



# Camp JRA Application

a place, an attitude, and an adventure for children  
with arthritis and other rheumatic diseases

Millville, PA

Sunday, July 19 – Friday, July 24

**The deadline date for application has been extended to July 1  
or until all camper spots have been filled.**

Arthritis Foundation Eastern Pennsylvania Chapter  
111 South Independence Mall East, Suite 500  
Philadelphia, PA 19106  
(267) 238-9729

Camp JRA is made possible by the generosity of the following donors: The 2015 Laurence Polatsch Memorial Scholarship Fund for JA Camps and the Independent Order of Odd Fellows



Dear Families:

Thank you for your interest in Camp JRA (Juveniles Reaching Achievement)! For many young people with juvenile arthritis (JA) and other rheumatic diseases, attending summer camp with kids who share their challenges and experiences can be life changing.

Camp JRA offers kids with JA the chance to have fun, make friends and learn to take control of their disease. Our camp provides quality care, allowing kids to participate in activities that are adapted to their abilities while fostering self-acceptance, self-esteem and independence. Camp takes place from Sunday, July 19 – Friday, July 24, 2015.

Please read through this packet, which contains answers to questions you may have about Camp JRA as well as the following forms:

- Application
- Medical forms
- Scholarship application
- Application fee payment form

**To apply for Camp JRA, please complete all forms and mail them to us with your \$50 application fee by March 27, 2015.** You will be notified of whether we can offer your child a spot at Camp JRA by April 17. Full payment will be due on May 15, 2015.

Only completed applications will be considered (incomplete forms will be returned). Also, please note that campers must be seen by their rheumatologist within a six-month period prior to attending Camp JRA.

We hope we have the opportunity to host your child at Camp JRA this summer! Please feel free to contact me if you have any questions.

Regards,

Felice Kelem, Regional Director  
Arthritis Foundation, Eastern Pennsylvania Chapter  
FKelem@arthritis.org

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## General Information on Camp JRA

Camp JRA (Juveniles Reaching Achievement) is a place, an attitude, and an adventure for children with arthritis and other rheumatic diseases. Camp JRA is a six-day residential camping experience for children ages 8 to 18 that provides a safe, supportive community and opportunities for independence, personal growth, and just being kids!

Camp activities challenge kids to expand their social skills, stretch their abilities and make friends while having fun. Daily health education games help campers learn more about the disease and its treatment, and improve their self-care. Previous camp activities have included:

Arts and Crafts	Talent Show	Color Wars
Ropes Course	Drama	Soccer
Climbing Wall	Yoga	Education Games
Campfire	Kangaroo Court	Field Sports
Fishing	Boating	Dance
Archery	Pool	Karaoke
Karate	Carnival Night	Zumba
Basketball	Water Play	Wiffle Ball

Our goal is to provide a meaningful camping experience in a safe, healthy environment for all of our campers. To aid us in accomplishing this goal, we require completed medical background information on all applicants. You will find these forms in this packet. This information is necessary to establish the appropriateness of the camp for the applicant, determine staffing levels and evaluate accommodation requirements.

### Camp Staff

Camp JRA is staffed by a full-time camp director, a full-time pediatric rheumatologist, pediatric rheumatology nurses, cabin counselors, and activity directors.

All staff members are carefully screened. Background checks are performed on each staff member, counselors and counselors-in-training (CITs) and references are required. Many staff members are veterans of past summer camps for children with chronic health conditions. All staff members are thoroughly trained to provide personalized care and support for all campers.

Qualified medical personnel from area pediatric rheumatology centers staff Camp JRA's state-of-the-art medical facility 24 hours a day. Doctors, nurses and social workers volunteer at Camp JRA from partner groups that include the **Children's Hospital of Philadelphia, Penn State Hershey Children's Hospital, Children's Hospital of Pittsburgh, St. Christopher's Hospital for Children, and others.**

### Location

Camp JRA is held at Camp Victory in Millville, PA, approximately 10 miles from Bloomsburg, PA, and 2½ hours northwest of Philadelphia. Camp Victory is a residential campsite designed specifically for children with chronic illnesses and physical disabilities. All camp buildings and activity sites are wheelchair accessible and adapted for special needs.





Facilities include an arts and crafts pavilion, pool, fishing and boating pond, wheelchair-accessible tree house, two dining halls, bathhouse, soccer and sports fields, climbing wall, low ropes course, air-conditioned cabins and a full service medical facility (the “Med Shed”). There are approximately 8 to 12 campers per cabin, all within the same age group, as well as 3 to 4 cabin counselors and a counselor-in-training.

