



LITTLE HEROES PRESCHOOL BURN CAMP FAMILY APPLICATION

PLEASE RETURN THIS SIGNED FORM BY JUNE 1st, 2008

MAIL TO: Firefighters Burn Institute, 3823 V Street, Suite 4, Sacramento, CA 95817
 PHONE: (916) 739-8525 | FAX: (916) 455-4376 | WEBSITE: www.ffburn.org

MISSION STATEMENT

Little Heroes Preschool Burn Camp is a model burn recovery program designed for pre-school burn survivors ages 3-6 years old and their caregiver(s). This unique three day program empowers children with their families to understand and cope with physical and emotional challenges associated with burn recovery.

PERSONAL INFORMATION

PARENT/LEGAL GUARDIAN'S LAST NAME	FIRST NAME	TSHIRT SIZE
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PARENT/LEGAL GUARDIAN'S LAST NAME	FIRST NAME	TSHIRT SIZE
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CHILD'S LAST NAME	FIRST NAME	NICKNAME	<input type="checkbox"/> YES <input type="checkbox"/> NO BURN SURVIVOR
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BIRTH DATE	BOY / GIRL	TSHIRT SIZE
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CHILD'S LAST NAME	FIRST NAME	NICKNAME	<input type="checkbox"/> YES <input type="checkbox"/> NO BURN SURVIVOR
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BIRTH DATE	BOY / GIRL	TSHIRT SIZE
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CHILD'S LAST NAME	FIRST NAME	NICKNAME	<input type="checkbox"/> YES <input type="checkbox"/> NO BURN SURVIVOR
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BIRTH DATE	BOY / GIRL	TSHIRT SIZE
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CHILD'S LAST NAME	FIRST NAME	NICKNAME	<input type="checkbox"/> YES <input type="checkbox"/> NO BURN SURVIVOR
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BIRTH DATE	BOY / GIRL	TSHIRT SIZE
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MAILING ADDRESS	CITY	STATE	ZIP
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() HOME PHONE	() CELL PHONE	EMAIL ADDRESS
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PRIMARY LANGUAGE SPOKEN IN HOME _____

6. IS ANYONE IN YOUR FAMILY BRINGING ANY MEDICATIONS TO CAMP?: YES NO

CHILD'S MEDICATIONS (list all medications you will be bringing with you, including any over the counter meds)

PARENT/LEGAL GUARDIAN'S MEDICATIONS (list all medications you will be bringing, including any over the counter meds)

7. IF YOU HAVE A SPECIFIC FAMILY YOU WOULD LIKE TO BE ROOMED WITH, LIST HERE: _____

PHOTO / VIDEO RELEASE

During the course of this program your family may be participating in an activity that is being photographed (*print or video*). Occasionally these photographs may be used for promotional purposes. Your names, child's cause of burn and any other sensitive information will not be used without further consent.

YES, I GIVE PERMISSION FOR MY FAMILY TO BE PHOTOGRAPHED PER OUTLINE STATEMENT.

NO, I WOULD PREFER THAT MY FAMILY NOT BE PHOTOGRAPHED PER OUTLINE STATEMENT.

PARENT/LEGAL GUARDIAN'S SIGNATURE

DATE

TRANSPORTATION

Transportation will be provided from the following locations. Check your preferred pick up/drop off location. You will be contacted prior to camp to make the final arrangements. If providing own transportation, please arrive at camp no later than 4:30pm on Friday and depart no later than 12:30pm on Sunday.

SHRINERS HOSPITAL (SACRAMENTO)

WILL PROVIDE OWN TRANSPORTATION

STOCKTON

OTHER: _____

IF EXPLANATION NEEDED, PROVIDE HERE: _____

EMERGENCY INFORMATION

MEDICAL INSURANCE PROVIDER

POLICY #

GROUP #

MEDICAL CONTACT

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PHONE

EMERGENCY CONTACT

RELATIONSHIP

()

PHONE

EMERGENCY CONTACT

RELATIONSHIP

()

PHONE

In the event of an emergency, I hereby give my permission to the **Little Heroes** Preschool Burn Camp medical staff to secure and administer treatment at my expense, including emergency medical or surgical treatment as may be necessary (*including, but not limited to x-rays, routine tests, treatment and necessary related transportation*).

PARENT/LEGAL GUARDIAN'S SIGNATURE

DATE

