

PLEASE SHARE YOUR THOUGHTS ON THE FOLLOWING QUESTIONS:

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

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

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU FEEL WILL HELP THE COUNSELOR WORK MORE EFFECTIVELY WITH YOUR CHILD OR LIST ANY QUESTIONS OR CONCERNS YOU HAVE ABOUT OUR PROGRAM. (use additional paper if necessary)

MEDICAL INSURANCE & DOCTOR

HEALTH INSURANCE PROVIDER / INSURANCE CARRIER POLICY NUMBER

PRIMARY PHYSICIAN ADDRESS PHONE NUMBER

DENTIST / ORTHODONTIST ADDRESS PHONE NUMBER

MENTAL HEALTH PROVIDER ADDRESS PHONE NUMBER

MEDICATION

WILL THE CHILD BE TAKING ANY MEDICATIONS WHILE AT CAMP?..... YES NO
PLEASE LIST ALL MEDICATIONS YOUR CHILD WILL BE BRINGING TO CAMP. **NOTE: ALL MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINER AND BE CLEARLY LABELED.**

NAME OF MEDICATION (1) DOSAGE AMOUNT / TIME REASON FOR MEDICATION

NAME OF MEDICATION (2) DOSAGE AMOUNT / TIME REASON FOR MEDICATION

NAME OF MEDICATION (3) DOSAGE AMOUNT / TIME REASON FOR MEDICATION

MEDICAL HISTORY

LIST ALL KNOWN MEDICAL ALLERGIES, DIETARY RESTRICTIONS AND FOOD ALLERGIES:

■ **IS YOUR CHILD A VEGETARIAN?**..... YES NO

IF YES, INDICATE THE DEGREE IN WHICH YOUR CHILD IS A VEGETARIAN (ANY MEAT, VEGAN, ETC.):

CHILD'S CURRENT MEDICAL CONDITIONS – 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"/> _____ |

LIST ADDITIONAL MEDICAL CONDITIONS HERE:

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 | |

LIST ADDITIONAL MEDICAL CONDITIONS HERE:

■ **HAS YOUR CHILD BEEN EXPOSED TO ANY INFECTIOUS DISEASE WITHIN THE PAST FOUR WEEKS?** YES NO

IF YES, WHAT?

■ **DOES YOUR CHILD HAVE ISSUES WITH BED WETTING, INCONTINENCE (pull-ups/diapers) OR NEED ASSISTANCE IN USING RESTROOM OR SHOWERING?** YES NO

IF YES, EXPLAIN IN DETAIL THE DEGREE OF ASSISTANCE NEEDED IN THESE AREAS:

■ **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

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, OR DOES YOUR CHILD HAVE PROBLEMS ASSOCIATED WITH ACADEMIC PERFORMANCE AND/OR RECEIVE SPECIAL RESOURCES?**..... YES NO

IF YES, PROVIDE DETAILED DESCRIPTION: _____

- **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: _____

■ **DOES YOUR CHILD WEAR A SPLINT?**..... YES NO

IF YES, STATE WHERE, WHAT TYPE AND WEARING SCHEDULE:

■ **DOES YOUR CHILD WEAR AN ORTHOPEDIC DEVICE / PROSTHETIC?**..... YES NO

IF YES, STATE WHERE, WHAT TYPE AND WEARING SCHEDULE:

■ **DOES YOUR CHILD CURRENTLY USE A WHEELCHAIR?**..... YES NO

IF YES, LIST ANY SPECIAL INSTRUCTIONS:

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

IF YES, PLEASE EXPLAIN: _____

■ **IS YOUR CHILD CURRENTLY 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: _____

■ **GIVE ANY SPECIAL CONCERNS YOU WOULD LIKE THE CAMP MEDICAL STAFF TO ADDRESS BELOW.**

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, Benadryl, Milk of Magnesia, Pepto Bismol, Aspirin, Ibuprofen, Tylenol, Neosporin, sun screen, 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 CONTACTS

EMERGENCY CONTACT 1 RELATIONSHIP

HOME PHONE WORK PHONE CELL PHONE

EMERGENCY CONTACT 2 RELATIONSHIP

HOME PHONE WORK PHONE CELL PHONE

TRANSPORTATION TO / FROM CAMP & RELEASE

PLEASE INDICATE HOW YOUR CHILD WILL BE ARRIVING AND DEPARTING FROM CAMP:

MY CHILD WILL ARRIVE AT CAMP BY:

- SHRINERS HOSPITAL (Sacramento)
 ANGEL FLIGHT
 OTHER: _____
 WE WILL PROVIDE OUR OWN TRANSPORTATION (PLEASE ARRIVE NO EARLIER THAN 4:30 PM)

MY CHILD WILL DEPART FROM CAMP BY:

- SHRINERS HOSPITAL (to Sacramento)
 ANGEL FLIGHT
 OTHER: _____
 WE WILL PROVIDE OUR OWN TRANSPORTATION (PLEASE ARRIVE NO LATER THAN 11 AM)

NOTE: Camp provided transportation is provided from/to Shriners Hospital in Sacramento. Additional transportation from other regional areas may also be arranged. We will work to assist with transportation for those residing outside of the Sacramento area, however we cannot guarantee transportation accommodations.

