

# The Arthritis Foundation's Family Weekend 2016

Camp Twin Lakes

Winder, GA 10/21/16-10/23/16

## Family Application

**TOTAL** number of people in your family attending camp (you will be housed together) \_\_\_\_\_

Number of **Parent(s)/Guardian(s)** in your family attending camp \_\_\_\_\_

Number of **Children** in your family attending camp \_\_\_\_\_

Number of Years Attended This JA Program:      0      1      2      3      4      5+

## Parent/Guardian Profile

**PLEASE FILL OUT ONE COMPLETE PARENT/GUARDIAN PROFILE FOR EACH PARENT/GUARDIAN  
ATTENDING THIS JA FAMILY CAMP PROGRAM**

### Parent/Guardian 1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child with arthritis \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box/Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer (if applicable) \_\_\_\_\_ Work Phone \_\_\_\_\_

T-shirt Size:    YS    YM    YL    S    M    L    XL    2XL    3XL

### General Health

Which of the following has this participant had, or now has?

Health History	No	Yes	Explanation of "Yes" Answers
ADD or ADHD			
Asthma/Wheezing/Shortness of Breath			
Bleeding/Clotting Disorders			
Diabetes			
Depression/Anxiety			
Dizziness/Fainting			
Ear Infections (frequent)			
Eating Disorders			
Eye/Vision Problems			
Gastrointestinal Problems			
Heart Problems/Chest Pain			
High Blood Pressure			
Kidney Problems			
Lung Problems			
Migraines/Headaches			

Menstrual Cycle/Period Problems			
Mononucleosis ("mono") (past 12 months)			
Seizures/Convulsions			
Skin Problems/Rashes			
Surgery/Serious Injuries			
Suicidal Watch			
Surgery			
Thyroid Problems			
Recent Hospitalization (past 2 years)			
Recent Infectious Disease			
Recent International Travel (past 9 months)			
Other _____			

**Diet, Nutrition**

- No Food Restrictions
- Vegetarian
- Lactose Intolerant
- Gluten Intolerant
- Other \_\_\_\_\_

**Allergies**

- Insect Bites or Stings
- Foods
- Animals
- Medications
- Air Pollutants/Seasonal Allergies
- Other \_\_\_\_\_
- No Known Allergies

Describe the reaction and management of the reaction for any allergy boxes checked above.

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**Parent/Guardian 2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child with arthritis \_\_\_\_\_

Street Address (if different than above) \_\_\_\_\_ P.O. Box/Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer (if applicable) \_\_\_\_\_ Work Phone \_\_\_\_\_

T-shirt Size:    YS    YM    YL    S    M    L    XL    2XL    3XL

**General Health**

Which of the following has this participant had, or now has?

Health History	No	Yes	Explanation of "Yes" Answers
ADD or ADHD			

Asthma/Wheezing/Shortness of Breath			
Bleeding/Clotting Disorders			
Diabetes			
Depression/Anxiety			
Dizziness/Fainting			
Ear Infections (frequent)			
Eating Disorders			
Eye/Vision Problems			
Gastrointestinal Problems			
Heart Problems/Chest Pain			
High Blood Pressure			
Kidney Problems			
Lung Problems			
Migraines/Headaches			
Menstrual Cycle/Period Problems			
Mononucleosis ("mono") (past 12 months)			
Seizures/Convulsions			
Skin Problems/Rashes			
Surgery/Serious Injuries			
Suicidal Watch			
Surgery			
Thyroid Problems			
Recent Hospitalization (past 2 years)			
Recent Infectious Disease			
Recent International Travel (past 9 months)			
Other _____			

**Diet, Nutrition**

- No Food Restrictions
- Vegetarian
- Lactose Intolerant
- Gluten Intolerant
- Other \_\_\_\_\_

**Allergies**

- Insect Bites or Stings
- Foods
- Animals
- Medications
- Air Pollutants/Seasonal Allergies
- Other \_\_\_\_\_
- No Known Allergies

Describe the reaction and management of the reaction for any allergy boxes checked above.