### **Cost of Camp**

The fee for camp is **\$350**, which includes a **\$50 non-refundable application fee** due with the camp application. The remaining **\$300 payment is due by May 15, 2015**.

### **Camp Scholarships**

Full and partial financial assistance is available for Camp JRA. The Arthritis Foundation works year-round to raise funds to support Camp JRA scholarships. We ask that families contribute as much as they can toward the camp fees. (Note, the actual cost for Camp JRA is approximately \$750 per camper. However, we only request that each family contribute a total of \$350, which includes the \$50 application fee and \$300 final payment.) A financial assistance application is included in this packet (see pages 26-27).

### **Counselors-in-Training**

Campers age 16 and older or entering the 11<sup>th</sup> grade who have a diagnosis of arthritis are eligible to apply for Camp JRA's Counselor-In-Training (CIT) program. CITs help younger campers with activities and are expected to act as good role models. CIT applications must be requested and are **due by March 1, 2015**. To request a CIT application, contact Sheila Brown at (267) 238-9729 or [SBrown@arthritis.org](mailto:SBrown@arthritis.org).

### **Other Questions You May Have About Camp JRA**

**Medical Information:** All medical forms (pages 11-20) must be completed for your application to be considered. This includes forms for parents to complete and forms for your child's rheumatologist (pages 19-20).

**Insurance:** All campers are required to show proof of medical coverage. Coverage must be in effect for the entire duration of the camp session. Please include your policy and group number in the application (page 12).

**Food Allergies:** The camp kitchen is familiar with customizing menus and working with campers with special dietary needs. In some cases, parents may need to provide their own food products for campers who have special dietary issues. Complete pages 15-17 if your child has food allergies.

**Visitors:** Parents, family members and friends are welcome to visit on opening and closing days. Visitors at other times are not permitted since this can be disruptive to the campers' routine.

**Transportation:** Campers' families are responsible for their own transportation to and from Camp Victory. However, the Arthritis Foundation offers free bus transportation to campers, to and from **Philadelphia** and **Pittsburgh, PA**. For information about bus transportation, contact Sheila Brown at (267) 238-9729.



## Criteria for Admission to Camp JRA

Children between the ages of 8 and 18 who have arthritis or other rheumatic diseases (see list below) who meet the criteria for camp admission are eligible to apply. Rheumatic diseases can include:

Juvenile Idiopathic (Rheumatoid) Arthritis	Raynaud's Phenomenon
Systemic Lupus Erythematosus (SLE)	Sjogren's Syndrome
Ankylosing Spondylitis	Panniculitis
Dermatomyositis	Erythema Nodosum
Mixed Connective Tissue Disease (MCTD)	Enthesitis
Psoriatic Arthritis	Henoch-Schonlein purpura (HSP)
Scleroderma	Polyarteritis nodosa
Spondyloarthropathy	Kawasaki disease
Enteropathic Arthritis	Ehlers-Danlos Syndrome
Myositis	Sarcoidosis
Vasculitis	Behcet's Disease
Reiter's Syndrome	

1. Applicants must provide all required medical information to determine the suitability of a camper's admission to camp. The camp medical staff will review all medical information to determine eligibility.
2. Applicants must have been seen by a rheumatologist regarding their rheumatic disease within the past six months (prior to camp).
3. 80% of camper spots are reserved for Pennsylvania residents. Remaining spots are held for campers who live out of state.
4. Applicants must be between the ages of 8 and 18.
5. Applicants' admission to camp will be reviewed on a first-come, first-served basis. Therefore, we encourage you to send in your completed application as early as possible.
6. Applicants will not be turned down due to an inability to pay all or part of the camp fee. Full and partial scholarships are available for camper families in need of financial assistance. (See scholarship application on pages 26-27).
7. Eligibility is based, in part, upon the potential benefits of the camper's experience. Therefore, families are asked to describe their child's needs and why they would like their child to attend Camp JRA.
8. Applicants will be accepted without regard to race, religion, gender, or ethnic background.



## **Camp JRA Application Process and Important Deadlines**

### **March 27, 2015**

- **Camp JRA application, including medical forms and application fee, is due.**
- Include the \$50 application fee by check, made out to the Arthritis Foundation, or credit card. See Application Fee Payment Form (page 28). We reserve the right to return an incomplete application.
- Note, campers will be placed on a waiting list once the 125 slots are full (this may occur prior to March 27) so we suggest you apply as early as possible.
- Remember that campers must be seen by their rheumatologist within a six-month period prior to attendance at Camp JRA.