PLEASE LIST THE NAME OF ANY PERSON(S) WHO WILL BE AUTHORIZED TO PICK-UP YOUR CHILD UPON RETURNING TO CAMP OR IN THE EVENT OF AN EMERGENCY. YOUR CHILD WILL ONLY BE RELEASED TO ONE OF THE INDIVIDUALS LISTED BELOW. IDENTIFICATION WILL BE REQUIRED.

NAME RELATIONSHIP PHONE

NAME RELATIONSHIP PHONE

NAME RELATIONSHIP PHONE

LIABILITY RELEASE

I, the undersigned, certify that I am the legal parent or guardian of the above participant, that he/she is in good physical condition and I give my permission for him/her to participate in any and all activities, including water activities and archery at Firefighters Kids Camp. I further understand that Firefighters Kids Camp is a physically active program. Injuries and exposure to cold temperature are potential dangers. Proper clothing and equipment are required. I further acknowledge that potential injuries include strains, sprains, cuts, abrasions, broken limbs and even accidental death. **I hereby Release, Waive, Discharge and Covenant Not to Sue or hold the Firefighters Burn Institute and its employees, volunteers and agents responsible or liable, and I will assume full responsibility, on or off premises for any injuries or damages incurred or caused by him/her in connection with his/her stay during Firefighters Kids Camp.**

PARENT'S SIGNATURE _____ DATE _____

CAMPER BEHAVIORAL AGREEMENT

FIREFIGHTERS KIDS CAMP STRIVES 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 or activities. 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 with 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 BUT ARE NOT LIMITED TO:

- 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, weapons or fireworks 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 use profanity or fight at camp.

The Firefighters Kids Camp reserves the right to remove from camp any camper whose behavior, 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 _____

<input type="checkbox"/> YES	<input type="checkbox"/> NO	MAY WE SHARE YOUR PHONE NUMBER, MAILING ADDRESS AND EMAIL WITH OTHER BURN FOUNDATIONS THAT PROVIDE BURN CAMPS, BURN RECOVERY PROGRAMS AND SCHOLARSHIPS FOR HIGHER EDUCATION THAT MAY BENEFIT YOUR CHILD?
------------------------------	-----------------------------	---

IMMUNIZATION POLICY

For the health and safety of our campers, the Firefighters Burn Institute, in accordance with American Camp Association (ACA) standards, asks that all parents carefully read and complete the appropriate section of our immunization policy below and return it to our office no later than the first day of camp, July 12, 2020.

STATEMENT OF CURRENT IMMUNIZATIONS:

I _____, the parent/guardian of _____
Parent/guardian Name (Print) Camper Name (Print)

attest that my child is up to date on all immunizations required for school. I further attest that my child's last tetanus shot was on _____.
Date (MM/YY)

PARENT/GUARDIAN SIGNATURE

DATE

EXEMPTION FROM IMMUNIZATION – For minors who **do not have immunizations** for religious or other reasons. If you have filled out the top portion, skip this section.

AFFIDAVIT TO BE SIGNED BY PARENT/GUARDIAN

I request exemption of my child _____ from the immunization
Camper Name (Print)

requirements for camp attendance because all or some immunizations are contrary to my beliefs. I understand that in the case of an outbreak of anyone of these diseases, the camper named above may be temporarily excluded from camp for his/her protection.

PARENT/GUARDIAN SIGNATURE

DATE



FIREFIGHTERS BURN INSTITUTE

3101 Stockton Blvd., Sacramento, CA 95820 | (916) 739-8525 | www.ffburn.org

PHOTO RELEASE

THE FIREFIGHTERS BURN INSTITUTE (FFBI) IS A CHARITABLE ORGANIZATION WHICH DEPENDS UPON FINANCIAL SUPPORT FROM THE PUBLIC TO OPERATE AND TO OFFER RECOVERY PROGRAMS FOR BURN SURVIVORS. FFBI ENGAGES IN MARKETING, PUBLIC RELATIONS AND FUNDRAISING PROGRAMS DESIGNED TO PUBLICIZE THE AVAILABILITY OF ITS SERVICES AND THE NEED FOR CONTINUED FINANCIAL DONATIONS AND SUPPORT. FFBI ASKS FOR YOUR CONSENT TO USE PHOTOGRAPHS, SLIDES, FILM, VIDEOTAPE, AUDIOTAPE, MOTION PICTURES OR OTHER RECORDINGS CONTAINING IMAGES AND/OR VOICE OF YOU (IF OVER THE AGE OF 18) OR YOUR CHILD (IF YOU ARE THE CHILD'S PARENT OR LEGAL GUARDIAN) AS PART OF FFBI'S MARKETING, PUBLIC RELATIONS AND FUNDRAISING PROGRAMS. **YOUR CONSENT, OR REFUSAL TO GRANT SUCH PERMISSION WILL HAVE NO BEARING WHATSOEVER ON YOU OR YOUR CHILD'S PARTICIPATION IN PROGRAMS OFFERED BY FFBI. PLEASE CHECK YES OR NO AND SIGN BELOW. THANK YOU!**