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# Child Profile

FILL OUT ONE COMPLETE CHILD PROFILE FOR  
EACH CHILD ATTENDING THIS JA PROGRAM

## Child 1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Age at event \_\_\_\_\_

Date of birth (MM/DD/YYYY) \_\_\_\_\_ Grade for the 2016 school year \_\_\_\_\_

Relationship to Child With Arthritis:            Self            Sibling            Other

T-shirt Size:    YS    YM    YL    S    M    L    XL    2XL    3XL

How does this participant feel about going to this JA program? Is he/she looking forward to seeing/rooming with any particular friends?

\_\_\_\_\_

## Communication

Do you anticipate behavioral/social issues to arise? No    Yes

Please list any communication problems or behavioral problems that might affect this participant's experience at this event or in a group. \_\_\_\_\_

\_\_\_\_\_

Please provide tips and techniques for when your child gets upset. \_\_\_\_\_

\_\_\_\_\_

## Endurance

Does this child tire easily?    No    Yes

Can this child endure a normal school day? No    Yes

Does this child have any activity restrictions?    No    Yes \_\_\_\_\_

## Interests

Just for fun! Tell us about the participant's favorite...

Color \_\_\_\_\_ Musician/Band \_\_\_\_\_ School Subject \_\_\_\_\_

Movie \_\_\_\_\_ Food \_\_\_\_\_ Song \_\_\_\_\_

TV Show \_\_\_\_\_ Vacation \_\_\_\_\_ Animal \_\_\_\_\_

**Check here if this child DOES NOT have arthritis and skip to General Health section**

Type of arthritis/childhood rheumatic disease \_\_\_\_\_ Age at diagnosis \_\_\_\_\_

Additional diagnoses (this will not prevent your child from participating, but allows us to help your child have a better experience while attending our camp program) \_\_\_\_\_

\_\_\_\_\_

Date of last arthritis flare? (MM/DD/YY) \_\_\_\_\_ Area(s) involved? \_\_\_\_\_

Overall, how well do you think your child's arthritis/rheumatic disease is currently controlled?

0 1 2 3 4 5 6 7 8 9 10  
 Poor Fair Very Well

Adaptive Equipment: List any adaptive equipment or ambulatory devices used. \_\_\_\_\_

Physical Therapy: Describe physical therapy regimen and frequency (must be self-directed during JA program). \_\_\_\_\_

Occupational Therapy: Describe occupational therapy regimen and frequency (must be self-directed during JA program). \_\_\_\_\_

**General Health**

Which of the following has this participant had, or now has?

Health History	No	Yes	Explanation of "Yes" Answers
ADD or ADHD			
Asthma/Wheezing/Shortness of Breath			
Bleeding/Clotting Disorders			
Diabetes			
Depression/Anxiety			
Dizziness/Fainting			
Ear Infections (frequent)			
Eating Disorders			
Eye/Vision Problems			
Gastrointestinal Problems			
Heart Problems/Chest Pain			
High Blood Pressure			
Kidney Problems			
Lung Problems			
Migraines/Headaches			
Menstrual Cycle/Period Problems			
Mononucleosis ("mono") (past 12 months)			
Seizures/Convulsions			
Skin Problems/Rashes			
Surgery/Serious Injuries			
Suicidal Watch			
Surgery			
Thyroid Problems			
Recent Hospitalization (past 2 years)			
Recent Infectious Disease			
Recent International Travel (past 9			

months)			
Other _____			

**Diet, Nutrition**

- No Food Restrictions
- Vegetarian
- Lactose Intolerant
- Gluten Intolerant
- Other \_\_\_\_\_

**Allergies**

- Insect Bites or Stings
- Foods
- Animals
- Medications
- Air Pollutants/Seasonal Allergies
- Other \_\_\_\_\_
- No Known Allergies

Describe the reaction and management of the reaction for any allergy boxes checked above.

