



Dear Potential Camper:

Sacred Heart Health System's Miracle Camp, The Children's Hospital at Sacred Heart and Nemours Children's Clinic are now accepting applications for:

2016 Totally Tubular 80s: KIDS' ARTHRITIS & LUPUS CAMP
Sacred Heart Miracle Camp
June 9th – 11th, 2016

Kids' Arthritis Camp will offer a camping experience for kids ages 6 and up dealing with arthritis, lupus and other rheumatic diseases. This three-day camp is free to all qualified children. Returning your application by the deadline is imperative. All applications will be reviewed, and accepted campers will be notified by May 30. Reservations are limited, so please understand that completing the application does not guarantee that your child will be selected.

Attached are two forms:

- **The Pediatric Camper Application** is to be completed by the parent or guardian.
- **The Camper Physical Form** is to be completed by the physician.

Both forms must be completed and returned no later than Friday, May 6, 2016 to:

Nemours Children's Clinic
Rheumatology Department
c/o Dr. Brandon Dorion
5153 N. Ninth Avenue
Pensacola, FL 32504

If you have any questions, please don't hesitate to contact Cat Outzen, camp coordinator, at (850) 416-4713 or by email at coutzen@shhpens.org.

Sincerely,

Brandon Dorion, MD
Pediatric Rheumatology
Nemours Children's Clinic

Cat Outzen
Kids' Arthritis & Lupus Camp Coordinator
Sacred Heart Health System

Camper's Name _____

Birthdate _____



PEDIATRIC CAMPER APPLICATION

Please check the camp you wish to attend.

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Arthritis/Lupus | <input type="checkbox"/> Asthma | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Fun & Wellness | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> IBS | <input type="checkbox"/> Kidney |
| <input type="checkbox"/> Sickle Cell | <input type="checkbox"/> Transplant | <input type="checkbox"/> Other _____ |

Camper's Personal Information											
Name	Last _____ First _____ MI _____										
Mailing Address	# _____ Street _____ Apt # _____										
Address Line 2	PO Box # _____										
County	City _____ State _____ Zip Code _____										
Phone: Home	<table border="0" style="width:100%;"> <tr> <td style="width: 10%;">Area Code</td> <td style="width: 20%;">Number</td> <td style="width: 10%;">-</td> <td style="width: 10%;">Extension</td> <td style="width: 10%;">X</td> <td style="width: 10%;">Mobile / Cell</td> <td style="width: 10%;">Area Code</td> <td style="width: 20%;">Number</td> <td style="width: 10%;">-</td> <td style="width: 10%;">-</td> </tr> </table>	Area Code	Number	-	Extension	X	Mobile / Cell	Area Code	Number	-	-
Area Code	Number	-	Extension	X	Mobile / Cell	Area Code	Number	-	-		
Social Security #	<table border="0" style="width:100%;"> <tr> <td style="width: 10%;">-</td> <td style="width: 10%;">-</td> <td style="width: 10%;">Date of Birth</td> <td style="width: 10%;">Mo</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> <td style="width: 10%;">Age</td> <td style="width: 10%;">Years</td> <td style="width: 10%;">Mos.</td> </tr> </table>	-	-	Date of Birth	Mo	Day	Year	Age	Years	Mos.	
-	-	Date of Birth	Mo	Day	Year	Age	Years	Mos.			
Sex	M _____ F _____ T-Shirt Size _____										
Parent Email Address: _____											

Camper's Parent/Guardian Information										
Camper lives with?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____									
Name	Last _____ First _____ MI _____									
Address	Street Address _____ City _____ State _____ Zip _____									
Home Phone	<table border="0" style="width:100%;"> <tr> <td style="width: 10%;">Area Code</td> <td style="width: 20%;">Number</td> <td style="width: 10%;">-</td> <td style="width: 10%;">Work Phone</td> <td style="width: 10%;">Area Code</td> <td style="width: 20%;">Number</td> <td style="width: 10%;">-</td> <td style="width: 10%;">X</td> <td style="width: 10%;">Ext</td> </tr> </table>	Area Code	Number	-	Work Phone	Area Code	Number	-	X	Ext
Area Code	Number	-	Work Phone	Area Code	Number	-	X	Ext		
Who will pick up camper? _____										

