CHAMP CAMP 2012 – CAMPER APPLICATION

The Ultimate Summer Camp for Kids (ages 7 to 14) with asthma.
July 15-21, 2012
Glacier View Ranch • Ward, Colorado

Physician's Section (Page 14)

ATTACH A RECENT PHOTO OF YOUR CHILD TO THIS PAGE.

The $35 processing fee is non-refundable and needs to be submitted with this application. Please make check payable to: American Lung Association in Colorado or ALAC

Final cost of camp is based upon your net income & number of exemptions. If you plan to apply for financial aid, please fill out the provided form (page 15). *No need to fill it out if you are NOT applying for financial aid.*

HOW DID YOU HEAR ABOUT CHAMP CAMP (circle one)?

☐ Healthcare Provider's Office	☐ Friend	☐ Internet Search	☐ Radio
☐ Social Worker	☐ Past camper	☐ Flyer/Brochure	☐ TV
☐ School/School Nurse	☐ Camp staff	☐ American Lung	☐ Magazine
☐ Kunsberg School	☐ Called/emailed us	☐ Newspaper	☐ Other ________________

CAMPER INFORMATION

Name of child____

Nickname/preferred name ____

Birth date (month/day/year) ________/________/_________ Circle: Female Male

Age at time of Champ Camp 2012 ______________ Grade ______________

Child's ethnicity (circle) White African American Hispanic/Latino Asian Pacific Islander

Native American Other: ___________________________

T-shirt size: ☐ Youth S ☐ Youth M ☐ Youth L ☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL

Has your child attended Champ Camp in the past? ☐ Yes ☐ No If yes, how many summers? _____

Has your child attended other asthma camps? ☐ Yes ☐ No If yes, how many summers? _____

If yes, which camp? _________________

5600 Greenwood Plaza Blvd, Suite 100 Greenwood Village, CO 80111
(303) 847-0279 or ChampCamp@lungcolorado.org

PARENT/GUARDIAN INFORMATION

Do you, the parent/guardian, have asthma? ☐ Yes ☐ No

Are parents living together? ☐ Yes ☐ No

Does anybody smoke inside your home? ☐ Yes ☐ No

Does anybody smoke inside your car while your child is present? ☐ Yes ☐ No

Please indicate where we should send camp-related mailings:
☐ Mother's address ☐ Father's address ☐ Guardian's address

Mother's Contact Info:

Name ____

Home number ____________________ Work number ____________________

Cell number ____________________ Email ____________________

Mailing Address ____

City ______________________ State ______ Zip __________

County ______________________

Name of employer ____

Employer address ____

City ______________________ State ______ Zip __________

Father's Contact Info:

Name ____

Home number ____________________ Work number ____________________

Cell number ____________________ Email ____________________

Mailing Address ____

City ______________________ State ______ Zip __________

County ______________________

Name of employer ____

Employer address ____

City ______________________ State ______ Zip __________

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Guardian's Contact Info:

Name ____

Home number ________________________ Work number__________________________

Cell number __________________________ Email ______________________________

Mailing Address ____

City____ State______ Zip__________

County ____

Name of employer ____

Employer address ____

City____ State______ Zip___________

- Please describe any custody or visitation restrictions:
  ____

- Person designated to drop-off child or pick-up child from camp other than yourself:

Name ___________________________________ Relationship to child ______________________________
Phone____________________________________

Address _____________________________________ City __________________State ____ Zip _______

- Person **NOT** permitted to take child or pick up child from camp:

Name ___________________________________ Relationship to child ______________________________
Phone____________________________________

Address _____________________________________ City __________________State ____ Zip _______

- Person(s) to be contacted in case of an emergency: (Must be completed)

Name ___________________________________ Relationship to child ______________________________
Phone____________________________________

Address _____________________________________ City __________________State ____ Zip _______

Name ___________________________________ Relationship to child ______________________________
Phone____________________________________

Address _____________________________________ City __________________State ____ Zip _______

CAMPER MEDICAL INFORMATION

Date of last physical examination ______________________________

Name of child's primary care physician ______________________________

☐ Pediatrician ☐ Family Practitioner ☐ Don't Know ☐ Other

Primary care physician phone______________________________

Primary care physician address ______________________________

City______________________________ State _______ Zip______________

Name of child's dentist/orthodontist ______________________________ Dentist Phone __________________

Does your child currently see an asthma specialist? ☐ Yes ☐ No

If yes, which type? ☐ Allergist ☐ Pulmonologist ☐ Don't Know

Name of child's asthma specialist ______________________________ Phone ______________________

Address ______________________________ City ____________________ State _______ Zip ____________