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Does this participant wear glasses, contacts or protective eyewear?      No      Yes

**Child 2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Age at event \_\_\_\_\_

Date of birth (MM/DD/YYYY) \_\_\_\_\_ Grade for the 2016 school year \_\_\_\_\_

Relationship to Child With Arthritis:      Self      Sibling      Other

T-shirt Size:      YS      YM      YL      S      M      L      XL      2XL      3XL

How does this participant feel about going to this JA program? Is he/she looking forward to seeing/rooming with any particular friends?

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**Communication**

Do you anticipate behavioral/social issues to arise? No      Yes

Please list any communication problems or behavioral problems that might affect this participant's experience at this event or in a group. \_\_\_\_\_

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Please provide tips and techniques for when your child gets upset. \_\_\_\_\_

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**Endurance**

Does this child tire easily?      No      Yes

Can this child endure a normal school day? No      Yes

Does this child have any activity restrictions?      No      Yes \_\_\_\_\_

**Interests**

Just for fun! Tell us about the participant’s favorite...

Color \_\_\_\_\_ Musician/Band \_\_\_\_\_ School Subject \_\_\_\_\_  
 Movie \_\_\_\_\_ Food \_\_\_\_\_ Song \_\_\_\_\_  
 TV Show \_\_\_\_\_ Vacation \_\_\_\_\_ Animal \_\_\_\_\_

**Check here if this child DOES NOT have arthritis and skip to General Health section**

Type of arthritis/childhood rheumatic disease \_\_\_\_\_ Age at diagnosis \_\_\_\_\_

Additional diagnoses (this will not prevent your child from participating, but allows us to help your child have a better experience while attending our camp program) \_\_\_\_\_  
 \_\_\_\_\_

Date of last arthritis flare? (MM/DD/YY) \_\_\_\_\_ Area(s) involved? \_\_\_\_\_

Overall, how well do you think your child’s arthritis/rheumatic disease is currently controlled?

0      1      2      3      4      5      6      7      8      9      10  
 Poor    Fair    Very Well

Adaptive Equipment: List any adaptive equipment or ambulatory devices used. \_\_\_\_\_  
 \_\_\_\_\_

Physical Therapy: Describe physical therapy regimen and frequency (must be self-directed during JA program). \_\_\_\_\_  
 \_\_\_\_\_

Occupational Therapy: Describe occupational therapy regimen and frequency (must be self-directed during JA program). \_\_\_\_\_  
 \_\_\_\_\_

**General Health**

Which of the following has this participant had, or now has?

Health History	No	Yes	Explanation of "Yes" Answers
ADD or ADHD			
Asthma/Wheezing/Shortness of Breath			
Bleeding/Clotting Disorders			
Diabetes			
Depression/Anxiety			
Dizziness/Fainting			
Ear Infections (frequent)			
Eating Disorders			
Eye/Vision Problems			

Gastrointestinal Problems			
Heart Problems/Chest Pain			
High Blood Pressure			
Kidney Problems			
Lung Problems			
Migraines/Headaches			
Menstrual Cycle/Period Problems			
Mononucleosis ("mono") (past 12 months)			
Seizures/Convulsions			
Skin Problems/Rashes			
Surgery/Serious Injuries			
Suicidal Watch			
Surgery			
Thyroid Problems			
Recent Hospitalization (past 2 years)			
Recent Infectious Disease			
Recent International Travel (past 9 months)			
Other _____			

**Diet, Nutrition**

- No Food Restrictions
- Vegetarian
- Lactose Intolerant
- Gluten Intolerant
- Other \_\_\_\_\_

**Allergies**

- Insect Bites or Stings
- Foods
- Animals
- Medications
- Air Pollutants/Seasonal Allergies
- Other \_\_\_\_\_
- No Known Allergies

Describe the reaction and management of the reaction for any allergy boxes checked above.

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Does this participant wear glasses, contacts or protective eyewear?      No      Yes

**Child 3**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Age at event \_\_\_\_\_

Date of birth (MM/DD/YYYY) \_\_\_\_\_ Grade for the 2016 school year \_\_\_\_\_

Relationship to Child With Arthritis:      Self      Sibling      Other

T-shirt Size:      YS      YM      YL      S      M      L      XL      2XL      3XL

How does this participant feel about going to this JA program? Is he/she looking forward to



seeing/rooming with any particular friends?

