Cardiac Kids Camp is a week long program designed for children, age 10 – 17, with congenital heart defects and complex rhythm disorders. It is a free service that provides a great opportunity for education, physical development, networking, and fun. Camp provides a safe environment staffed by cardiac experts from our hospital who are able to deal with medical needs and other support needs that these children may have. This multidisciplinary group consists of cardiologists, pharmacists, nurses, diagnostic specialists and other hospital staff. Throughout the week, these professionals focus their efforts on promoting healthy life habits and providing education on relevant information. Camp spots are limited. Patients over the age of 18 can apply as adult congenital campers. Please contact us for more information.

Are you a Le Bonheur patient?  
yes or no

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 ____________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Le Bonheur Cardiac Kids Camp
Camper Application (Due April 1, 2020)
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:_____________

We prefer to have all communication through email. Please provide a valid email address.

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? _______________________________________________________________
Le Bonheur Cardiac Kids Camp
Camper Application (Due April 1, 2020)

Please PRINT CLEARLY

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

**MEDICATIONS:** Please send all medications in original bottles. Please list details below:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Time of Day Given</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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**

What grade is your child in school? Can your child keep with other students in his/her grade?

_____________________________________________________________________________________________

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.)

_____________________________________________________________________________________________

_____________________________________________________________________________________________
Le Bonheur Cardiac Kids Camp
Camper Application (Due April 1, 2020)
Please PRINT CLEARLY

Do you anticipate your child having 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:

<table>
<thead>
<tr>
<th>Not Active*</th>
<th>Somewhat Active</th>
<th>Active</th>
<th>Very Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>(does not like to walk/run or go outdoors much)</td>
<td>(likes indoors, but does go out to walk/run/play for less than 30 min. and/or less than 3 times per week)</td>
<td>(walks/run/plays outside most of the time or at least 30 min. per day 3 times per week)</td>
<td>(plays sports or walks/runs/plays 30 min. or more each day)</td>
</tr>
</tbody>
</table>

* 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.

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

Search for Le Bonheur Cardiac Kids Camp
https://www.facebook.com/groups/23842798687/
Camper Application 5

Le Bonheur Cardiac Kids Camp
Camper Application (Due April 1, 2020)
Please PRINT CLEARLY

Camper Name:_________________________________________________    Date of Birth:___________________

Medical Release / Permission to Treat: Camper/Minor

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

This medical authorization shall take effect immediately and shall be valid until August 1st, 2020.

Parent/Guardian’s Signature:_________________________________________________ Date:____________

Release of Medical Information

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

Parent/Guardian’s 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.

Parent/Guardian’s Signature:_________________________________________________ Date:___________
Le Bonheur Cardiac Kids Camp
Camper Application (Due April 1, 2020)
Please PRINT CLEARLY

Camper Name:_________________________________________________    Date of Birth:___________________

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.

Parent/Guardian’s Signature(s):_________________________________________________    Date:____________
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.

Parent/Guardian’s Signature: ___________________________ Date: __________

MOVIE Permission Slip

My child ________________
☐ Has
☐ Does not have

My permission to watch PG 13 rated movies

Parent/Guardian’s Signature: ___________________________ Date: __________
Le Bonheur Cardiac Kids Camp
Camper Application (Due April 1, 2020)
Please PRINT CLEARLY

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.

Parent/Guardian’s Signature: ___________________________ Date: ____________
Le Bonheur Cardiac Kids Camp
Camper Application (Due April 1, 2020)
Please PRINT CLEARLY

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

☐ Medications in original bottles
☐ 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 (modest 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, closed-toe water shoes, etc.)
☐ 2 Water bottles
☐ 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 April 1, 2020:

Email: crystal.thomas@lebonheur.org
Fax: 901-287-4646     attention: Crystal

Our plan is to notify you the week of May 1st, if you have been selected for one of our limited spots.