



LITTLE HEROES PRESCHOOL BURN CAMP FAMILY APPLICATION

Apply Online: app.campdoc.com/register/ffbi

PLEASE RETURN THIS SIGNED FORM BY September 5, 2020

MAIL TO: Firefighters Burn Institute, 3101 Stockton Blvd., Sacramento, CA 95820

PHONE: (916) 739-8525 | FAX: (916) 455-4376 | WEBSITE: www.ffburn.org

Little Heroes Preschool Burn Camp is a model burn recovery program designed for preschool burn survivors ages 3-6 years old, their siblings and caregiver(s). This unique three-day program empowers children and 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	<input type="checkbox"/> YES <input type="checkbox"/> NO BURN SURVIVOR
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BIRTH DATE	TSHIRT SIZE
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PARENT/LEGAL GUARDIAN'S LAST NAME	FIRST NAME	<input type="checkbox"/> YES <input type="checkbox"/> NO BURN SURVIVOR
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BIRTH DATE	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?	DO ALL ADULTS IN YOUR FAMILY SPEAK AND UNDERSTAND ENGLISH? YES / NO
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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 HAVE ANY PHYSICAL LIMITATIONS? YES NO

IF SO, PLEASE EXPLAIN (*include if they use a wheelchair, etc.*):

2. DOES YOUR CHILD WEAR A DAIPER? 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 EXPLAIN:

2. DOES ANYONE IN YOUR FAMILY HAVE FOOD ALLERGIES? SI NO

IF SO, PLEASE EXPLAIN REACTION IF EATEN:

3. DOES ANYONE IN YOUR FAMILY HAVE ANY MEDICAL RELATED RESTRICTIONS THAT MIGHT PROHIBIT HIM/HER FROM PARTICIPATING IN ACTIVITIES, INCLUDING SPECIAL EDUCATION OR A LEARNING DISABILITY? YES NO

IF SO, PLEASE LIST:

4. 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:

5. WHAT ARE YOUR CHILDREN'S FAVORITE ACTIVITIES? _____

6. DOES YOUR CHILD/CHILDREN HAVE SEPARATION ANXIETY? YES NO
IF YES, PLEASE LIST CHILD/CHILDREN AND EXTENT OF ANXIETY: _____

7. IN WHAT WAYS DO YOU THINK WE CAN HELP YOUR FAMILY DEVELOPE & GROW? _____

8. IS ANYONE IN YOUR FAMILY BRINGING ANY MEDICATIONS TO CAMP? YES NO
(List all medications, including any over the counter meds, and whom they are for. This includes an EpiPen.)

PHOTO / VIDEO RELEASE

During the course of this program your family may be participating in an activity that is being photographed (*print or video*). These photographs may be used for promotional/educational purposes including posting on social media websites by the Firefighter Burn Institute or our affiliates and sponsors. 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 FOR PROMOTIONAL/EDUCATIONAL PURPOSES.
- NO, I WOULD PREFER THAT MY FAMILY NOT BE PHOTOGRAPHED FOR PROMOTIONAL/EDUCATIONAL PURPOSES.

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.

- ANGEL FLIGHT WILL PROVIDE OUR OWN TRANSPORTATION
- COMMERCIAL FLIGHT TO SACRAMENTO – FFBI OTHER: _____
PROVIDING PICK UP AND DROP OFF FROM AIRPORT
TO CAMP LOCATION AND BACK ON 11/1 AND 11/3

IF EXPLANATION NEEDED, PROVIDE HERE: _____

EMERGENCY INFORMATION

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

PARTICIPATION AGREEMENT

All participants will be required to adhere to the following rules. Failure to follow these rules may lead to removal from camp.

- Attendees will be required to follow all camp/campsite related rules at all times.
- Attendees will be respectful of all other attendees, staff and camp employees. This includes harassment in any manner... profanity, racial, sexual, physically threatening, etc.
- Parents/guardians will take responsibility for the actions of their children.
- Possession of illegal drugs, alcohol or firearms will not be tolerated.
- Attendees will be expected to protect the environment by disposing trash properly and returning items to where they belong ("leave no trace").
- Attendees will release and hold harmless the Firefighters Burn Institute, all affiliated organizations, volunteers, representative and sponsors from any civil, property or related damages and expenses (including attorney fees) that may occur due to my participation in Little Heroes Preschool Burn Camp and its activities.

I HAVE READ AND AGREE TO THESE TERMS AND CONDITIONS:

PARENT/LEGAL GUARDIAN'S SIGNATURE

DATE

GROUP STUDY RELEASE

We will be conducting a survey to determine how the camp experience has enriched your family's life. This survey will be conducted by phone shortly after camp. Your family members can remain completely anonymous. The results of this study will help us plan and improve future programs.

- YES, WE ARE WILLING TO PARTICIPATE.**
- NO, WE WOULD PREFER NOT TO BE CONTACTED.**

PARENT/LEGAL GUARDIAN'S SIGNATURE

DATE

PARENT/CAMPER QUESTIONS & CONCERNS

Please use this area for any questions or concerns. Include any information you would like camp staff to be aware of.