\_\_\_\_\_

\_\_\_\_\_

**Communication**

Do you anticipate behavioral/social issues to arise? No Yes

Please list any communication problems or behavioral problems that might affect this participant's experience at this event or in a group. \_\_\_\_\_

\_\_\_\_\_

Please provide tips and techniques for when your child gets upset. \_\_\_\_\_

\_\_\_\_\_

**Endurance**

Does this child tire easily? No Yes

Can this child endure a normal school day? No Yes

Does this child have any activity restrictions? No Yes \_\_\_\_\_

**Interests**

Just for fun! Tell us about the participant's favorite...

Color \_\_\_\_\_ Musician/Band \_\_\_\_\_ School Subject \_\_\_\_\_

Movie \_\_\_\_\_ Food \_\_\_\_\_ Song \_\_\_\_\_

TV Show \_\_\_\_\_ Vacation \_\_\_\_\_ Animal \_\_\_\_\_

**Check here if this child DOES NOT have arthritis and skip to General Health section**

Type of arthritis/childhood rheumatic disease \_\_\_\_\_ Age at diagnosis \_\_\_\_\_

Additional diagnoses (this will not prevent your child from participating, but allows us to help your child have a better experience while attending our camp program) \_\_\_\_\_

\_\_\_\_\_

Date of last arthritis flare? (MM/DD/YY) \_\_\_\_\_ Area(s) involved? \_\_\_\_\_

Overall, how well do you think your child's arthritis/rheumatic disease is currently controlled?

0 1 2 3 4 5 6 7 8 9 10  
Poor Fair Very Well

**Adaptive Equipment:** List any adaptive equipment or ambulatory devices used. \_\_\_\_\_

\_\_\_\_\_

**Physical Therapy:** Describe physical therapy regimen and frequency (must be self-directed during JA program). \_\_\_\_\_

\_\_\_\_\_

Occupational Therapy: Describe occupational therapy regimen and frequency (must be self-directed during JA program). \_\_\_\_\_

**General Health**

Which of the following has this participant had, or now has?

Health History	No	Yes	Explanation of "Yes" Answers
ADD or ADHD			
Asthma/Wheezing/Shortness of Breath			
Bleeding/Clotting Disorders			
Diabetes			
Depression/Anxiety			
Dizziness/Fainting			
Ear Infections (frequent)			
Eating Disorders			
Eye/Vision Problems			
Gastrointestinal Problems			
Heart Problems/Chest Pain			
High Blood Pressure			
Kidney Problems			
Lung Problems			
Migraines/Headaches			
Menstrual Cycle/Period Problems			
Mononucleosis ("mono") (past 12 months)			
Seizures/Convulsions			
Skin Problems/Rashes			
Surgery/Serious Injuries			
Suicidal Watch			
Surgery			
Thyroid Problems			
Recent Hospitalization (past 2 years)			
Recent Infectious Disease			
Recent International Travel (past 9 months)			
Other _____			

**Diet, Nutrition**

- No Food Restrictions
- Vegetarian
- Lactose Intolerant
- Gluten Intolerant
- Other \_\_\_\_\_

**Allergies**

- Insect Bites or Stings
- Foods
- Animals
- Medications
- Air Pollutants/Seasonal Allergies
- Other \_\_\_\_\_
- No Known Allergies

Describe the reaction and management of the reaction for any allergy boxes checked above.

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Does this participant wear glasses, contacts or protective eyewear?      No      Yes

**Child 4**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Age at event \_\_\_\_\_

Date of birth (MM/DD/YYYY) \_\_\_\_\_ Grade for the 2016 school year \_\_\_\_\_

Relationship to Child With Arthritis:              Self              Sibling              Other

T-shirt Size:      YS      YM      YL      S      M      L      XL      2XL      3XL

How does this participant feel about going to this JA program? Is he/she looking forward to seeing/rooming with any particular friends?

