I (we) give up my (our) rights to hold LeBonheur Cardiac Kids Camp or Methodist Healthcare and Le Bonheur Children’s Medical Center liable for any injury or damage, which my (our) child/ward may suffer while attending summer camp and/or participating in the activities offered at Le Bonheur Cardiac Kids Camp.

KNOWING THIS, AND IN CONSIDERATION OF MY (OUR) CHILD/WARD BEING PERMITTED TO ATTEND SUMMER CAMP AND/OR PARTICIPATE IN THE ACTIVITIES OFFERED AT LE BONHEUR CARDIAC KIDS CAMP, MY (OUR) CHILD/WARD AND I (WE) HEREBY VOLUNTARILY RELEASE LE BONHEUR CARDIAC KIDS CAMP AND ANY AND ALL AFFILIATED ENTITIES FROM ANY AND ALL LIABILITY RESULTING FROM OR ARISING OUT OF MY (OUR) CHILD/WARD ATTENDING SUMMER CAMP AND/OR PARTICIPATING IN THE ACTIVITIES OFFERED AT LE BONHEUR CARDIAC KIDS CAMP.

I (we) understand and agree that my (our) child/ward and I (we) are releasing not only the entities set forth in the paragraph above, but also affiliated entities including Le Bonheur Children’s Medical Center and Methodist Healthcare Memphis Hospitals, the officers, agents, and employees of those entities.

I (we) understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I (we) may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me (us), arising out of my (our) child/ward attending summer camp and/or participating in the activities offered at Le Bonheur Cardiac Kids Camp. THIS RELEASE CONSTITUTES A COMPLETE RELEASE, DISCHARGE AND WAIVER OF ANY AND ALL ACTIONS OR CAUSE OF ACTION AGAINST LE BONHEUR CARDIAC KIDS CAMP, THEIR AFFILIATES, OFFICERS, AGENTS OR EMPLOYEES.

I (we) understand and agree that this Release applies to personal injury, property damage, or wrongful death, which my (our) child/ward suffer, even if caused by the acts or omissions of others.

I (we) understand and agree that by signing this Release, I (we) am (are) assuming full responsibility for any and all risk of death or personal injury or property damage suffered by my (our) child/ward while attending summer camp and /or participating in the activities offered at Le Bonheur Cardiac Kids Camp.

I (we) understand and agree that by signing this Release on behalf of my (our) minor child that I (we) will be giving up the same rights for said minor, as I (we) would be giving up if I (we) signed this document on my own behalf.

I (we) acknowledge that I (we) have read this Release Agreement and that I (we) understand the words and language in it. I (we) have been advised of the potential dangers incidental to my (our) child/ward attending summer camp and/or participating in the activities offered at Le Bonheur Cardiac Kids Camp.

Child’s Name: _____

Parent/Guardian’s Name(s) (print please): _____

Parent/Guardian’s Signature(s): _____ Date: _____

Witness Signature: _____

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Cell Phone and Electronics Policy

Le Bonheur Cardiac Kids Camp is not responsible for any loss or damage of a camper's cell phone or electronics. It is recommended that you not bring a cell phone. Our camp site, Lakeshore, does not allow cell phones. This is not a Cardiac Kids Camp rule. Please respect the camp site rules.

- If your child does bring a cell phone, he/she will not be allowed to use it outside of his/her room. If seen outside of his/her room, it will be taken up.
- If a child needs to contact you, there will be plenty of staff available to assist your child in doing so. Please make sure that all contact numbers are correct and up to date on the application.
- If my/my child's cell phone/electronic device is taken up, I understand that it will be turned off and not given back until the last day of camp.