Does your child have a specific asthma action plan? ☐ **Yes** ☐ **No** *If yes, please attach to application.*

Child's medical insurance (check one):

☐ Private insurance (Blue Cross/Blue Shield; HMO; PPO) ☐ Medicaid (Medi-Cal in California)

☐ Other state public program ☐ None

Name of health insurance plan: ______________________________

Policy or group number: ______________________________

For Females Only:

Has she menstruated? ☐ **Yes** ☐ **No**

If not, do you anticipate that she will start her cycle for the first time this summer? ☐ **Yes** ☐ **No**

If she has menstruated, is her cycle normal? ☐ **Yes** ☐ **No**

*Please describe any abnormalities or special needs:*______________________________

____

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MEDICATIONS

Please list all of your child's daily medications

Medication	Dose	Times per day	For what condition

Is your child on allergy injections? ☐ Yes ☐ No

NOTE: No allergy shots will be given at camp, unless there are special circumstances. Our Medical Director needs to approve allergy injections in advance.

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ASTHMA HISTORY

1. How many years has your child had asthma? _______________

2. Check all the symptoms you have noticed since your child started having trouble breathing:

   - ☐ Cough
   - ☐ Wheeze
   - ☐ Difficulty breathing while resting
   - ☐ Difficulty breathing with exercising: cough, tightness of chest, easily out of breath
   - ☐ Difficulty breathing at night: cough, chest tightness, wheezing during night

3. Check which time of year your child has the most difficulty breathing (cough, wheeze, chest tightness):

   - ☐ Fall
   - ☐ Winter
   - ☐ Spring
   - ☐ Summer
   - ☐ Year Round

4. Check which time of day your child has the most difficulty breathing (cough, wheeze, chest tightness):

   - ☐ Morning
   - ☐ Afternoon
   - ☐ Evening
   - ☐ During the Night

5. Check all of the factors that trigger your child to have trouble breathing, wheeze, cough, or have chest tightness:

   - ☐ Respiratory infections
   - ☐ Sinus infections
   - ☐ Exercise
   - ☐ Casual Activity
   - ☐ Vigorous Activity
   - ☐ Strong smells or Perfumes
   - ☐ Tobacco Smoke
   - ☐ Weather Changes
   - ☐ Cold Air
   - ☐ Excitement (including laughing and crying)
   - ☐ Allergens If yes, which ones ______________________________
   - ☐ Animals If yes, which ones ______________________________
   - ☐ Food If yes, which ones ______________________________
   - ☐ Other ______________________________

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6. Any specific activities to be encouraged or limited by physician's advice? If so, please list:

____

____

7. Has your child ever been to the intensive care unit for asthma? ☐ Yes ☐ No
8. Does your child have a history of eczema? ☐ Yes ☐ No
9. Who is responsible for giving your child's asthma medication at home? ☐ Child ☐ Parent ☐ Both
10. Is your child allowed to carry his/her inhaler at school? ☐ Yes ☐ No
11. Does your child use a spacer/chamber/assisting device with his/her inhaler? ☐ Yes ☐ No

    If so, what is the brand name of the spacer?

    ____

12. Does your child use a peak flow meter? ☐ Yes ☐ No
    a. If yes, what brand? ____
    b. If yes, what is your child's normal reading? ______________

       Does your child use it routinely? ☐ Yes ☐ No

       If so, how often? _____time(s) a day _____time(s) a week
13. Within the past 3 months *(on average)*:
    a. How often does your child wake up because of asthma or coughing?

       ☐ None ☐ Some ☐ A lot
    b. How much does your child's asthma interfere with exercise?

       ☐ None ☐ Some ☐ A lot
14. How many times in the past 12 months have oral corticosteroids been used for the control of your child's asthma (oral corticosteroids are medications taken by mouth in either pill or liquid form, and are usually used when other medications cannot adequately control asthma symptoms) Names of oral corticosteroids include: Prednisone, Medrol, Deltasone, Decadron (pills) and Pediapred, Prelone, Liquidpred, OraPred, BubblyPred (liquids)?

    _____________ Courses of oral corticosteroids have been used in the past year

    Date of most recent course? ____
15. How many times in the past 12 months has your child:
    a. Gone to the doctor for a non-urgent visit for his/her asthma? __________________________
    b. Gone to the emergency room for asthma? __________________________
    c. Missed school due to asthma? __________________________
    d. Missed school due to other illness? __________________________

       What kind of illness? ____

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ALLERGIES HISTORY

Is your child allergic to any MEDICATION? (Penicillin, sulfa, etc.)? ☐ Yes ☐ No If yes, please list:

Medication Name	Reactions*	How long ago?