\_\_\_\_\_

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**Communication**

Do you anticipate behavioral/social issues to arise? No      Yes

Please list any communication problems or behavioral problems that might affect this participant's experience at this event or in a group. \_\_\_\_\_

Please provide tips and techniques for when your child gets upset. \_\_\_\_\_

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**Endurance**

Does this child tire easily?      No      Yes

Can this child endure a normal school day? No      Yes

Does this child have any activity restrictions?      No      Yes \_\_\_\_\_

**Interests**

Just for fun! Tell us about the participant's favorite...

Color \_\_\_\_\_      Musician/Band \_\_\_\_\_      School Subject \_\_\_\_\_

Movie \_\_\_\_\_      Food \_\_\_\_\_      Song \_\_\_\_\_

TV Show \_\_\_\_\_      Vacation \_\_\_\_\_      Animal \_\_\_\_\_

**Check here if this child DOES NOT have arthritis and skip to General Health section**

Type of arthritis/childhood rheumatic disease \_\_\_\_\_ Age at diagnosis \_\_\_\_\_

Additional diagnoses (this will not prevent your child from participating, but allows us to help your child have a better experience while attending our camp program) \_\_\_\_\_

Date of last arthritis flare? (MM/DD/YY) \_\_\_\_\_ Area(s) involved? \_\_\_\_\_

Overall, how well do you think your child's arthritis/rheumatic disease is currently controlled?

0 1 2 3 4 5 6 7 8 9 10  
 Poor Fair Very Well

Adaptive Equipment: List any adaptive equipment or ambulatory devices used. \_\_\_\_\_

Physical Therapy: Describe physical therapy regimen and frequency (must be self-directed during JA program). \_\_\_\_\_

Occupational Therapy: Describe occupational therapy regimen and frequency (must be self-directed during JA program). \_\_\_\_\_

**General Health**

Which of the following has this participant had, or now has?

Health History	No	Yes	Explanation of "Yes" Answers
ADD or ADHD			
Asthma/Wheezing/Shortness of Breath			
Bleeding/Clotting Disorders			
Diabetes			
Depression/Anxiety			
Dizziness/Fainting			
Ear Infections (frequent)			
Eating Disorders			
Eye/Vision Problems			
Gastrointestinal Problems			
Heart Problems/Chest Pain			
High Blood Pressure			
Kidney Problems			
Lung Problems			
Migraines/Headaches			
Menstrual Cycle/Period Problems			
Mononucleosis ("mono") (past 12 months)			
Seizures/Convulsions			
Skin Problems/Rashes			
Surgery/Serious Injuries			
Suicidal Watch			
Surgery			
Thyroid Problems			
Recent Hospitalization (past 2 years)			
Recent Infectious Disease			

Recent International Travel (past 9 months)			
Other _____			

**Diet, Nutrition**

- No Food Restrictions
- Vegetarian
- Lactose Intolerant
- Gluten Intolerant
- Other \_\_\_\_\_

**Allergies**

- Insect Bites or Stings
- Foods
- Animals
- Medications
- Air Pollutants/Seasonal Allergies
- Other \_\_\_\_\_
- No Known Allergies

Describe the reaction and management of the reaction for any allergy boxes checked above.

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Does this participant wear glasses, contacts or protective eyewear?      No      Yes

**Child 5**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Age at event \_\_\_\_\_

Date of birth (MM/DD/YYYY) \_\_\_\_\_ Grade for the 2016 school year \_\_\_\_\_

Relationship to Child With Arthritis:      Self      Sibling      Other

T-shirt Size:      YS      YM      YL      S      M      L      XL      2XL      3XL

How does this participant feel about going to this JA program? Is he/she looking forward to seeing/rooming with any particular friends?