### **April 17, 2015**

- Families will receive notification about whether their child will be offered a spot at Camp JRA.

### **May 15, 2015**

- Final camp payment is due.

### **June 17, 2015**

- Families will receive final information about attending Camp JRA.

### **July 19 - 24, 2015**

- Camp JRA is in session!

**For more information, contact Sheila Brown at (267) 238-9729 or [SBrown@arthritis.org](mailto:SBrown@arthritis.org).**



# Arthritis Foundation Camp JRA 2015 Application Form

## CAMPER BACKGROUND INFORMATION

To be completed by parent or guardian. Please **PRINT** all information and return by **March 27, 2015**.  
(We recommend you send your application as early as possible.)

Camper First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Sex (circle): M F

Nickname (if preferred) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Cell Phone # \_\_\_\_\_

Camper's Date of Birth (mm/dd/yy) \_\_\_\_\_ Grade Completed by June 2015 \_\_\_\_\_

Have you attended Camp JRA before? Yes No If Yes, which year/s? \_\_\_\_\_

Camper T-Shirt Size (circle one) Youth: Sm Med Lg Adult: Sm Med Lg XL XXL

Parent/Guardian 1 Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Day Phone# \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Cell Phone# \_\_\_\_\_ (Do you receive text messages?) (circle) Yes No

Preferred Phone: (circle one) Cell Phone Day Phone Evening Phone

E-mail address (please print legibly) \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Employer \_\_\_\_\_ Occupation: \_\_\_\_\_

Day Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ (Do you receive text messages?) (circle) Yes No

Preferred Phone: (circle one) Cell Phone Day Phone Night Phone

E-mail address (please print legibly) \_\_\_\_\_





**Emergency Contact 1 Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Evening: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Emergency Contact 2 Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Evening: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_



## CAMPER PERSONAL INFORMATION

\*\*\*This section must be completed for new and returning campers.\*\*\*

Has your child been away from home before? (circle one) Yes No

How does your child feel about going to camp? \_\_\_\_\_

\_\_\_\_\_

What are your child's interests and hobbies? \_\_\_\_\_

\_\_\_\_\_

Swimming ability (circle): Poor Fair Good Excellent

Comments: \_\_\_\_\_

Your child's sleeping habits are (check all that apply):  light  heavy  snores

bed wetter  falls out of bed  needs night-light  sleepwalks  other

Does your child have the ability to sleep on a top bunk in a bunk bed? (circle one) Yes No

Please tell us why you would like your child to attend Camp JRA. (minimum of 5 sentences; you may attach an additional page)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe an average day (awakening until bed) when he/she may be having difficulties from his/her condition (i.e. significant morning stiffness, painful joints, fatigue, a "bad day"). Please include special treatments or procedures that are done to help or lessen the symptoms (i.e. heating pad, ice, rest, massage, medications, bath, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Please provide any other information about your child and his/her personality you feel we should know to help him/her adjust to camp and have a fun and safe experience (use additional paper if necessary):

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Please describe any physical therapy that your child currently engages in on a daily basis. List any types of exercises, or if he/she needs additional time to get ready in the morning, or at bed time. Also list any types of assistance he/she needs (i.e. putting on socks/shoes, brushing/styling hair, etc.)

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Please tell us how your child's illness affects his/her ability to function in daily life. This can include using assistive devices, longer time getting ready in the morning, needing more sleep, etc.

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If your child could learn one new thing at Camp JRA, what would you like it to be?

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Please tell us about some of your child's coping skills.

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What tools do you think your child needs to be able to monitor his/her disease independently?

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## MEDICAL INFORMATION

### Please read this note before completing attached medical forms.

- All medical forms must be filled out completely even if your child has previously attended Camp JRA. It is very important that we know the current status of your child's illness, what a typical day is like with your child, and how you handle symptom flares and giving medications.
- At camp check-in, nurses from the Camp Medical Staff will ensure that all medication information is correct and that no other changes need to be made to campers' forms.
- It is very important that the medications that your child brings to camp match what your child's doctor has prescribed. **If your child does not bring all prescribed medications to camp or if there is a discrepancy between the medications your child's doctor has prescribed and those brought to camp, your child may be sent home.**
- Several of the forms need to be signed and **witnessed**. They do **not** need to be notarized. A neighbor or friend may act as a witness.
- In the event of a medical emergency, you will be called and your child will be taken to Geisinger Medical Center in nearby Danville, PA, or Bloomsburg Hospital in Bloomsburg, PA. One of the attached forms gives the emergency room staff at Geisinger and Bloomsburg permission to treat your child.
- We recommend that you photocopy these medical forms after you fill them out in the event they are lost in the mail. Mail the originals to the Arthritis Foundation.



