



LITTLE HEROES PRESCHOOL BURN CAMP FAMILY APPLICATION

Apply Online: <https://app.campdoc.com/!/home/auth/login>

PLEASE RETURN THIS FORM ONLINE VIA CAMPDOC BY **October 9, 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. Due to Covid-19, we will modify to a one-day online program for 2020.

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

1. DOES YOUR CHILD HAVE ANY PHYSICAL LIMITATIONS? YES NO

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

2. 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 FAMILY HAVE ACCESS TO A SMARTPHONE, COMPUTER, OR TABLET TO USE FOR VIRTUAL CAMP?
 YES NO

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

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

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 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:

