



Dear Camp Spirit 2015 Parent,

Thank you for your interest in Camp Spirit! We know that it will be a wonderful event and we're excited that your child is going to be a part of it!

The following is a list of the enclosed forms that must be completed for all campers:

- Camper Application and Arthritis Foundation Release Form
- Medical Information Packet
- Packing List & Directions to Camp (*Note: No flip flops, only for showering, bring sturdy tennis shoes*)

Please complete all of the above-mentioned forms and return to the Arthritis Foundation **by as soon as possible, or by June 5th at the latest**. Please be aware that a doctor's visit is not usually required in order to have the Physician Health & Authorization Form signed, as long as they have seen your child within the last six months. Contact your doctor to find out the procedure they would like you to follow.

Once completed, you may mail the forms to 35 E. Wacker Dr, Suite 2260, Chicago, IL 60601 or email the forms to Jazzmin McKay at the Arthritis Foundation at: [jmckay@arthritis.org](mailto:jmckay@arthritis.org). If emailing please mention "Camp Spirit Forms" in the subject.

**Please note that camper check-in will take place from 4:00pm-4:30pm on Sunday, June 14<sup>th</sup> and check-out will be on Saturday, June 20<sup>th</sup> at 10:00am-10:30am. Please be sure to be on time!**

If you have any questions, feel free to contact me at 312-880-4739 or e-mail at [jmckay@arthritis.org](mailto:jmckay@arthritis.org). I look forward to seeing you in June!

Sincerely,

Jazzmin McKay  
Vice President of Community Engagement  
Arthritis Foundation



### CAMP SPIRIT Information Form

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

T-Shirt Size: Youth  14 – 16 Adult  S  M  L  XL  XXL

Parent's home and work phone numbers including area codes:

Mother/Guardian: Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Father/Guardian: Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Please review the Camp SPIRIT brochure for a description of activities that will take place during the camp program. If you or your child's physician do not want your child to participate in a specific activity, please state such below:

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

The undersigned parent or legal guardian of the child identified below hereby consents to my child's/ward's attendance at and participation in Camp Spirit, June 14– June 20, 2015, which will be held at Camp Kitaki. My child/ward is in sufficiently good health to attend Camp Spirit. I will transport my child/ward to the camp on June 14, 2015 and will pick up my child/ward from the camp at 10 a.m. on June 20, 2015, unless other arrangements have been made.

I hereby release, on behalf of myself, my child/ward, any other parent or legal guardian of my child/ward, and all other persons that may have a potential claim, the Arthritis Foundation, Heartland Region, Arthritis Foundation, National Office (including all other chapters thereof), Camp Kitaki, and their respective chapters, directors, officers, employees, agents, representatives, and volunteers from any and all liability relating to, or arising out of, or in connection with, Camp Spirit and/or my child's/ward's attendance and/or participation in Camp Spirit.

I hereby consent to medical diagnosis and/or treatment of my child/ward which is deemed necessary by licensed medical personnel in association with Camp Spirit. My child/ward has had all required childhood immunizations. I realize only minimal medical supplies will be available at Camp Spirit, and **I will provide a sufficient supply of all medications ordinarily used by my child/ward, in their original manufacturers or prescription containers, which will be delivered to the medical personnel at Camp Spirit upon my child's/ward's arrival at Camp Spirit.**

I hereby consent to the use of my child's/ward's name, picture, voice and/ likeness or any artwork she/he creates at Camp Spirit for use by the Arthritis Foundation for promotion, education, commercial and/or non-commercial purposes.

Parent authorization: This health history is correct as far as I know. I give my permission for my child to participate in all activities except those noted on the physician consent form, if any. I hereby give permission for the camp staff and nurses to select and seek medical treatment for my child should such a need arise and in the event of an emergency, if I cannot be reached, I give permission to the medical personnel to hospitalize, secure treatment for, and/or order any other medically necessary interventions for my child.

Parent/Legal Guardian's Signature: \_\_\_\_\_

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



**CAMP SPIRIT 2015**  
**CAMPER MEDICATION INFORMATION**

**PLEASE READ BEFORE FILLING OUT MEDICATION FORM**

**Medication Instructions:**

1) Please note that camp is 7 days long. Please send enough medication for 8 days. This will provide extra medicine in case some pills are dropped or lost. Remember to include any “as needed” medications including over the counter medications such as antacids if your child uses them.

2) **All medicines must be sent to camp in their original pharmacy containers with current dosing information.** In order to protect your child, we cannot give your child unlabeled, unidentified medications. **Please make sure all bottles are labeled with the camper’s name!**

3) **Note: Please bring a small box or plastic container to hold your child’s medication.**

*(Please label the box with their name)*



4) When you bring your child to camp check in, we will collect the medications and you will have an opportunity to speak with the camp nurse. Medications will be kept by the camp nurse in Camp Spirit’s very own nurses’ station and dispensed at appropriate times by the nurse. We will review your child’s medication schedule at camp check-in.

(See Camper Medication Form)

5) If any medication changes occur between the time of submission of this form and the date camp begins, a written notification by your physician of the changes must be provided to Jazzmin to update your camper’s form. *(If the changes occur very close to camp please provide the notification to the camp nurse at check-in.)*



**\*\*Note to parents: Please make sure that your forms are filled out entirely. Originals will be the only accepted documentation. Your child's forms must be received in the Arthritis Foundation office no later than June 5, 2015. No exceptions.**

**Personal Medical History**

It is important for the Camp Spirit Medical Staff to know the health condition of the camper before Camp. We appreciate your time and care in completing this form. The confidentiality of your answers will be respected. **Please complete all sections clearly.**

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 Joint Adventures is the responsibility of the camper's family. Please include a copy (front and back) of any health insurance card(s) that you would like used in case of emergency.

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 to get this information.*

**Health History**

**This section MUST be completed, even if your child is a RETURN camper**

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

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_

**Other Medical History Information**

Please check any of the following illnesses if ever experienced by your child: if yes, then report the last date your child was treated for the problem 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** - if "none" please check this box

*Other* \_\_\_\_\_

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

*If there is a behavior/psychiatric illness, how is it managed? Do you have tips on how to handle this at camp?:* \_\_\_\_\_

**Diet**

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

**No Diet Restrictions** - if "none" please check this box

**Allergies**

Is your child allergic to ***anything*** (foods, insects, medication, etc)? **YES NO** (circle one)  
If you answered **YES** please complete below. If you answered **NO** please skip to the "Medications" section, p. 12.

We want to ensure that your child has a wonderful, safe experience at Camp Spirit.

**1. Medication Allergy**

- a. To what medication(s) is your child allergic?
  
  
- b. What was the reaction(s) to the medication(s)?
  
  
- c. When was the last time such a reaction happened? Date/Year \_\_\_\_\_
  
  
- 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)?
  
  
- c. When was the last time such a reaction happened? (Date/Year) \_\_\_\_\_
  
  
- d. How do you handle this allergy with the school?

- e. How did you handle this reaction?
  - i. Antihistamine or steroids? List \_\_\_\_\_
  - ii. Epi-pen?
  - iii. See the doctor?
  - iv. Go to the ER? (date/year) \_\_\_\_\_

**3. Food Allergy**

- a. What is your child's food allergy?
  
- b. What was the reaction(s) to this food(s)?
  
- c. When was the last time such a reaction happened? (date/year) \_\_\_\_\_
- d. How do you handle this allergy with the school?
  
- e. How did you handle this reaction?
  - i. Antihistamine or steroids? List \_\_\_\_\_
  - ii. Epi-pen?
  - 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 at Camp Spirit?

Please use the form below for any other allergies if needed

Allergic to what?	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)?

## Medications

This section **MUST** be completed, even if your child is a RETURN camper

Please list all your child's medications and vitamins, including commonly used over-the-counter medications. Please be exact with doses, times given and ways the medicine is given. (See example)

### EXAMPLE OF MEDICATION LIST

MEDICATION/ VITAMIN (name/dose in mg or ml (cc)-See bottle label)	HOW MANY TIMES GIVEN AND HOW	WHEN (Day & Time)
<i>Methotrexate 25mg/ml</i>	<i>0.5 ml by sq shot</i>	<i>Friday 7 PM after dinner</i>
<i>Naprosyn 250 mg tabs</i>	<i>1.5 tabs by mouth</i>	<i>8 AM and 7 PM after meal</i>
<i>Albuterol Inhaler</i>	<i>2 puffs inhaled</i>	<i>4x a day before exercise</i>
<i>Tylenol 500 mg tabs</i>	<i>1 or 2 tabs by mouth</i>	<i>4x a day as needed for headaches</i>

### 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

\*\*The table above should MATCH the medication list given by your child's Rheumatologist, as well as the medications your child brings to Camp Spirit. Let us know PRIOR TO CAMP if the medications have changed\*\*



**This section MUST be completed, even if your child is a RETURN camper**

We may need to give an over-the-counter medication that you have not sent along 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 (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		
Ibuprofen		
Aloe Vera		
Hydrocortisone Cream		
Antibiotic ointment		

**PARENT OR GUARDIAN MEDICAL AUTHORIZATION**

The information supplied on each of the forms provided to the Arthritis Foundation, Heartland Region, Camp Spirit 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. In the event a medical issues arises, my child will be directed to the onsite medical staff person, who will contact me to discuss next steps.

