

Dear parent(s) or guardian,

As Camp Directors, we would like to invite your child to attend our Firefighters Kids Camp program! Now in our 20th year of operation, the Firefighters Kids Camp is a one-week program that is held annually to benefit young burn survivors who are age seven (*or six and completed the 1st grade*) to age seventeen.



Our mission is to provide young burn survivors with a fun and safe camp environment that encourages healing, personal growth and character development within a natural setting. This year's program will be held **Sunday, June 24th thru Saturday, June 30th** at Camp Concord in South Lake Tahoe, CA.

Our facilities are leased from the City of Concord, and provide a rustic, natural environment where the children can enjoy the nature and beauty of the Lake Tahoe region. Sleeping accommodations are provided using cabins supplied with cots and mattresses. A comfortable lodge supports a nutritious, cafeteria-style food service program.

The program is supported by a well-trained and enthusiastic volunteer staff that consists primarily of firefighters, burn care professionals and adult burn survivors, and includes a camp nurse and physical therapist for those children who need to continue their therapy. A minimum staff to camper ratio of 1:3 is provided to assure adequate supervision and that the needs and expectations of our campers are always met.

Each camper's participation is fully funded by the Firefighters Burn Institute and partnering organizations. Additionally, one sibling who resides in the same residence may be permitted to accompany the burn-injured child for up to their first two years of camp. Siblings need to apply separately. Sibling participation will be evaluated on an individual basis, and will be judged by the benefit provided to the healing process as it relates to both the burn survivor and the family unit. Sibling acceptance will be subject to space availability.

Although activities change each year, the week's activities consist of both in-camp and out-of-camp events such as arts & crafts, swimming, cycling, hiking, fishing, boating on Lake Tahoe, rafting on the Truckee River, ice skating and swimming at Squaw Valley's High Camp, cruising Lake Tahoe on the MS Dixie, campfire skits and songs, a BIG dance, and much, much more! Attached, you will find an application to participate in our program. Please complete all questions to the best of your ability and return your completed application to the Firefighters Burn Institute no later than **MAY 1st, 2012**. Once received, applications will be reviewed and screened by our Camp Directors and medical staff. Upon acceptance, campers will be provided a list of basic items that they will need for the camp program (i.e. clothing, sleeping bag, toiletries, etc.). In the event that a child cannot secure the necessary items, we can provide assistance if notified in advance.

Transportation to and from camp will be provided from pre-designated departure points. Additional information on transportation arrangements will be provided once we identify the needs of the group based upon geographic locations.

Each camper will be required to have a pre-camp health examination performed by a licensed physician, physician's assistant or nurse practitioner within one (1) year prior to attending camp. Should you need assistance in securing an exam (*due to financial constraints or other reason*), please let us know.

Participation in the Firefighters Kids Camp program has proved to be a wonderful healing and growth experience for many of our campers! With that said, we must also note that the camp environment is not for everyone. As part of your application, you will find a Camper Behavior Agreement. It is our desire to communicate to you and your child the accepted behaviors that are expected at camp. We also believe it to be important that all parties understand the consequences and actions to be taken in the event that unacceptable behavior is demonstrated. Again, our goal is to have FUN and assure SAFETY... any person whose actions threaten to compromise these goals will be removed from camp.

It is our hope that the above information provides you with a general idea of the benefits and expectations associated with participation in our program. Should you have any additional questions, please feel free to contact us. We look forward to receiving your application!

Sincerely,

Blake Lawson
Co-Camp Director

Kenny Oliver
Co-Camp Director

FIREFIGHTERS KIDS CAMP - 2012

Below are a few reminders & changes for this year's camp program. Please read carefully and feel free to contact our office if you have any questions.

Catharine Shaw | Firefighters Burn Institute | (916) 739-8525 | catharine@ffburn.org

CAMP DATES: **SUNDAY, JUNE 24TH - SATURDAY, JUNE 30TH**

APPLICATION DUE: **MAY 1ST, 2012**

MEDICAL FORM: Your child is required to have a pre-camp health examination every 2 years. We have included this form with the application.