YES, I GIVE MY CONSENT FOR THE USE OF PHOTOGRAPHS, SLIDES, FILM, VIDEOTAPE, AUDIOTAPE, MOTION PICTURES OR OTHER RECORDINGS CONTAINING IMAGES OF ME (IF I AM 18 YEARS OR OLDER), OR OF MY CHILD (IF I AM THE CHILD'S PARENT OR LEGAL GUARDIAN) IN MARKETING, PUBLIC RELATIONS AND FUNDRAISING PROGRAMS FOR FFBI.

I WISH TO HELP FFBI IN ITS MARKETING, PUBLIC RELATIONS AND FUNDRAISING PROGRAMS, AND I CONSENT TO THE PRODUCTION AND USE OF PHOTOGRAPHS, SLIDES, FILM, VIDEOTAPE, AUDIOTAPE, MOTION PICTURES OR OTHER RECORDINGS OF ME OR MY CHILD FOR ANY MARKETING, PUBLIC RELATIONS OR FUNDRAISING PURPOSES.

I CAN REVOKE CONSENT AT ANY TIME IN WRITING. HOWEVER, REVOKING CONSENT WILL NOT AFFECT THE USE OR CONTINUED USE OF ANY MATERIALS THAT WERE CREATED BASED ON MY PRIOR AUTHORIZATION.

I ALSO UNDERSTAND THAT AFTER FFBI HAS PUBLISHED THESE PHOTOGRAPHS, SLIDES, FILM, VIDEOTAPE, AUDIOTAPE, MOTION PICTURES OR OTHER RECORDINGS, OTHER PERSONS OR ENTITIES MAY REDISTRIBUTE THEM (SUCH AS A TV STATION USING A PHOTOGRAPH POSTED ON FFBI'S WEBSITE) AND THAT FFBI HAS NO WAY TO PREVENT THIS FROM HAPPENING.

I RELEASE ANY AND ALL RIGHTS OR CLAIMS FOR PAYMENT OR ROYALTIES IN CONNECTION WITH ANY EXHIBITION, PRINT AND BROADCAST ADVERTISING, TELEVISION, BROADCAST ON FFBI'S WEBSITE OR INTERNET SOURCE, DIGITAL DISTRIBUTION, OR OTHER SHOWING OF THESE PHOTOGRAPHS, SLIDES, FILM, VIDEOTAPE, AUDIOTAPE, MOTION PICTURES OR OTHER RECORDINGS USED IN FURTHERING FFBI'S MISSION.

I AGREE TO HOLD HARMLESS FFBI AND ITS AFFILIATED ASSOCIATIONS AND ALL ITS PERSONNEL AND VOLUNTEERS, THEIR OFFICERS, MEMBERS AND EMPLOYEES FROM ANY AND ALL LIABILITY RELATED TO THE MAKING OR USE OF THESE PHOTOGRAPHS, SLIDES, FILM, VIDEOTAPE, AUDIOTAPE, MOTION PICTURES OR OTHER RECORDINGS.

I UNDERSTAND THAT I MAY ASK ANY QUESTIONS ABOUT THIS CONSENT PRIOR TO SIGNING THIS RELEASE.

NO, I DO NOT GIVE MY CONSENT FOR THE USE OF PHOTOGRAPHS, SLIDES, FILM, VIDEOTAPE, AUDIOTAPE, MOTION PICTURES OR OTHER RECORDINGS CONTAINING IMAGES OF ME (IF I AM 18 YEARS OR OLDER), OR OF MY CHILD (IF I AM THE CHILD'S PARENT OR LEGAL GUARDIAN) IN MARKETING, PUBLIC RELATIONS AND FUNDRAISING PROGRAMS FOR FFBI.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THE TERMS OF THIS RELEASE AND HAVE CHECKED EITHER "YES" ABOVE TO GIVE MY CONSENT OR "NO" ABOVE TO REFUSE CONSENT. I HAVE NO QUESTIONS OR THEY HAVE BEEN ANSWERED TO MY SATISFACTION.

SIGNATURE (LEGAL ADULT OR PARENT/LEGAL GUARDIAN'S)

DATE

PRINT NAME (LEGAL ADULT OR PARENT/LEGAL GUARDIAN'S)

PRINT NAME (CHILD'S IF APPLICABLE)



Firefighters Burn Institute is a charitable, non-profit, 501(c)3 organization
founded by Sacramento Area Fire Fighters, Local 522 • Tax ID# 23-7364927