# MEDICAL INFORMATION FORM

\*\*\* For parents/guardians to complete \*\*\*

CAMPER'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

## Physician Contact Information

RHEUMATOLOGIST'S NAME \_\_\_\_\_

PHONE #(\_\_\_\_) \_\_\_\_\_

RHEUMATOLOGY OFFICE ADDRESS \_\_\_\_\_

RHEUMATOLOGY NURSE'S NAME \_\_\_\_\_

FAMILY PHYSICIAN'S NAME \_\_\_\_\_

PHONE #(\_\_\_\_) \_\_\_\_\_

## Health Insurance

Insurance Coverage for camper accidents or illnesses while participating in programs at Camp JRA is the responsibility of the camper's family.

HEALTH INSURANCE CARRIER \_\_\_\_\_

POLICY # \_\_\_\_\_ ID# \_\_\_\_\_

NAME OF INSURED \_\_\_\_\_

HEALTH INSURANCE CARRIER TELEPHONE # \_\_\_\_\_

## Immunizations

Are immunizations up to date? YES \_\_\_\_\_ NO \_\_\_\_\_

DATE OF LAST TETANUS BOOSTER: \_\_\_\_\_

Please contact your child's doctor's office for this important information.



## Health History

What is your child's rheumatic (arthritis) diagnosis or diagnoses?

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At what age or year was he/she diagnosed? \_\_\_\_\_ Date of last flare-up? \_\_\_\_\_

Date of last visit to rheumatologist? \_\_\_\_\_

What particular areas are involved in typical flare-ups? \_\_\_\_\_

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What complications, if any, has your child experienced? \_\_\_\_\_

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Does your child have activity restrictions? If so, please describe – this could include walking, sitting on the floor, etc. \_\_\_\_\_

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## Other Medical History

Please check if your child has experienced any of the following illnesses. If “yes,” then report the last date your child was treated for the illness and discuss in the space provided.

Seizure \_\_\_\_\_

TB \_\_\_\_\_

Diabetes \_\_\_\_\_

Gastritis \_\_\_\_\_

Migraines \_\_\_\_\_

Thyroid problems \_\_\_\_\_

Ulcers \_\_\_\_\_

Hepatitis \_\_\_\_\_

Hypertension \_\_\_\_\_

Chicken pox \_\_\_\_\_

Asthma \_\_\_\_\_

Other lung problems \_\_\_\_\_

Bleeding problems \_\_\_\_\_

Heart problems \_\_\_\_\_

Behavior problems \_\_\_\_\_

Psychiatric illness (must define below) \_\_\_\_\_

ADHD \_\_\_\_\_

Depression \_\_\_\_\_

None \_\_\_\_\_

Other \_\_\_\_\_

**Explanations:** \_\_\_\_\_

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### Camper’s Diet (see pages 15-17 to provide food allergy information)

Please describe any special diet or dietary restrictions: \_\_\_\_\_

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\_\_\_\_\_ **No Diet Restrictions**



## Allergies

Is your child allergic to anything (foods, insects, medication, etc.)? (circle one) YES NO

If you answered YES, please complete below. If you answered NO, skip to page 18.

### 1. Medication Allergy

a. What medication(s) is your child allergic to?

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b. What was the reaction(s) to the medication(s)?

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c. When was the last time such a reaction happened? Date/Year

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d. How did you handle the reaction?

i. Just stopped the medication and did not give again

ii. Antihistamine or steroids? List \_\_\_\_\_

iii. See the doctor? \_\_\_\_\_

iv. Go to the ER? (date/year) \_\_\_\_\_

### 2. Environmental Allergy

a. What is your child's environmental allergy? (Please circle all that apply)

Pets                      Mold                      Dust

Pollen                      Bee/Wasp/Hornet                      Other: \_\_\_\_\_

b. What was the reaction(s) to this substance(s)?

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c. When was the last time such a reaction happened? (Date/Year)

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d. How do you handle this allergy with the school?

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e. How did you handle this reaction?

i. Antihistamine or steroids? List

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ii. EpiPen? \_\_\_\_\_

iii. See the doctor? \_\_\_\_\_

iv. Go to the ER? (date/year) \_\_\_\_\_





**3. Food Allergy**

a. What is your child's food allergy?

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b. What was the reaction(s) to this food(s)?

