



Dear Camp Joint Adventures 2014 Parent,

Thank you for your interest in Camp Joint Adventures! 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 Information Form
- Physician Health Form
- Physician Authorization Form
- Camper Medication Form
- Participant Waiver
- 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 May 1, 2014 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 6 months. Contact your doctor to find out the procedure they would like you to follow.

You may mail, email, or fax the forms to the Arthritis Foundation at: 1900 W. 75<sup>th</sup> St. Suite 200 Kansas City, MO 66208. If emailing please mention "Camp Joint Adventures Forms" in the subject and send to [bburns@arthritis.org](mailto:bburns@arthritis.org). To fax please send to (913)262-2288 with attention to Camp Joint Adventures.

**Please note that camper check-in will take place at 10:00 AM on June 23, 2014 and check-out will be on June 26, 2014 at 3:00 PM. Please be sure to be on time!**

If you have any questions, feel free to contact me at 913-262-2233 (ex # 102) or e-mail at [bburns@arthritis.org](mailto:bburns@arthritis.org). I look forward to seeing you in June!

Sincerely,

Brooke Burns  
Program Coordinator  
Arthritis Foundation



# CAMP JOINT ADVENTURES 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 Joint Adventures brochure for a description of activities that will take place during the camp program. If you or your child's physician does not want your child to participate in a specific activity, please state such below:

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

Health History: Please circle any of the following conditions that your child has had.

- |             |                    |                |               |
|-------------|--------------------|----------------|---------------|
| seizure     | chicken pox        | retardation    | ear infection |
| T.B.        | drug allergy       | asthma         | gastritis     |
| diabetes    | penicillin allergy | lung problems  | GI problems   |
| hepatitis A | insect bite        | heart problems | ulcers        |
| hepatitis B | allergy            | hypertension   | bleeding      |
|             | other allergy      |                | problems      |

Please explain more about any items circled above: \_\_\_\_\_

Other medical conditions your child currently has: \_\_\_\_\_

Date of child's last tetanus booster shot: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are child's immunizations up-to-date?  Yes  No

Does your child need to follow a special diet or have any other needs of which the camp staff should be aware?

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

**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 JOINT ADVENTURES 2014  
PHYSICIAN'S AUTHORIZATION**

**\*Please Note:** If any medication changes occur between the time of submission of this form and date camp begins, a written notification by your physician of the changes must be provided to our camp nurses at check-in or to the Arthritis Foundation if prior to camp.

**\*Camper Name: (please print)** \_\_\_\_\_ **Age:** \_\_\_\_\_

**\*Examining Physician name: (please print)** \_\_\_\_\_

**\*Physician Phone: (      )** \_\_\_\_\_

**\* Clinic Name:** \_\_\_\_\_

**\*Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Physician Notes:**

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I have examined the person herein described and have reviewed the health history. It is my opinion that this camper is physically able to engage in camp activities, except as noted above.

**\*Examining Physician signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*\*Parents/Guardians: this form to be returned to the Arthritis Foundation prior to camp. Please retain a copy to bring to Camp Joint Adventures check in.**

**Brooke Burns**  
Arthritis Foundation  
Program Coordinator  
Arthritis Foundation  
[bburns@arthritis.org](mailto:bburns@arthritis.org)  
913-262-2233

**CAMP JOINT ADVENTURES 2014**  
**CAMPER MEDICATION INFORMATION**

**PLEASE READ BEFORE FILLING OUT MEDICATION FORM ON NEXT PAGE**

**Medication Form Instructions:**

1) Please note that camp is 4 days long. Please send enough medication for five days. This will provide extra medicine in case some pills are dropped or lost. Remember to include any “as needed” 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 Joint Adventure’s very own nurses’ station and dispensed at appropriate times by the nurse or assistant 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 Brooke 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.)*





**CAMP JOINT ADVENTURES**  
***PARTICIPATION WAIVER***

I, the undersigned, hereby attest that I am the legal guardian of

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Camper's Name

and I acknowledge that I have chosen for him/her to participate in the Arthritis Foundation, Camp Joint Adventures 2014 program at Rotary Club Youth Camp in Lee Summit, MO.

I hereby waive any and all rights and claims for damages and any or all injuries suffered in connection with said event I or my child may have against the Arthritis Foundation, Heartland Region, Rotary Club Youth Camp, the camp staff or any other individuals associated with the said event and their representatives or successors. I understand that none of the above are responsible for the loss or damage of personal items in connection with the said event.

I will allow his/her address to be added to the Camp Joint Adventures address book to be distributed to all campers at the end of Camp Joint Adventures 2014 as well as grant to the Arthritis Foundation, the right to use, reproduce, edit, exhibit, distribute, publish, display or transmit any photograph or video of my child without limitation restriction, review, approval, consideration or compensation, except where and to the extent prohibited by law.

I hereby waive any and all rights and claims on any photos of my child taken by the Arthritis Foundation, its employees or individuals associated with the Arthritis Foundation, Rotary Club Youth Camp, the camp staff or any other individuals associated with the said event and their representatives or successors.

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*Parent/Legal Guardian's Signature*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

*Date*

# CAMP Joint Adventures 2014

## 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:** Rotary Club Youth Camp, or Camp Joint Adventures, 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
- \_ 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
- \_ Hand-held battery powered fan

**\*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/Tablets Players
- Tobacco, alcohol or drugs in any form
- Computers or TVs of any size
- Electronic Games/Portable DVD
- Fireworks
- Knives of any kind



# CAMP JOINT ADVENTURES 2014

## LOCATION & INFORMATION

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### Camp Location

**\*Rotary Club Youth Camp is located at 22310 NE Colbern Rd in Lee's Summit MO.**  
The camp is just four miles east of the Unity Village off Colbern Road.

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### Need to Know Information

- **Camp Joint Adventures Health & Safety** – Camp Joint Adventures 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 cabins accompanied by 2 volunteers and all activities and accommodations are accessible by foot and wheelchair. 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 Rotary Club Youth Camp Parent Guide will be sent with a registration confirmation in May!***

- **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 Rotary Club Youth Camp website for more information  
<http://rotaryyouthcamp.org/>