

FIREFIGHTERS KIDS CAMP - 2008 CAMPER APPLICATION



PLEASE RETURN THIS SIGNED FORM BY June 30th, 2008

MAIL TO: Firefighters Burn Institute, 3823 V Street, Suite 4., Sacramento CA 95817
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INTRODUCTION

We want your son or daughter to have a happy, healthful and meaningful experience at Firefighters Kids Camp! The staff is committed to the personal growth of each camper, and will be better able to understand your child when the following information about home and school are provided. This information will not be shared with other campers. Thank You!

CAMPER'S PERSONAL INFORMATION

CHILD'S LAST NAME	CHILD'S FIRST NAME	CHILD'S NICKNAME	GENDER (M/F)
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BIRTH DATE	CHILD'S AGE ON AUGUST 5 TH	GRADE CHILD WILL ATTEND THIS FALL
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T-SHIRT SIZE (CHILD OR ADULT)	SWEATSHIRT SIZE (CHILD OR ADULT)	PARENT'S EMAIL ADDRESS
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MAILING ADDRESS	CITY	STATE	ZIP CODE	HOME PHONE
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STREET ADDRESS (If different from above)	CITY	STATE	ZIP CODE
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DATE OF CHILD'S BURN INJURY	HOW WAS YOUR CHILD BURNED
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AREA OF BODY BURNED	PERCENT OF BODY SURFACE AREA BURNED
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HAS YOUR CHILD HAD PREVIOUS CAMP EXPERIENCES? YES NO WHEN: _____

HAS YOUR CHILD PREVIOUSLY ATTENDED FIREFIGHTERS KIDS CAMP? YES NO WHEN: _____

PLEASE CHECK ALL OF THE FOLLOWING PERSONALITY CHARACTERISTICS THAT BEST DESCRIBE YOUR CHILD?

- | | | | | |
|--------------------------------------|------------------------------------|---------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> TENSE | <input type="checkbox"/> PLACID | <input type="checkbox"/> FOLLOWER | <input type="checkbox"/> EXCITABLE | <input type="checkbox"/> GENEROUS |
| <input type="checkbox"/> COOPERATIVE | <input type="checkbox"/> MOODY | <input type="checkbox"/> LEADER | <input type="checkbox"/> RESOURCEFUL | <input type="checkbox"/> WITHDRAWN |
| <input type="checkbox"/> DEFIANT | <input type="checkbox"/> DEPENDENT | <input type="checkbox"/> HAPPY | <input type="checkbox"/> SELFISH | <input type="checkbox"/> OUTGOING |
| <input type="checkbox"/> AGGRESSIVE | <input type="checkbox"/> CONFIDENT | <input type="checkbox"/> ANTAGONISTIC | <input type="checkbox"/> NERVOUS | <input type="checkbox"/> SHY |

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU FEEL WILL HELP THE COUNSELOR WORK MORE EFFECTIVELY WITH YOUR CHILD: (use additional paper if necessary)

PARENT QUESTIONNAIRE

CHILD LIVES WITH BOTH PARENTS MOTHER FATHER FOSTER PARENTS GRANDPARENTS

FATHER'S NAME _____ ADDRESS _____ PHONE _____

MOTHER'S NAME _____ ADDRESS _____ PHONE _____

SIBLINGS: _____
BROTHER (AGE) _____ SISTER (AGE) _____

BROTHER (AGE) _____ SISTER (AGE) _____

WILL THERE BE ANY SIBLINGS AT CAMP WITH CAMPER? YES NO WHO: _____

PLEASE SHARE YOUR THOUGHTS ON THE FOLLOWING QUESTIONS:

1. IN WHAT WAY DO YOU THINK WE CAN HELP YOUR CHILD GROW AND DEVELOP?

2. DOES YOUR CHILD HAVE A PARTICULAR FEAR OF THINGS OR SITUATIONS?

3. DOES YOUR CHILD HAVE ANY SPECIAL PROBLEMS ASSOCIATED WITH ACADEMIC PERFORMANCE?

4. WHAT SPORTS, HOBBIES OR CLUBS HAS YOUR CHILD PARTICIPATED IN DURING THIS PAST YEAR?

5. HAS YOUR CHILD EXPERIENCED ANY SIGNIFICANT LIFE CHANGES IN THE PAST YEAR?

CAMPER QUESTIONNAIRE

PLEASE HAVE YOUR CHILD ANSWER THE FOLLOWING QUESTIONS:

1. WHAT ARE YOUR FAVORITE ACTIVITIES?

2. WHAT ARE YOU LOOKING FORWARD TO THE MOST AT CAMP THIS SUMMER?

3. WHAT WOULD YOU LIKE SOME HELP WITH THIS SUMMER WHILE YOU ARE AT CAMP?

MEDICAL HISTORY - CONTINUED

- **I UNDERSTAND THAT MY CHILD MUST HAVE HAD A PHYSICAL EXAMINATION BY A PHYSICIAN WITHIN ONE YEAR PRIOR TO ATTENDING CAMP.**