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**Communication**

Do you anticipate behavioral/social issues to arise? No      Yes

Please list any communication problems or behavioral problems that might affect this participant's experience at this event or in a group. \_\_\_\_\_

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Please provide tips and techniques for when your child gets upset. \_\_\_\_\_

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**Endurance**

Does this child tire easily?      No      Yes

Can this child endure a normal school day? No      Yes

Does this child have any activity restrictions? No Yes \_\_\_\_\_

**Interests**

Just for fun! Tell us about the participant’s favorite...

Color \_\_\_\_\_ Musician/Band \_\_\_\_\_ School Subject \_\_\_\_\_

Movie \_\_\_\_\_ Food \_\_\_\_\_ Song \_\_\_\_\_

TV Show \_\_\_\_\_ Vacation \_\_\_\_\_ Animal \_\_\_\_\_

**Check here if this child DOES NOT have arthritis and skip to General Health section**

Type of arthritis/childhood rheumatic disease \_\_\_\_\_ Age at diagnosis \_\_\_\_\_

Additional diagnoses (this will not prevent your child from participating, but allows us to help your child have a better experience while attending our camp program) \_\_\_\_\_

Date of last arthritis flare? (MM/DD/YY) \_\_\_\_\_ Area(s) involved? \_\_\_\_\_

Overall, how well do you think your child’s arthritis/rheumatic disease is currently controlled?

0 1 2 3 4 5 6 7 8 9 10  
 Poor Fair Very Well

Adaptive Equipment: List any adaptive equipment or ambulatory devices used. \_\_\_\_\_

Physical Therapy: Describe physical therapy regimen and frequency (must be self-directed during JA program). \_\_\_\_\_

Occupational Therapy: Describe occupational therapy regimen and frequency (must be self-directed during JA program). \_\_\_\_\_

**General Health**

Which of the following has this participant had, or now has?

Health History	No	Yes	Explanation of "Yes" Answers
ADD or ADHD			
Asthma/Wheezing/Shortness of Breath			
Bleeding/Clotting Disorders			
Diabetes			
Depression/Anxiety			
Dizziness/Fainting			
Ear Infections (frequent)			
Eating Disorders			
Eye/Vision Problems			

Gastrointestinal Problems			
Heart Problems/Chest Pain			
High Blood Pressure			
Kidney Problems			
Lung Problems			
Migraines/Headaches			
Menstrual Cycle/Period Problems			
Mononucleosis ("mono") (past 12 months)			
Seizures/Convulsions			
Skin Problems/Rashes			
Surgery/Serious Injuries			
Suicidal Watch			
Surgery			
Thyroid Problems			
Recent Hospitalization (past 2 years)			
Recent Infectious Disease			
Recent International Travel (past 9 months)			
Other _____			

**Diet, Nutrition**

- No Food Restrictions
- Vegetarian
- Lactose Intolerant
- Gluten Intolerant
- Other \_\_\_\_\_

**Allergies**

- Insect Bites or Stings
- Foods
- Animals
- Medications
- Air Pollutants/Seasonal Allergies
- Other \_\_\_\_\_
- No Known Allergies

Describe the reaction and management of the reaction for any allergy boxes checked above.

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Does this participant wear glasses, contacts or protective eyewear?      No      Yes

**Insurance Information**

Insurance coverage for participant accidents or illness while participating in JA programs is the responsibility of the participant's family and required in order to attend our JA camp program.

Is this participant covered by family medical/hospital insurance?    Yes    No

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Subscriber \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

## Emergency Contact (if parent/guardian is unavailable)

### Emergency Contact

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Family \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box/Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## Medications

Medication is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. If any family member listed on this application is taking any medication while at the JA camp program, we agree to follow the local JA camp program guidelines and store medications in the designated location.                      No      Yes

## Physician Information

Pediatric Rheumatologist \_\_\_\_\_ Office Phone \_\_\_\_\_

Primary Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Other Health Care Provider/Therapist \_\_\_\_\_ Office Phone \_\_\_\_\_

### Permission to Contact Physician(s)

Please initial here to give our medical team permission to contact this participant's/family's pediatric rheumatologist, primary physician or other doctor with any questions pertaining to his/her health if the situation arises where the parent/guardian attending the JA family camp program is unavailable. This may include, but is not limited to, disease diagnosis, recent flares, medication changes, etc.