- If your child is new or did not attend in 2011
 - Your child **MUST** have a health examination.
- If your child attended in 2011
 - Please check with our office to see if a health exam is needed for this year.

Medical exams need to be received at least 2 weeks prior to camp. Should you need assistance in securing an exam (due to financial constraints or other reason), please let us know.

RELEASE: Camp Concord Waiver and Release of Liability
This must be signed and returned with your child's application.

FIREFIGHTERS KIDS CAMP - 2012 CAMPER APPLICATION



PLEASE RETURN THIS FORM BY: MAY 1ST, 2012

Please mail to: Firefighters Burn Institute
3101 Stockton Blvd., Sacramento CA 95820

Or fax to: (916) 455-4376

Additional camp information is available at www.ffburn.org

CAMPER'S PERSONAL INFORMATION

IN ORDER FOR THE FIREFIGHTERS KIDS CAMP STAFF TO INSURE A SAFE, HAPPY AND GENERALLY FABULOUS CAMP WEEK FOR YOUR CHILD, IT IS VERY IMPORTANT THAT THE FOLLOWING APPLICATION IS COMPLETED IN FULL. IF A CERTAIN QUESTION DOES NOT APPLY TO YOUR CAMPER PLEASE NOTE AS NON-APPLICABLE (N/A). IT IS OUR GOAL TO INDIVIDUALIZE EACH CAMPER'S NEEDS AND YOUR CO-OPERATION WITH FILLING OUT THE APPLICATION IS OF THE UTMOST IMPORTANCE. THANK YOU IN ADVANCE FOR YOUR HELP.

CHILD'S LAST NAME CHILD'S FIRST NAME CHILD'S NICKNAME GENDER (M/F)

BIRTH DATE CHILD'S AGE ON 1ST DAY OF CAMP GRADE CHILD WILL ATTEND THIS FALL

T-SHIRT SIZE (CHILD OR ADULT) SWEATSHIRT SIZE (CHILD OR ADULT) PARENT'S EMAIL ADDRESS

MAILING ADDRESS CITY STATE ZIP CODE HOME PHONE

STREET ADDRESS (If different from above) CITY STATE ZIP CODE

DATE OF CHILD'S BURN INJURY PERCENT OF BODY SURFACE AREA BURNED

AREA(S) OF BODY BURNED

HOW WAS YOUR CHILD BURNED?: (use additional paper if necessary)

▪ HAS YOUR CHILD HAD PREVIOUS CAMP EXPERIENCES? YES NO WHEN: _____

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

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

PARENT/GUARDIAN NAME ADDRESS PHONE

PARENT/GUARDIAN NAME ADDRESS PHONE

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

Siblings need to apply separately and are accepted on a case-by-case basis. AGE: _____

PLEASE SHARE YOUR THOUGHTS ON THE FOLLOWING QUESTIONS:

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

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

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

4. 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

HEALTH INSURANCE PROVIDER / INSURANCE CARRIER POLICY NUMBER

PRIMARY PHYSICIAN ADDRESS PHONE NUMBER

DENTIST / ORTHODONTIST ADDRESS PHONE NUMBER

MENTAL HEALTH PROVIDER ADDRESS PHONE NUMBER

CHILD'S MEDICAL HISTORY – PLEASE CHECK ALL THAT APPLY

- | | | | | |
|--------------------------------------|---|---------------------------------------|---|------------------------------------|
| <input type="checkbox"/> BED WETTING | <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> ASTHMA | <input type="checkbox"/> FREQ. SORE THROATS | <input type="checkbox"/> OBESITY |
| <input type="checkbox"/> ECZEMA | <input type="checkbox"/> EAR INFECTIONS | <input type="checkbox"/> DIABETES | <input type="checkbox"/> DRUG ABUSE | <input type="checkbox"/> SINUSES |
| <input type="checkbox"/> EPILEPSY | <input type="checkbox"/> CONSTIPATION | <input type="checkbox"/> HEART DEFECT | <input type="checkbox"/> BLEEDING DISORDER | <input type="checkbox"/> HEADACHES |
| <input type="checkbox"/> SNORING | <input type="checkbox"/> MONONUCLEOSIS | <input type="checkbox"/> FAINTING | <input type="checkbox"/> SLEEP WALKING | <input type="checkbox"/> _____ |