Emergency Contact Information (List 2)										
Contact #1 Name	Last _____ First _____ MI _____									
Home Phone	<table border="0" style="width:100%;"> <tr> <td style="width: 10%;">Area Code</td> <td style="width: 20%;">Number</td> <td style="width: 10%;">-</td> <td style="width: 10%;">Work / Other</td> <td style="width: 10%;">Area Code</td> <td style="width: 20%;">Number</td> <td style="width: 10%;">-</td> <td style="width: 10%;">X</td> <td style="width: 10%;">Ext</td> </tr> </table>	Area Code	Number	-	Work / Other	Area Code	Number	-	X	Ext
Area Code	Number	-	Work / Other	Area Code	Number	-	X	Ext		
Contact #2 Name	Last _____ First _____ MI _____									
Home Phone	<table border="0" style="width:100%;"> <tr> <td style="width: 10%;">Area Code</td> <td style="width: 20%;">Number</td> <td style="width: 10%;">-</td> <td style="width: 10%;">Work / Other</td> <td style="width: 10%;">Area Code</td> <td style="width: 20%;">Number</td> <td style="width: 10%;">-</td> <td style="width: 10%;">X</td> <td style="width: 10%;">Ext</td> </tr> </table>	Area Code	Number	-	Work / Other	Area Code	Number	-	X	Ext
Area Code	Number	-	Work / Other	Area Code	Number	-	X	Ext		
_____ Initials	I authorize the following persons to be contacted and give permission to release my child to this person(s) if for any reason my child must leave camp and I can not be reached.									

Insurance Information	
Company Name _____	
Address _____	
Phone _____	Person Who Insures Camper: _____
Group # _____	Policy # _____

Camper's Name _____

Birthdate _____

Medicaid #																							
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Is child cared for by Children's Medical Services (CMS)? Yes No Nurse _____

List any special billing instructions: _____

Camper's Name _____

Birthdate _____

GENERAL MEDICAL INFORMATION		
Current Weight _____ lbs.	Primary Diagnosis	Secondary Diagnosis
Current Height _____ ft _____ in		
Previous Surgeries (List Dates & Procedures):		
Other Significant Health Concerns: (Please List any other conditions the camper may have)		
<input type="checkbox"/> Exercise Intolerance <input type="checkbox"/> Unexplained wt loss/ gain <input type="checkbox"/> Difficulty Sleeping <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Night Terrors <input type="checkbox"/> Frequent Headaches <input type="checkbox"/> Dizziness <input type="checkbox"/> Vision Problems <input type="checkbox"/> Frequent Nosebleeds	<input type="checkbox"/> Hearing Loss <input type="checkbox"/> Frequent Earaches <input type="checkbox"/> Difficulty Chewing/ Swallowing <input type="checkbox"/> Poor Appetite <input type="checkbox"/> Frequent Nausea/Vomiting <input type="checkbox"/> Constipation <input type="checkbox"/> Chronic Diarrhea <input type="checkbox"/> Difficulty Voiding <input type="checkbox"/> Bedwetting	<input type="checkbox"/> Painful Menstrual Cramps <input type="checkbox"/> Heavy Menstrual Bleeding <input type="checkbox"/> Muscle Pain or Cramps <input type="checkbox"/> Difficulty Walking <input type="checkbox"/> Difficulty Running <input type="checkbox"/> Fevers <input type="checkbox"/> Night Sweats <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
<input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Cancer <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Disease <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Transplant		
Comments:		

ALLERGY INFORMATION			
Does the camper have any allergies?	<input type="checkbox"/> Drugs <input type="checkbox"/> Foods	<input type="checkbox"/> Pollens / Trees / Grasses <input type="checkbox"/> Latex	<input type="checkbox"/> Molds / Fungus <input type="checkbox"/> Other _____
List ALL Medication/Drug Allergies:			
Describe allergic reactions:			
List ALL Food Allergies:			
Describe allergic reactions:			
Does the camper require treatment for allergic reactions? Describe and list all medications required, including dose and how it is given.			