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c. When was the last time such a reaction happened? (date/year)

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d. How did you handle this allergy with the school?

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e. How did you handle this reaction?

i. Antihistamine or steroids? List

---

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ii. EpiPen? \_\_\_\_\_

iii. See the doctor? \_\_\_\_\_

iv. Go to the ER? (date/year) \_\_\_\_\_

4. Do you have any other concerns or questions about your child's allergy while at Camp JRA?



Please use this form to list any other allergies, if needed.

Allergy	Medication, Environment or Food?	What was the reaction?	When was the last time the reaction happened?	If applicable, how do you handle this allergy at school?	How do you handle the reaction (medications used, restrictions, etc)?



## Permission to Administer Over-the-Counter Medications

We may need to give an over-the-counter medication that you have not sent with your child to camp. Please review the following list of medicines and mark “yes” if we have permission to give it to your child.

Over-the-Counter Medication	Yes	No
Acetaminophen (for pain, headaches, fever)		
Calamine Lotion (for itching, bug bites)		
Benadryl Cream or Spray (for itching, bug bites)		
Benadryl elixir or tablets (for allergic reactions)		
Sunscreen		
Eye Wash (for itching, irritation, redness)		
Tums or antacids		
Imodium AD (for diarrhea)		
Ibuprofen		

### PARENT OR GUARDIAN MEDICAL AUTHORIZATION

The information supplied on each of the forms provided to the Arthritis Foundation Eastern Pennsylvania Chapter, Camp JRA, and Camp Victory is correct to the best of my knowledge, and by my signature I give permission for the Camper identified below to participate and engage in all prescribed camping activities, except those noted by the examining physician and myself. If it is deemed to be medically necessary or advisable, I hereby give my permission to the Camp Medical Director(s) selected by the Camp Director to order x-rays, routine tests and treatment for the health of the Camper. In the event I cannot be reached in an emergency, I hereby grant permission to the Camp Medical Director(s) to hospitalize, secure proper medical and/or dental treatment for, and to approve injection and/or anesthesia and/or emergency surgery for the Camper named below.

Camper’s Full Name: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Printed Name of Parent or Guardian Printed: \_\_\_\_\_

Date: \_\_\_\_\_

**A witness signature is required.**

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For internal use only: Initials \_\_\_\_\_

Date Reviewed \_\_\_\_/\_\_\_\_/2015



## MEDICAL FORM TO BE COMPLETED BY RHEUMATOLOGIST or RHEUMATOLOGY NURSE

This form is required for application to Camp JRA. (page 1 of 2)

CAMPER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**Campers MUST have been seen by a rheumatologist in the last 6 months.**

DATE OF LAST EVALUATION: \_\_\_\_\_

### HEALTH HISTORY

**RHEUMATIC DISEASE DIAGNOSIS:** \_\_\_\_\_

**DATE OF DIAGNOSIS:** \_\_\_\_\_

Please list all pertinent medical/psychiatric history. Please include dates of onset and any medical complications (e.g. gastritis, hypertension).

1. \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_\_ Date: \_\_\_\_\_

3. \_\_\_\_\_ Date: \_\_\_\_\_

4. \_\_\_\_\_ Date: \_\_\_\_\_

5. \_\_\_\_\_ Date: \_\_\_\_\_

Please describe the current status of this child's rheumatic condition:

Remission \_\_\_\_\_ Well-controlled \_\_\_\_\_

Adequately controlled \_\_\_\_\_ Occasional Exacerbation \_\_\_\_\_

Frequent exacerbation \_\_\_\_\_ Poorly Controlled \_\_\_\_\_



Activities the child should avoid. Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe any therapy regimen (e.g. adaptive equipment, use of splints, significant functional limitations):

\_\_\_\_\_

### MEDICATIONS

Please list this child's prescribed medications. **Must be verified during the month prior to Camp.**

CAMPER'S MEDICATION LIST			
MEDICATION Name; Dose in mg or ml (cc)	HOW MANY ARE GIVEN AND HOW (by mouth, IM or SQ)	WHEN Day, Time	SPECIAL PROCEDURE

**PHYSICIAN\NURSE AUTHORIZATION**

This health history is correct to the best of my knowledge. I believe that this child is able to engage in all prescribed camp activities except as noted above.