PLEASE INDICATE DATE OF LAST PHYSICAL EXAM: _____

- **DOES YOUR CHILD HAVE ANY DIETARY RESTRICTIONS?** YES NO

IF YES, WHAT? _____

- **DOES YOUR CHILD HAVE ANY MEDICALLY RELATED RESTRICTIONS THAT WILL LIMIT HIM / HER FROM PARTICIPATING IN ACTIVITIES?** YES NO

IF YES, WHAT? _____

- **FOR GIRLS ONLY... HAS YOUR CHILD MENSTRUATED?** YES NO

- **HAS YOUR CHILD BEEN HOSPITALIZED FOR ANY REASON OTHER THAN A BURN INJURY?** YES NO

IF YES, WHAT? _____

- **HAS YOUR CHILD EXPERIENCED ANY NON-BURN RELATED OPERATIONS OR FRACTURES?** YES NO

IF YES, WHAT? _____

- **RECONSTRUCTIVE ADMISSIONS – NOTE MOST RECENT OPERATION INCLUDING DATE AND SPECIFIC AREA**

- **ARE THERE ANY PLANS FOR RECONSTRUCTIVE SURGERY?** YES NO

IF YES, WHAT? _____

TREATMENT AUTHORIZATION

I hereby testify that the health history provided herein is correct to the best of my knowledge and that the person described has permission to engage in all prescribed camp activities except as noted.

I agree that the Firefighters Kids Camp Medical Staff or their authorized agents may administer over-the-counter medications (or generic equivalents) and/or prescription medication (as advised by a physician) if deemed medically necessary. This includes, but is not limited to; Calamine Lotion, Betadine, Milk of Magnesia, Pepto Bismol, Aspirin, Ibuprofen, Tylenol, Neosporin, sun block, Sucrets, sting ointment, Blistex and Visine.

I also understand that reasonable measures will be taken to safeguard the health and safety of all participants at all times, and that I will be notified as soon as possible in case of any emergency affecting my child.

In the event I cannot be reached in an emergency, I hereby give my permission to the Firefighters Kids 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 for my child.

PARENT'S SIGNATURE _____ DATE _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

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PSYCHOLOGICAL / SOCIAL HISTORY

- **HAS YOUR CHILD EVER CONSULTED A PHYSICIAN, MENTAL HEALTH PROVIDER OR SCHOOL COUNSELOR CONCERNING AN EMOTIONAL PROBLEM?** YES NO

IF YES, WHAT WAS THE APPROXIMATE DATE OF THE LAST VISIT? _____

- **AT ANY TIME HAS YOUR CHILD BEEN ON MEDICATION FOR ADD, ADHD, DEPRESSION, IMPULSE CONTROL OR A SEIZURE DISORDER?** YES NO

IF YES, WHAT MEDICATION / DATE TAKEN / DOSAGE? _____

- **HAS YOUR CHILD'S BEHAVIOR EVER LED TO SCHOOL DETENTION, SUSPENSION OR EXPULSION?** YES NO

IF YES, PLEASE EXPLAIN: _____

- **IS YOUR CHILD IN A SPECIAL EDUCATION PROGRAM?** YES NO

IF YES, PLEASE EXPLAIN: _____

- **DOES YOUR CHILD RECEIVE SPECIAL EDUCATIONAL RESOURCES?** YES NO

IF YES, PLEASE EXPLAIN: _____

- **HAVE THERE BEEN ANY SIGNIFICANT LOSSES IN YOUR FAMILY WITHIN THE PAST YEAR? (i.e. THE DEATH OF A FAMILY MEMBER, PET, DIVORCE, ETC.)** YES NO

IF YES, PLEASE EXPLAIN: _____

- **IS YOUR CHILD CURRENTLY DEALING WITH ANY SPECIAL ISSUES SUCH AS PEER OR SCHOOL PRESSURE, A LEARNING DISABILITY, FAMILY ILLNESS, ALCOHOL, DRUG OR CIGARETTE USE?** YES NO

IF YES, PLEASE EXPLAIN: _____

- **HAVE ANY DESTRUCTIVE BEHAVIORS SUCH AS FIRE STARTING OR CRUELTY TO ANIMALS BEEN BROUGHT TO YOUR ATTENTION?** YES NO

IF YES, PLEASE EXPLAIN: _____

- **HOW MANY TIMES HAS YOUR FAMILY MOVED IN THE PAST TWO YEARS?** _____

- **HOW MANY TIMES HAS YOUR CHILD CHANGED SCHOOLS IN THE PAST TWO YEARS?** _____

REHABILITATION NEEDS

- **DOES YOUR CHILD PRESENTLY WEAR PRESSURE GARMENTS?** YES NO

IF YES, PLEASE SEND THEM TO CAMP WITH YOUR CHILD AND INCLUDE ANY SPECIAL INSTRUCTIONS!