NUTRITION INFORMATION			
Does the camper require a special diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type _____
How many meals does the camper eat per day?	<input type="checkbox"/> < 3 <input type="checkbox"/> 4-5 <input type="checkbox"/> 6 <input type="checkbox"/> Other _____		
Does camper require periodic snacks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type _____	
Does the camper take vitamin or Iron supplements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type _____	
Favorite Foods:		Food Dislikes:	
Does the camper have difficulty eating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe _____	

IMMUNIZATION INFORMATION			
Are immunizations current?	Diphtheria <input type="checkbox"/> Yes <input type="checkbox"/> No Polio <input type="checkbox"/> Yes <input type="checkbox"/> No MMR <input type="checkbox"/> Yes <input type="checkbox"/> No	HBV <input type="checkbox"/> Yes <input type="checkbox"/> No Hib <input type="checkbox"/> Yes <input type="checkbox"/> No Tetanus <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last tetanus:
Has camper ever had any of the following childhood diseases?	Measles <input type="checkbox"/> Yes <input type="checkbox"/> No Mumps <input type="checkbox"/> Yes <input type="checkbox"/> No Chickenpox <input type="checkbox"/> Yes <input type="checkbox"/> No	Rubella <input type="checkbox"/> Yes <input type="checkbox"/> No Fifth's Disease <input type="checkbox"/> Yes <input type="checkbox"/> No Scarlet Fever <input type="checkbox"/> Yes <input type="checkbox"/> No	

RECENT EXPOSURE TO ILLNESSES			
Has camper had recent exposure to any of the following illnesses?	Colds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rashes
	Flu	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chickenpox
	Fevers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Herpes
	TB	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other

Camper's Name _____

Birthdate _____

ASSISTED LIVING INFORMATION

Does the camper have or require the use of assistive devices?

- Wheelchair Splints / Braces Crutches Amputation
 Walker Cane Hearing Aid Artificial Limb
 Hearing Aid Vision Aids (Special Glasses) Modified Feeding Devices Other

Does the camper need assistance with activities of daily living? (Circle the level of assistance needed)

	Requires Assist 0% of the time		Requires Assist 50% of the time		Requires Assist 100% the time	Comments
Feeding	1	2	3	4	5	
Dressing	1	2	3	4	5	
Toileting	1	2	3	4	5	
Hygiene/Grooming	1	2	3	4	5	
Toileting	1	2	3	4	5	
Medications	1	2	3	4	5	
Medical Treatments	1	2	3	4	5	

SOCIAL / DEVELOPMENTAL INFORMATION

Camper's Age _____ Developmental Age _____ School Grade _____

of Adults Living with Camper _____ # of Siblings _____ Camper lives at home Yes No

Describe the way your camper responds to others and reacts to a new environment and people. (circle most appropriate response)

Temperament	Easy Going	Average	Resistant/Difficult
Attention Span	Pays attention well	Limited Attention Span	Attention Deficit
Anger	Slow to anger	Angers easily	Temper Tantrums
Frustration	Slow to frustrate	Average	Frustrates easily
Stress	Copes well	Average Coping	Difficulty coping

PLAY BEHAVIORS

Describe the play behaviors your camper most often exhibits or is most comfortable with (Select as many as apply)

- Enjoys watching others Plays alone Plays next to others
 Plays in small groups Participates in Team activities Other _____

COPING WITH STRESS / NEW ENVIRONMENT

Describe the behaviors your camper most often exhibits when stressed or faced with a new environment (Select as many as apply)

- Withdraws / Hides Sleeps Plays/ Watches TV
 Laughs/ Humor Cries/ Whines Rocks
 Talks with Peers Talks with Adults Other _____

Describe your camper's favorite comfort measures (List all that apply)

- Favorite Toy or Belonging _____ Favorite Food Favorite Place _____
 Thumbsucking Rocking/ Being Held Other _____

PHYSICIAN INFORMATION

(Please complete all the following information. It is important in case of EMERGENCY.)