Camper's Signature

Date

Parent/Guardian Signature

Date

MOVIE Permission Slip

My child _____

Has

Does not have

My permission to watch PG 13 rated movies

Parent/Guardian Signature

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Camper Expectations

Our hope is that Heart Camp will be a place for campers to make friends and find support. We expect all campers to be respectful and responsible at all times. Camp is an experience in group living. In order for Heart Camp to be safe, fun, enjoyable, and to run successfully, everyone must cooperate and comply with Camp rules. Please read and discuss with your child the following expectations before Camp:

1. This is an educational camp. Campers are required to participate in all appropriate educational activities. Failure to participate may result in inability to return in the future.
2. Each camper must treat every person at Camp with respect and consideration. Camp will not tolerate intimidation, verbal or physical abuse or destruction of property. Any aggressive behavior, fighting or bullying will result in parent being expected to immediately pick up their child.
3. Campers must help out with chores as they are able (dining hall and cabin clean-up, packing and unloading) and comply with cabin rules.
4. Alcoholic beverages, illegal drugs, and tobacco products are not allowed.
5. Guns, knives, slingshots, fireworks, or any other types of weapons are not allowed.
6. Sexual or suggestive behavior is not appropriate or acceptable.
7. Swearing and foul language are not acceptable.
8. Cell phones are not permitted on Lakeshore camp grounds (outside of cabin)
9. Cell / home phone numbers are not allowed to be exchanged without parent permission.

If at any time during Camp these expectations are broken or a camper's behavior takes away from a positive camping experience, the Camp Director reserves the right to notify the parent(s)/guardian. They will be required to pick up their child at Camp Lakeshore in Eva, Tennessee at their own expense. The Camp Director will decide if and when an expelled camper may return to the Camp in the future.

We have read, discussed and understand the above.

Print Camper Name: _____ Camper's Signature: _____

Parent/Guardian Signature: _____ Date: _____

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Parent's keep this page as a reminder of things to do and contact information.

Before a camper can be accepted to camp, the following must include:

- All sections and signatures completed on application**
- Recent photograph of child
- Copy of health insurance card and prescription card
- Cardiology Form completed by your Cardiologist – **your child must have seen their cardiologist within 1 year of the application**

Stuff to bring to camp

- Bed linens (sheets, blanket, pillow, sleeping bag, etc.)
- Toiletries (deodorant, shampoo, soap, toothpaste, tooth brush, hair brush, etc.)
- Wash clothes and towels
- Preferably 2 swim suits (1 piece for girls), beach towel, and sunglasses
- Sun block and bug spray
- Flash light
- Shaving cream (for shaving cream war – 2 cans)
- At least 7 outfits (2 or 3 that can be muddy / stained), socks, and underwear
- Shoes (flip-flops, tennis shoes, water shoes, etc.)
- Medications in original bottles
- Water bottle**
- Money for Lakeshore souvenir, if wanted, at end of camp. Please at least \$5 but not more than \$40.
- Only bring 2 bags

Please Return Completed Forms by May 15, 2018:

Mail: **Cardiac Kids Camp**
 Le Bonheur Cardiovascular Services
 848 Adams Street
 Memphis, TN 38103

Fax: **901-287-4646**

Email: **crystal.thomas@lebonheur.org** (preferred)

*Our plan is to notify you the week of June 4th,
if you have been selected for one of our limited spots.*

LE BONHEUR CARDIAC KIDS CAMP
Cardiology Form: Due May 15, 2018

Cardiology Form

Your patient is applying to attend Le Bonheur Cardiac Kids Camp, Summer 2018. Your cooperation is requested to provide our medical staff and medical care providers with pertinent medical history about your patient. **Their visit must be within 1 year of the application. 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 PLEASE FILL OUT if not in attached clinic note

Height: _____ 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? _____

LE BONHEUR CARDIAC KIDS CAMP
Cardiology Form: Due May 15, 2018

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

LE BONHEUR CARDIAC KIDS CAMP
Cardiology Form: Due May 15, 2018

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:

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 15, 2018 to:

Cardiac Kids Camp
Le Bonheur Cardiac Services
848 Adams Street, Suite L400
Memphis, Tennessee 38103
Fax: 901-287-4646
Phone: 901-287-6270
Email: crystal.thomas@lebonheur.org