PREVIOUS ILLNESSES – PLEASE CHECK ALL ILLNESSES THAT THE CHILD HAS HAD TO DATE

- | | | | |
|--------------------------------------|--|--|--------------------------------|
| <input type="checkbox"/> CHICKEN POX | <input type="checkbox"/> MEASLES (RED) | <input type="checkbox"/> DIPHTHERIA | <input type="checkbox"/> POLIO |
| <input type="checkbox"/> PNEUMONIA | <input type="checkbox"/> MEASLES (4-DAY) | <input type="checkbox"/> RHEUMATIC FEVER | <input type="checkbox"/> _____ |
| <input type="checkbox"/> MUMPS | <input type="checkbox"/> TUBERCULOSIS | <input type="checkbox"/> WHOOPING COUGH | |

KNOWN ALLERGIES (MEDICINE / FOOD / ETC.):

- ➔ **IS THE CHILD CURRENTLY TAKING ANY PRESCRIPTION MEDICATIONS?** YES NO
NOTE: ALL MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINER AND BE CLEARLY LABELED!

NAME OF MEDICATION (1)	DOSAGE AMOUNT / TIME	REASON FOR MEDICATION
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NAME OF MEDICATION (2)	DOSAGE AMOUNT / TIME	REASON FOR MEDICATION
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NAME OF MEDICATION (3)	DOSAGE AMOUNT / TIME	REASON FOR MEDICATION
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- ➔ **IS THE CHILD CURRENTLY TAKING ANY OVER-THE-COUNTER MEDICATIONS?** YES NO

NAME OF MEDICATION (1)	DOSAGE AMOUNT / TIME	REASON FOR MEDICATION
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NAME OF MEDICATION (2)	DOSAGE AMOUNT / TIME	REASON FOR MEDICATION
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- ➔ **HAS YOUR CHILD BEEN EXPOSED TO ANY INFECTIOUS DISEASE WITHIN THE PAST FOUR WEEKS?**

YES NO

IF YES, WHAT? _____

MEDICAL HISTORY - CONTINUED

- **DOES YOUR CHILD HAVE ANY DIETARY RESTRICTIONS?** YES NO
IF YES, PLEASE LIST:

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

- **HAS YOUR CHILD BEEN HOSPITALIZED FOR ANY REASON OTHER THAN A BURN INJURY?** YES NO
IF YES, PLEASE LIST:

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

- **ARE THERE ANY PLANS FOR RECONSTRUCTIVE SURGERY?** YES NO
IF YES, PLEASE LIST:

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

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 _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

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 AND/OR RECEIVE SPECIAL RESOURCES?** YES NO
IF YES, PLEASE EXPLAIN: _____

- **IS YOUR CHILD DEALING WITH ANY SIGNIFICANT LOSSES IN YOUR FAMILY? (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, WHAT TYPE AND FREQUENCY OF APPLICATION: _____

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 _____ DATE _____

CAMPER'S SIGNATURE _____

2012 FIREFIGHTERS KIDS CAMP

CAMPER - MEDICAL EXAMINATION REPORT



LAST FIRST MI BIRTH DATE

INSURANCE PROVIDER POLICY # PHYSICIAN NAME PHONE #

HEALTH HISTORY TO BE COMPLETED BY PHYSICIAN, PHYSICIAN ASSISTANT OR ADVANCED PRACTICE NURSE

The purpose of the examination is to determine the camper's ability to participate in basic activities, has a communicable disease that could be conveyed to others or has a medical, physical or emotional condition that would require special attention by the camp staff.