Physician\Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_



## WAIVERS, RELEASES & AUTHORIZATIONS

### Authorization to Consent to Hospital Medical Treatment for Minor Child

I, (we) \_\_\_\_\_ and \_\_\_\_\_ of \_\_\_\_\_  
Name Name City

\_\_\_\_\_ County, \_\_\_\_\_, do hereby state that I am (we are)  
County State

the natural parent(s) or legal guardian(s) having legal custody of

\_\_\_\_\_, a minor, age \_\_\_\_, born \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Child's First & Last Name

who resides with me (us) at \_\_\_\_\_  
address

I (we) authorize the physicians of the Emergency Department at (check all that apply) \_\_\_\_\_ Bloomsburg Hospital in Bloomsburg, PA and/or \_\_\_\_\_ Geisinger Medical Center in Danville, PA, along with appointed consultants to perform all diagnostic studies including the administration of anesthesia, blood transfusions, all medical and/or dental treatment including immunization against disease and emergency surgical intervention which might be deemed necessary or advisable for the best interest of the Camper. I agree to accept the risks and complications that may result and hereby release \_\_\_\_\_ Bloomsburg Hospital, and/or \_\_\_\_\_ Geisinger Medical Center, and its professional staff and employees. These services are to be rendered to the minor Camper under the general or specific supervision and on the advice of any physician or surgeon licensed to practice in the Commonwealth of Pennsylvania, when the need for treatment is immediate and when efforts to contact me (us) are unsuccessful.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Allergies \_\_\_\_\_ Religion \_\_\_\_\_

Signed 1 \_\_\_\_\_ Signed 2 \_\_\_\_\_

Witness \_\_\_\_\_ Printed Name of Witness \_\_\_\_\_

Effective Date: July 19, 2015 (7/18 for CIT)  
Beginning with parent/guardian drop-off,  
arrival at camp.

Expiration Date: July 24, 2015  
Ending with parent/guardian pickup,  
departure from camp.



## Transportation Release

### Permission to Leave Camp Grounds for Medical Needs for Camper and Counselors in Training

During the Camp week, medical situations or emergencies may dictate transporting campers off Camp Victory grounds. Please complete the following permission statement.

I, \_\_\_\_\_, *the parent or legal guardian*

of \_\_\_\_\_ (*"Camper"*).

Please check below:

\_\_\_\_\_ I give my permission to transport the Camper to a medical facility or emergency shelter as deemed necessary or advisable by the Camp JRA Director or Medical Director(s).

I have made the minor child/Camper for whom I have legal responsibility, aware of my decision and I understand that the Camper is responsible for abiding by my decision while at Camp JRA at the Camp Victory facility.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Witness \_\_\_\_\_ Date \_\_\_\_\_



## Waiver, Release and Assumption of Risk

All of the following must be initialed, and this form must be signed and witnessed.

In consideration of acceptance from the Arthritis Foundation, Northeast Region, Inc. to attend the Camp JRA week at the Camp Victory facility and for the privilege of allowing the minor child Camper identified below (“Camper”) to participate in their programs, receive instruction from qualified staff, and use their equipment and facilities, I, the parent or legal guardian of the Camper, hereby understand and agree to this **WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK** and to the terms and conditions as set forth herein:

1. I hereby acknowledge, understand and accept that there may be hazards associated with specific activities and activity sites which include but are not limited to accidents while traveling around the grounds or to and from an activity site, property damage, theft or loss, exposure to extreme temperatures, dangers and hazards, bodily injury or illness including the potential for fatal injury to the Camper and other participants. WITH THIS KNOWLEDGE AND UNDERSTANDING, I VOLUNTARILY DESIRE TO HAVE THE CAMPER PARTICIPATE IN SUCH ACTIVITIES BEING FULLY AWARE OF THE DANGER AND VOLUNTARILY ASSUME ALL RISKS OF LOSS, DAMAGE OR INJURY ARISING FROM CAMPER’S PARTICIPATION.

*Initials of parent/legal guardian, signing on behalf of a minor child* \_\_\_\_\_

2. I further WAIVE AND RELEASE any and all legal rights that may accrue to me or the Camper as a result of personal injury, property damage or other damage that the Camper may suffer while involved in the Camp JRA week at Camp Victory, excepting only claims and rights arising from gross negligence or willful misconduct.

*Initials of parent/legal guardian, signing on behalf of a minor child* \_\_\_\_\_

3. The Camper agrees to act in a reasonable and safe manner while a participant in any Camp JRA programs at Camp Victory, so as not to endanger him/herself or the lives of other persons or their property. I, as the Camper’s parent or guardian, agree to indemnify the Arthritis Foundation, Northeast Region, Inc. or Medical and Counselor Volunteers or Camp Victory for any damage, loss, cost or expense arising from or attributable to the Camper’s failure to act in such a reasonable and safe manner.