Parent/Guardian Initials: \_\_\_\_\_



## Get Involved

### Become an Advocate

Do you want to help children with juvenile arthritis? Become an Advocate! You'll receive Action Alerts in your inbox when important arthritis-related issues are debated on Capitol Hill. In five minutes or less, you can send an email to your elected officials and make a difference for kids with arthritis.

Yes, I want to help kids with arthritis!

No, thank you.

### Join Us for Other JA Events

**JA Family Day (spring)** - event where we invite the whole family; parents learn from various experts on ways to successfully raise a child with JA; children are engaged in fun activities while parents are in the educational session; fun activity afterward for the whole family to enjoy. You can find more information here [www.arthritis.org/georgia](http://www.arthritis.org/georgia)

**Georgia Camp AcheAway** – a specialty, residential (week-long) summer camp offered for kids ages 6-17 years with arthritis at our campsite in Winder, GA at no cost to families (**Go [here](#) to see pictures from summer 2016**).

**JA National Conference**-This is a great opportunity to meet other families and get the latest information on treatment and management of JA. This is truly a great conference because it is geared for the whole family with tracks for every member!

If you are interested to see what kind of information, presentations and speakers to expect at JA Conference please follow this link: <http://www.kidsgetarthritis.org/meet-other-families/2015-juvenile-arthritis-conference/conference-programs.php>

**JA online resources** on our National website at [kidsgetarthritis.org](http://kidsgetarthritis.org).

**Georgia JA Family E-Newsletter** - be on the look-out for email communications from me (the Georgia office of the AF). We send out a quarterly newsletter through a software known as *MyEmma*. If you don't get these emails in your inbox, you may want to check your spam/junk folder. This newsletter is the primary way we communicate to all of our JA families.

**Arthritis Foundation Advocate and Ambassador Program** This is an excellent way for you to tell your story about living with arthritis or parenting a child with arthritis (and meet other people who are going through the same things). The best part is you can make a difference in the lives of those with arthritis by working with the Arthritis Foundation as we effect change on a policy and legislative level. Find out more about these opportunities [here](#) and [here](#).

## Start a JA Family Team

**Walk to Cure Arthritis (Spring)** - lots of families attend these events, fundraise for a great cause and use them as opportunities to meet each other. Walk to Cure Arthritis is the Arthritis Foundation's nationwide signature event supporting our mission to conquer arthritis by spreading awareness and raising money for research aimed at finding a cure. The Walk to Cure Arthritis is a great way to experience the power of standing together and giving back to the community as well as meet other families who are involved. Many families come to realize what an amazing support system they have in place simply because of their fundraising efforts. It's a great way to rally around your family during this overwhelming time.

[www.walktocurearthritis.org/atlanta](http://www.walktocurearthritis.org/atlanta)

**Jingle Bell Run/Walk (December 10)**- December 10, 2016 Centennial Olympic Park | Atlanta, GA

Be part of the largest holiday-themed 5K race series anywhere - and join the movement to conquer arthritis! The Arthritis Foundation's Jingle Bell Run is a fun way to get out, get moving and raise funds and awareness to cure America's #1 cause of disability. In communities nationwide, this annual event brings together people from all walks of life to shout "Yes, we will live life to its fullest while searching for a cure!" As a Champion of Yes, kick off your holidays by helping conquer arthritis once and for all! Wear a holiday-themed costume. Tie jingle bells to your shoelaces. Show off your ugly Christmas sweater. Complete a 5-kilometer run or walk with your team members, spreading smiles, good cheer and a winning spirit ... and be a Champion of Yes!

For more help or information about the 2016 Jingle Bell Run of Atlanta, contact Kelly Maliska at [kmaliska@arthritis.org](mailto:kmaliska@arthritis.org) or call 678-237-4468.

Click [here](#) to Register!

## Waivers

[Participant Expectation Waiver](#)

[Legal Rights & Authorization Waiver](#)