	YES	NO		YES	NO
Cardiovascular disease.....	<input type="checkbox"/>	<input type="checkbox"/>	Food Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>
Lung disease.....	<input type="checkbox"/>	<input type="checkbox"/>	Allergies to medicines.....	<input type="checkbox"/>	<input type="checkbox"/>
Muscular disease.....	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric disorder.....	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy.....	<input type="checkbox"/>	<input type="checkbox"/>	Communicable disease.....	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or frequent headaches.....	<input type="checkbox"/>	<input type="checkbox"/>
Seizures, convulsions or fainting.....	<input type="checkbox"/>	<input type="checkbox"/>	Other conditions being treated (<i>explain below</i>).....	<input type="checkbox"/>	<input type="checkbox"/>

EXPLANATIONS:
Attach additional sheet if needed

HEIGHT: _____ **WEIGHT:** _____ **BLOOD PRESSURE:** _____ **PULSE:** _____

	YES	NO		YES	NO
Immunizations are current.....	<input type="checkbox"/>	<input type="checkbox"/>	Currently taking medications.....	<input type="checkbox"/>	<input type="checkbox"/>

MEDICATIONS:
Include dosage, frequency and time of day

Often transportation to camp is arranged via small, private aircraft. YES NO
In your opinion, this child is medically stable and able to fly in a small, non-pressurized aircraft?

SIGNATURE OF AUTHORIZED MEDICAL EXAMINER DATE OF EXAM

▪ **ATTACH A COPY OF CURRENT IMMUNIZATION RECORDS**



**CAMP CONCORD
WAIVER AND RELEASE FROM LIABILITY / ASSUMPTION OF RISK**

The below identified Minor Participant(s) (the "Minor(s)") will be attending an organized Camp Program to be conducted at Camp Concord, in South Lake Tahoe, California.

I understand that the activities at Camp Concord in which the Minor(s) participate may entail vigorous physical movement, physical contact and exertion, and exposure to extreme weather elements. Although it is the goal of Camp Concord and its employees and agents to adhere to relevant American Camp Association Standards, property damage, physical injuries and accidents may occur during Camp Activities. Such potential injuries include but are not limited to strains, sprains, cuts, abrasions, broken limbs, hypothermia, sunstroke, drowning, and even death. To the extent that motorized transportation is required, additional risks associated with vehicular collisions may also be encountered. I further understand that in addition to the above-mentioned risks, there may be other unforeseeable risks and dangers involved in said Activity.

In consideration of the opportunity to participate in Camp Activities, I knowingly and voluntarily assume, on behalf of myself, the Minor(s), the Minor(s)' other parent (or Guardian) (s), and our respective heirs and dependents all risks arising there from or related to Camp Activities, and release the City of Concord, its officers, agents, employees and volunteers from any and all claims, liens, damages, lawsuits, or liability for property damage, injury or death, resulting from, arising out of, or in any way connected with the Minor(s) participation in Camp Activities.

I agree and acknowledge that this Waiver and Release From Liability/Assumption of Risk shall apply even in the event that such personal injury, death, or property damage is caused or contributed to in whole or in part through the passive or active negligence of the City of Concord, its officers, agents, employees, or volunteers of the City (with the exception of sole, active negligence, or willful misconduct).

I HAVE READ THIS WAIVER AND RELEASE FROM LIABILITY/ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT AND RECOGNIZE THAT IT IS A LEGALLY BINDING DOCUMENT. I SIGN THIS WAIVER AND RELEASE FREELY, VOLUNTARILY AND WITHOUT INDUCEMENT.

I, the undersigned, certify that I am the legal parent or guardian of the below-identified Minor(s) and that my signature is a legal and binding signature and will be considered original if received by fax or email.

Use of participant photographs: In addition to the forgoing, I give consent to Concord Parks & Recreation Department or any other media agency to photograph me (or the Minor(s) on whose behalf I am signing this waiver), and to use such photographs in brochures, newspapers or other forms of media describing City of Concord activities.

Name of Minor Participant (s):

Name of Parent/ Guardian _____

Parent/Guardian Signature _____

Date _____