



FAMILY MAILING ADDRESS CITY STATE ZIP

HOME PHONE CELL PHONE EMAIL ADDRESS

YES [ ] NO [ ]

PRIMARY LANGUAGE SPOKEN IN HOME? DO ALL MEMBERS OF YOUR FAMILY SPEAK AND UNDERSTAND ENGLISH?

HOW WERE YOU REFERRED TO THE PROGRAM?

BURN SURVIVOR MEDICAL INFORMATION

DATE OF CHILD'S BURN INJURY HOW CHILD WAS BURNED

AREA/S OF BODY BURNED - HAND/TORSO/LEG ETC % 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 DIAPER? NAME? [ ] 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 CHILD/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 anticipated travel mode. 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-CALIFORNIA/WESTERN  
NV/SOUTHERN OR

COMMERCIAL FLIGHT TO SACRAMENTO – FFBI  
PROVIDING PICK UP AND DROP OFF FROM AIRPORT TO  
CAMP LOCATION AND BACK ON 11/1 AND 11/3

WILL PROVIDE OUR OWN TRANSPORTATION

OTHER: \_\_\_\_\_

IF EXPLANATION NEEDED, PROVIDE HERE: \_\_\_\_\_



---

---

---

---

**COVID-19 STATEMENT**

I understand that the Firefighters Burn Institute will follow all federal, state, and local guidelines to the best of its ability surrounding COVID-19 for the duration of camp. Measures to be followed include, but are not limited to, wearing face coverings, requiring proof of vaccination, and/or proof of a recent negative PCR or rapid COVID test or tests. A positive test may result in exclusion from the remainder of camp. FFBI will not provide transportation for a staff member or camper family that tests positive for COVID-19.

---

**PARENT/LEGAL GUARDIAN'S INITIAL ACKNOWLEDGEMENT** **DATE**