



LITTLE HEROES PRESCHOOL BURN CAMP FAMILY APPLICATION

PLEASE RETURN THIS SIGNED FORM BY JULY 31st, 2009

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, their siblings and 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

PARENT/LEGAL GUARDIAN'S LAST NAME FIRST NAME TSHIRT SIZE

CHILD'S LAST NAME FIRST NAME NICKNAME YES NO
 BURN SURVIVOR

BIRTH DATE BOY / GIRL TSHIRT SIZE

CHILD'S LAST NAME FIRST NAME NICKNAME YES NO
 BURN SURVIVOR

BIRTH DATE BOY / GIRL TSHIRT SIZE

CHILD'S LAST NAME FIRST NAME NICKNAME YES NO
 BURN SURVIVOR

BIRTH DATE BOY / GIRL TSHIRT SIZE

CHILD'S LAST NAME FIRST NAME NICKNAME YES NO
 BURN SURVIVOR

BIRTH DATE BOY / GIRL TSHIRT SIZE

MAILING ADDRESS CITY STATE ZIP

() ()
 HOME PHONE CELL PHONE EMAIL ADDRESS

PRIMARY LANGUAGE SPOKEN IN HOME

HOW WERE YOU REFERRED TO THE PROGRAM?

BURN SURVIVOR MEDICAL INFORMATION

____ / ____ / ____
DATE OF CHILD'S BURN INJURY

HOW CHILD WAS BURNED

AREA OF BODY BURNED

% OF BODY SURFACE

CHILD'S SPECIAL NEEDS (*dressing changes, physical therapy, etc. – description to include frequency*)

- 1. DOES YOUR CHILD WEAR PRESSURE GARMENTS?: YES NO
- 2. DOES YOUR CHILD WEAR A SPLINT OR ORTHOPEDIC DEVICE?: YES NO
- 3. HAS YOUR CHILD EVER CONSULTED A PHYSICIAN, MENTAL HEALTH PROVIDER OR COUNSELOR CONCERNING AN EMOTIONAL PROBLEM?: YES NO

IF SO, PLEASE EXPLAIN (*include last visit date*): _____

QUESTIONNAIRE

- 1. DOES ANYONE IN YOUR FAMILY HAVE ANY DIETARY RESTRICTIONS?: YES NO

IF SO, PLEASE LIST: _____

- 2. DOES ANYONE IN YOUR FAMILY HAVE ANY MEDICAL RELATED RESTRICTIONS OR PHYSICAL LIMITATIONS THAT MIGHT PROHIBIT HIM/HER FROM PARTICIPATING IN ACTIVITIES?: YES NO

IF SO, PLEASE LIST: _____

- 3. IS ANY FAMILY MEMBER CURRENTLY DEALING WITH ANY SPECIAL ISSUES SUCH AS PEER PRESSURE, A LEARNING DISABILITY, FAMILY ILLNESS, ALCOHOL OR DRUG RELATED USE?: YES NO

IF SO, PLEASE EXPLAIN: _____

- 4. WHAT ARE YOUR CHILDREN'S FAVORITE ACTIVITIES?: _____

- 5. IN WHAT WAYS DO YOU THINK WE CAN HELP YOUR FAMILY DEVELOP & GROW?: _____

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

()
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