Pediatrician	Phone												
Address	Street Address												
	City					State			Zip				
Specialist	Phone												
Address	Street Address												
	City					State			Zip				
Hospital	Street Address												
	City					State			Zip				

Camper's Name _____

Birthdate _____

CAMPER ACTIVITY CONSENT FORM
(To be completed by Parent or Guardian)

I, _____ the undersigned parent/guardian, recognizing the possible physical risk involved, give my child permission to participate in any and all activities, including, but not limited to, lifeguard supervised swimming, lifeguard supervised boating and fishing, guided pony rides (horseback riding) and the high/low ropes course under supervision of certified instructors. I give permission for my child to share addresses and phone numbers with all cabin mates unless stated below. I give Miracle Camp sponsors and selected news media permission to photograph and to use pictures, video and or bulletin boards, camp albums in promoting public understanding and support for children with chronic or life threatening illnesses. Miracle Camp respects the privacy of its campers and their families and does not allow unauthorized visitors to photograph its campers.

I release and forever discharge Miracle Camp, Sacred Heart Health System, its employees, agents, sponsors, promoters, and affiliates from any and all liability, claim, cost or expense, and waive any such claims against any such person or organization, arising from any camp activities in which I/my child may participate at the camp, except for claims caused by willful misconduct or negligence of Miracle Camp and/or Sacred Heart Health System.

Please check one of the following:

- Allow my child to participate in all activities.
- Do not let my child participate in the following:

Waiver and Consent for Medical Treatment

I, the undersigned Parent/Guardian, hereby grant permission to the medical and other staff and consulting physician at Miracle Camp Program operated by Sacred Heart Health System, an IRS 501 (c)(3) charitable organization, to administer medication and provide medical and other care for my child, including without limitation, any medical emergency care required. I also hereby give my consent for any transportation deemed necessary or appropriate, in sole discretion of Miracle Camp, in connection with the treatment of my child. I also assume full financial responsibility for any and all medical and other expenses incurred for or on behalf of my child while at Miracle Camp or offsite if in connection with medical treatment, and acknowledge, agree, and understand that Miracle Camp shall not be liable for any such expenses. I understand that all information may be shared with/released to appropriate personnel and/or third parties by Miracle Camp for the purpose of treating and/or supervising my child (including, but not limited to, referral centers, medical staff, psychological staff and/or insurance companies).

Assumption of Liability

I, the undersigned Parent/Guardian, assume full responsibility for any damage or destruction of camp property as a result of my child, and understand that I will be billed for any such damage or destruction.

Acknowledgment of Health Information Practices

The Sacred Heart Health System of Health Information Practices provides information about how health information about patients may be used and disclosed. I have been offered an opportunity to review the Notice before signing this consent. I understand the terms of this Notice may change and that a copy of the revised Notice will be posted in the Hospital. By signing this form, I acknowledge that I have been offered and/or received the Sacred Heart Health System Notice of Health Information Practices.

I FULLY UNDERSTAND AND AGREE TO THE TERMS STATED ABOVE AND AGREE THAT ALL INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Parent Signature

Date

Camper's Name _____

Birthdate _____

PEDIATRIC CAMP PHYSICAL FORM

- Campers must have this form completed and signed by a physician, ARNP, or PA

Camper's Name	
DOB	WT
Primary Diagnosis	Secondary Diagnosis

Current Problem List	Comments
1.	
2.	
3.	

ALLERGIES
Medications:
Foods:
Environmental:

PHYSICAL EXAM
List any pertinent physical findings or recent history and/or physical:

MEDICATIONS				
Medication	Dose	Route	Frequency	Scheduled Times

Please indicate special administration techniques:

DEVELOPMENTAL/SOCIAL INFORMATION
Is the children's development appropriate for his/her age? YES NO
If NO, what approximate age does the child function at?
List any behavior problems that would affect the child's behavior in a group:
Describe all pertinent Psychosocial Information:

PHYSICIAN'S STATEMENT			
I have examined _____ and find him/her physical able to attend camp. I understand the above medical regimen will be followed while camper is at camp (unless otherwise indicated by "late changes.")			
		() -	
Signature of MD/ARNP/PA	Printed name	Emergency Phone	Date

Camper's Name _____

Birthdate _____

CAMPER WITH RHEUMATIC DISEASES
(To be completed by Physician, ARNP, or PA)

Does camper experience stiffness in the morning? **Yes** _____ **No** _____

Is yes, for how long?

Does camper have trouble with sun exposure? **Yes** _____ **No** _____

What non-medical treatment does camper use – i.e. stretching, exercise, heat, splints, relaxation techniques, etc.?

Is there any camp activity from which the camper should be restricted?