Camper's Full Name: \_\_\_\_\_

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

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

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

**A witness signature is required.**

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

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

**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 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.

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

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

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

Witness \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: 6/21/2015



# CAMP SPIRIT 2015 PACKING LIST

## Special Instructions & Need to Know Info

- **Help your camper pack their bag;** it can be an uncomfortable feeling being in a new place and not knowing where to find your belongings. This also helps campers recognize items they brought during lost and found times.
- **Send old items** or clothes/shoes you don't mind getting dirty or lost (not new/valuable items)
- **Laundry:** Campers should bring enough clothes to last their entire stay. Laundry facilities are not available for general use. We will clean clothes in the event of unforeseen accidents.
- **Lost and Found:** Camp Kitaki, or Camp Spirit, is not responsible for loss or theft of articles. Campers are encouraged not to bring valuable items to camp.

### WHAT TO BRING

- \_ Laundry Bag
- \_ Shampoo
- \_ Soap
- \_ Comb/Brush
- \_ Toothbrush & Paste
- \_ Towels (pool & bath)
- \_ Washcloth
  
- \_ Shorts
- \_ Jeans (required for horseback riding)
- \_ Shirts
- \_ Socks/Underwear (daily change)
- \_ Sweatshirt or Jacket
- \_ Sleepwear
  
- \_ Tennis Shoes (Please bring shoes that offer good support)
- \_ Shower Sandals (flip flops only allowed for showers)
- \_ Sleeping Bag or Blankets & Sheets
- \_ Pillow & Case
  
- \_ Raincoat or Poncho
- \_ Swimsuit
- \_ Sunscreen
- \_ Insect Repellent
- \_ Hat
- \_ Pencil

**\*Label everything with first & last name!!!\***

### USEFUL ITEMS TO BRING

- \_ Flashlight
- \_ Water Bottle
- \_ Sunglasses
- \_ Favorite Stuffed Animal
- \_ Family Photo
- \_ Camera (disposable works well)
- \_ Book or Journal

**\*Label everything with first & last name!!!\***

### WHAT NOT TO BRING

**\*These items are NOT allowed!\***

- Cellular Phones
- CD Players, headsets, etc...
- Hair dryers
- Expensive jewelry/watches
- Guns of any kind
- Curling Irons/Straighteners
- iPods/MP3 Players
- Tobacco, alcohol or drugs in any form
- Computers or TVs of any size
- Electronic Games/Portable DVD
- Fireworks
- Knives of any kind
- Fans (cabins are air conditioned)

# CAMP SPIRIT 2015

## DIRECTIONS & INFORMATION

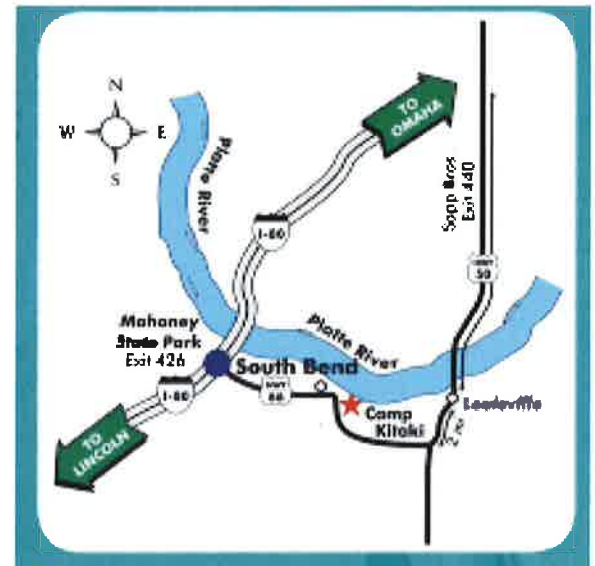
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### Camp Location

**\*Camp Kitaki is located between Lincoln & Omaha, 5 miles east of I-80, Mahoney State Park Exit 426.**

**\*From Lincoln:** Head east on I-80 and get off at exit 426. Turn right and follow Highway 66 through the town of South Bend. Approximately one mile past South Bend, the camp entrance is on the left.

**\*From Omaha:** Head west on I-80 and get off at exit 426. Turn left and follow Highway 66 through the town of South Bend. Approximately one mile past South Bend, the camp entrance is on the left.



**CHECK IN – 4:00pm-4:30pm on June 14th**

**CHECK OUT – 10:00am on June 20st**

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### Need to Know Information

- **Health & Safety**– The best way to treat injuries is to prevent them. Kitaki staff members are selected for their maturity and good judgment and are trained to make good choices. Kitaki is reviewed regularly by the Health Department and American Camp Association.
- **Camp Spirit Health & Safety** – Camp Spirit is staffed with an amazing team of healthcare professional and volunteers who will be onsite to assist in making a safe and fun week for your child. Campers stay in temperature controlled lodges and all activities and accommodations are accessible by foot, wheelchair and van. Staff for the week long session includes Arthritis Foundation Staff, volunteers and medical professionals who are selected based on their experience in working with kids with chronic diseases.

**NOTE: A *Camp Kitaki Parent Guide* will be sent with a registration confirmation prior to camp.**

- **This guide will help to answer any questions you may have about activities, health & safety, meals, arriving at camp, etc.**

You can visit the Camp Kitaki website for more information

<http://www.ymcalincoln.org/kitaki/>