- **DOES YOUR CHILD USE LOTION OR CREAM ON HIS/HER SKIN?** YES NO

IF YES, PLEASE STATE WHAT TYPE AND FREQUENCY OF APPLICATION: _____

- **DOES YOUR CHILD PRESENTLY WEAR ANY SPLINT (S) OR ORTHOPEDIC DEVICES?** YES NO

IF YES, PLEASE STATE WHAT TYPE AND THE WEARING SCHEDULE: _____

- **WILL YOUR CHILD NEED TO COMPLETE SPECIFIC EXERCISES WHILE AT CAMP?** YES NO

IF YES, PLEASE EXPLAIN: _____

- **IS YOUR CHILD PRESENTLY RECEIVING PHYSICAL AND/OR OCCUPATIONAL THERAPY?** YES NO

IF YES, HOW OFTEN: _____

NAME OF THERAPIST: _____ PHONE: _____

- **DOES YOUR CHILD HAVE ANY PHYSICAL LIMITATIONS THAT MAY AFFECT HIS/HER PARTICIPATION IN ANY CAMP ACTIVITY (i.e. AMPUTATIONS, LOW ENDURANCE, RECENT SURGERIES, ETC.)?** YES NO

IF YES, PLEASE EXPLAIN: _____

- **DO YOU HAVE ANY SPECIAL CONCERNS YOU WOULD LIKE THE CAMP MEDICAL STAFF TO ADDRESS?** YES NO

IF YES, PLEASE EXPLAIN: _____

CAMPER BEHAVIORAL AGREEMENT

Firefighters Kids Camp promises to be a great experience for all involved! Please take a moment to go over the following guidelines carefully with your child before signing at the bottom.

The focus of our entire program is on the kids. With this in mind, we have established the following list of behavioral expectations in an effort to assure that all involved understand them and have the safest and most enjoyable time possible.

A camper's failure to meet these expectations will result in a systematic administration of supportive counseling and consequential actions. The Firefighters Kids Camp will utilize the "3-step process of discipline" outlined below as a means to ensure that all campers take care of themselves, their fellow campers and the environment.

STEP ONE..... The camper will be counseled by the Camp Directors(s).

STEP TWO The camper will again be counseled by the Camp Director(s), and may be restricted from participation in an activity(s). The camper's parent(s) or guardian will be notified by telephone of the child's behavior, the counseling provided and the consequential actions that will be taken if the behavior(s) continue.

STEP THREE..... The camper's parent(s) or guardian will be notified and required to pick-up their child immediately. If the parent(s) or guardian is unable to provide immediate transportation home for the child, then transportation arrangements will be made for the child at the parent's expense.

In the event that a child must be removed from the camp environment and the parent(s) or guardian cannot be contacted, the Camp Directors(s) will be required to contact local agents of county Child Protective Services (CPS), who will take protective custody of the child.

ACCEPTABLE BEHAVIORS INCLUDE:

- Campers will be expected to comply camp rules at all times.
- Campers will be expected to be attentive to and be respectful of all camp staff at all times.
- Campers will be expected to actively Think and Listen.
- Campers will be expected to work together - the "Buddy System" must be used at all times.
- Campers will be expected to protect the environment.
- Campers will be expected to take care of any equipment they use, and return it to where they found it.

UNACCEPTABLE BEHAVIORS INCLUDE:

- Campers will not be allowed to act in a manner that exhibits racist or sexist activities or humor.
- Campers will not be allowed to threaten or harass any other camper or member of the staff.
- Campers will not be allowed to possess alcohol and/or illicit drugs at camp.
- Campers will not be allowed to smoke at camp. Any tobacco products will be confiscated and not returned.
- Campers will not be allowed to bring radios, pagers, cellular telephones or other electronic devices to camp.
- Campers will not be allowed to possess fireworks of any kind at camp.
- Campers will not be allowed to use profanity at camp.
- Campers will not be allowed to run or fight at camp.
- Campers will not be allowed to throw rocks or sticks at anything!

The Firefighters Kids Camp reserves the right to remove from camp any camper whose behavior is, in the sole judgment of the Camp Director(s), is determined to be detrimental to the best interests of the children and adults using the camp facilities and/or the overall welfare of the camp program.

MY CHILD AND I HAVE READ AND UNDERSTAND THIS POLICY AND REALIZE THAT IT WILL BE ENFORCED IN ORDER TO ASSURE THE SAFETY OF ALL CAMPERS AND THE ENVIRONMENT. OUR SIGNATURES SIGNIFY THAT WE UNDERSTAND AND AGREE TO THE CONSEQUENCES.

PARENT'S SIGNATURE _____ CAMPER'S SIGNATURE _____