*Initials of parent/legal guardian, signing on behalf of a minor child* \_\_\_\_\_

4. I further acknowledge that there are no warranties applicable to the equipment provided by Camp Victory or the Arthritis Foundation, Northeast Region, Inc. either expressed or implied. THERE IS NO WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE and I am accepting equipment AS IS, WHERE IS.

*Initials of parent/legal guardian, signing on behalf of a minor child* \_\_\_\_\_

5. I hereby consent to the use and reproduction of all photographs and videos taken of the Camper and/or myself during camp activities by the Arthritis Foundation, Northeast Region, Inc. or Camp Victory for the purposes of Camp marketing, promotion and internal and external newsletters.

*Initials of parent/legal guardian, signing on behalf of a minor child* \_\_\_\_\_

6. I hereby give consent for the Camper to attend Camp JRA at Camp Victory subject to the terms and conditions set forth in the various forms and information provided to me.

*Initials of parent/legal guardian, signing on behalf of a minor child* \_\_\_\_\_

7. I, as parent or legal guardian of the Camper, have read this release, affixed my initials hereto and fully understand its contents. I hereby agree to release, indemnify, defend and hold the Arthritis Foundation, Northeast Region, Inc., Camp JRA and Camp Victory, their respective agents, employees, volunteers, officers, directors, and assigns (“Indemnified Parties”) harmless from and against any and all liabilities, damages, obligations, losses, claims, judgments, demands, costs and expenses (including reasonable attorneys’ fees), suits, investigations, proceedings, and causes of action (collectively “Damages”) to the extent relating to, arising out of, or in any way connected with the Camper’s attendance and participation in Camp JRA, except to the extent that any Damages arise from the gross negligence or willful misconduct of the Indemnified Parties.

*Initials of parent/legal guardian, signing on behalf of a minor child* \_\_\_\_\_





8. I hereby give consent for members of the Camp JRA Medical Staff to have access to the Camper's medical records and to contact me or the Camper's healthcare team regarding questions or issues that may arise regarding the Camper's health. *Initials of parent/legal guardian, signing on behalf of a minor child* \_\_\_\_\_

Name of Minor Child (Camper) \_\_\_\_\_

Signature of parent/legal guardian \_\_\_\_\_

Printed name of parent/legal guardian \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Printed name of Witness \_\_\_\_\_

Date \_\_\_\_\_



# Notice of Privacy Practices

**TO PARENTS/GUARDIANS:** This notice describes how medical information about Camp JRA campers may be used and disclosed by the Arthritis Foundation, Northeast Region, Inc. for the purposes of Camp JRA and how you can get access to this information. This is required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

**CAMPER HEALTH INFORMATION:** This notice describes the information privacy practices followed by Arthritis Foundation staff and Camp JRA medical staff. Our office is dedicated to maintaining the privacy of campers’ health information. We are required by law to give you this notice and maintain the confidentiality of campers’ health information (“Protected Health Information”).

**OUR USE AND DISCLOSURE OF THE CAMPER’S PROTECTED HEALTH INFORMATION, MAY INCLUDE BUT IS NOT LIMITED TO THE FOLLOWING:**

1. To public health authorities and agencies that are authorized by law to collect information.
2. For medical treatment. For example, we will use the campers’ medical history to provide medical treatment as needed during the week of Camp JRA.
3. Lawsuits and similar proceedings in direct response to a court order.
4. If required to do so by a law enforcement official.
5. When necessary to reduce or prevent a serious threat to the campers’ health and safety or the health and safety of another individual or the public.
6. To federal officials for national security and intelligence activities.
7. To persons assisting in the campers’ care such as doctors, or an aide who is providing care.

**CAMPER RIGHTS REGARDING PROTECTED HEALTH INFORMATION:**

1. You may request a restriction in the way we use and disclose the campers’ health information. You may request that we restrict information to only certain individuals involved in the campers’ care.
2. You may request that we communicate with you by alternative means or alternative locations such as only at home or by mail, although emergency situations will require communicating by telephone.
3. You have the right to inspect and obtain a copy of the health information used to make decisions about the camper. There will be a fee for copying and mailing such records. Please submit your request in writing to the Arthritis Foundation, Northeast Region, Inc., Camp JRA, 111 South Independence Mall East, Suite 500, Philadelphia, PA 19106.
4. You have the right to ask us to correct or add missing information to the campers’ health record if you believe our information is incorrect. To request an amendment, please submit your request in writing. You must provide us with a reason to support your request.
5. You may request a copy of this notice.
6. You have the right to file a complaint. If you believe your privacy has been violated, you may file a complaint with our organization or the Department of Health and Human Services at 200 Independence Ave. S.W., Room 509F, HHH Building, Washington, D.C. 20201.
7. As permitted by law, we reserve the right to amend or modify our privacy policies and practices and adhere to changes in federal and state regulations.

YOU MAY CONTACT THE ARTHRITIS FOUNDATION, EASTERN PENNSYLVANIA CHAPTER AT (267) 238-9729 IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE OR OUR HEALTH INFORMATION PRIVACY POLICIES.

I hereby acknowledge that I have read, understand and agree to the Notice of Privacy Practice of the Arthritis Foundation, Northeast Region, Inc.’s Camp JRA

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_



# Scholarship Application Form

**\*\*Complete this form only if you are requesting financial assistance for your child to attend Camp JRA.\*\***

The Arthritis Foundation, Eastern Pennsylvania Chapter is pleased to offer financial assistance to children with rheumatic diseases to attend Camp JRA at Camp Victory in Millville, PA. Pages 26-27 must be completed for your child to be considered.

## Eligibility Requirements

- Due to the family's financial constraints, the child would be unable to attend Camp JRA without full or partial assistance from the Arthritis Foundation.
- Completion of the child's application for attendance at Camp JRA.
- Completion of the scholarship application, mailed to the Arthritis Foundation, Eastern Pennsylvania Chapter.

Child's Name: \_\_\_\_\_

Number of people (dependents) in household: \_\_\_\_\_

Approximate annual family income: \$ \_\_\_\_\_

Why are you requesting a scholarship? \_\_\_\_\_

\_\_\_\_\_

Do you receive any type of food stamps or public assistance? \_\_\_\_\_

(If you answered "yes" please list) \_\_\_\_\_

Family contribution toward \$300 Camp fee (excluding Registration Fee): \$ \_\_\_\_\_

Scholarship request amount (out of a total of \$300) \$ \_\_\_\_\_

I attest that my child meets all eligibility requirements for this application.

Signature of parent or guardian \_\_\_\_\_

Please have your child complete the following page.



## Camp JRA Scholarship Essay

\*\*\*Must be completed by camper to be qualified for scholarship eligibility.\*\*\*

### Essay Directions:

**New Camper:** Please tell us what you hope to learn or an experience you look forward to while you are at Camp JRA.

**If you have been a camper with us before:** Tell us about some of the things that were the most fun, interesting or special about your week at Camp JRA and why you want to come back!

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# APPLICATION FEE PAYMENT FORM

**All camp families are required to pay the \$50, non-refundable application fee.**

\_\_\_\_\_ Application fee (\$50 – this amount will be deducted from the total camp fee)

\_\_\_\_\_ Check/Money Order (Check should be made payable to the Arthritis Foundation, Eastern Pennsylvania Chapter)

Credit Card Payment: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Card Number \_\_\_\_\_

Expiration \_\_\_\_/\_\_\_\_ CVV# (3-4 digit # on back of card) \_\_\_\_\_

Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_

**Please review these forms before mailing to ensure you answered all questions. We will return incomplete applications.**

Please note, your application cannot be processed until the application fee is received.  
Completion of the application does not ensure your child a space at Camp JRA.

**Return all forms and application fee by March 27, 2015 to:**

Arthritis Foundation, Eastern Pennsylvania Chapter  
Attn: Camp JRA  
111 South Independence Mall East, Suite 500  
Philadelphia, PA 19106

You may also fax the application to (215) 574-3070 or email it to: [SBrown@arthritis.org](mailto:SBrown@arthritis.org).

For questions, contact Sheila Brown at (267) 238-9729 or email her at the address above.

For internal use only TA# \_\_\_\_\_ Date Rec'd \_\_\_\_/\_\_\_\_/2015



## CANCELLATION POLICY

- In the event of cancellation before July 2<sup>nd</sup>, for any reason, the entire Camp fee, minus the registration fee (\$50) which is non-refundable, will be refunded. Cancellation must be ***in writing*** and submitted to the Camp Director.
- If a child is unable to remain at Camp due to illness, accident or extreme homesickness, we are unable to refund any of the Camp fees.
- If a child is dismissed from Camp due to violation of Camp rules, or behavior deemed unacceptable to the Camp Directors, none of the Camp fees will be refunded.
- Camp Fees must be paid in full on or before **May 15, 2015** (unless you have made other arrangements with the Camp Director).

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_