Is your child allergic to any FOODS? ☐ Yes ☐ No If Yes, please list:

Food Name	Reactions*	How long ago?

Is your child allergic to any ANIMALS? ☐ Yes ☐ No If Yes, please list:

Animal	Reactions*	How long ago?

Is your child allergic to any INSECTS? ☐ Yes ☐ No If Yes, please list:

Insect	Reactions*	How long ago?

**Reactions include severe, total body reaction (anaphylaxis); shock; skin problems (hives, redness, blistering, itchy skin, swelling); breathing problems (wheeze, cough, chest tightness); mouth problems (swollen lips, rash, tongue swelling, itchy); throat problems (swollen, itchy, scratchy); eye problems (swollen, itchy, watery); nose problems (itchy, runny, stuffy, sneezing); intestinal problems (abdominal pain, vomiting, diarrhea); behavior/sleep problems (stimulation, hyper, strange behavior, sleepiness, trouble sleeping).*

Was emergency treatment (911, ER visit, Urgent Care, EpiPen, etc.) needed for any of the reactions listed above?

☐ Yes ☐ No If Yes, please explain:

____

____

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OTHER HEALTH-RELATED MATTERS

Circle yes or no.

Headaches	Yes No		Seizures or Convulsions	Yes No		Hyperactivity	Yes No
Eating Disorder	Yes No		Diabetes	Yes No		Hypertension	Yes No
Frequent Ear Infections	Yes No		Constipation	Yes No		Heart Defects/ Disease	Yes No
Hearing Impaired	Yes No		Fainting	Yes No		Bleeding/ Clotting Disorders	Yes No
Vision Impaired	Yes No		Discipline Problems	Yes No		GERD (chronic heartburn)	Yes No
Learning Disability	Yes No		Depression	Yes No		Mononucleosis	Yes No
Obsessive Compulsive Disorder	Yes No		Bedwetting	Yes No		Hay Fever	Yes No
Attention Deficit Disorder	Yes No		Sleepwalking	Yes No		Ivy Poisoning	Yes No

Does your child have any chronic or recurring illness besides asthma? ☐ Yes ☐ No

Has your child had any operations or serious injuries? ☐ Yes ☐ No

Are there any other medical problems or conditions your child has that the camp directors/medical staff should be aware of? ☐ Yes ☐ No

If yes to any of the above questions, explain below:

____

____

____

____

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BEHAVIORAL MATTERS

Please identify any concerns regarding your child's behavior that may assist the Champ Camp staff in providing your child with a positive summer camp experience.

If any, please describe your child's emotional, developmental or behavioral concerns:

____

____

____

____

Please describe any behavioral or emotional concerns for which your child is currently receiving psychological treatment for or has received treatment for in the past:

____

____

____

____

If your child is currently taking medication for emotional or behavioral concerns, please list the medication and dosage: ____

Describe the symptoms for which the medication is prescribed: ______________________

____

____

If your child is receiving psychological treatment, counseling, or psychiatric medication, we will need to contact the treating clinician. Contacting your child's clinician will help us meet your child's special needs while at camp.

Please list the clinician's name and phone number, and sign the release below:

____

(Clinician's first and last name) (Clinician's Phone Number)

Name of Child: ____

I give permission for ______________________ to communicate with American Lung Association staff regarding my child. (Clinician's name)

____

Parent or Guardian Signature Date

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Has your child ever been away from home and parents for more than a few days? ☐ Yes ☐ No

If yes, were there any problems? ☐ Yes ☐ No If yes, what kind of problems occurred?

____

Do you anticipate any problems with homesickness at Champ Camp? ☐ Yes ☐ No

If yes, please describe: ____

____

Does your child feel embarrassed at school or in public if he/she has to take an inhaler or nebulizer treatment?

☐ Yes ☐ No

Do you anticipate any activity restrictions? ☐ Yes ☐ No

If so, explain: ____

____

Is there anything else you feel camp staff should know about your child? ☐ Yes ☐ No

If so, explain:

____

____

____

____

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PARENT'S AUTHORIZATION – *Sign and date each section*

RELEASE OF LIABILITY

THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE CHAMP CAMP/AMERICAN LUNG ASSOCIATION Southwest Region (ALASW), its directors, staff and volunteers (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all their personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with CHAMP CAMP.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the CHAMP CAMP premises or in any way observing or using any facilities or equipment of CHAMP CAMP or participating in any program affiliated with the CHAMP CAMP whether caused by the negligence of the releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of CHAMP CAMP and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with CHAMP CAMP.

Parent/Guardian Signature:____ Date ______________________________

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby give my permission to CHAMP CAMP officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency or medical or surgical care for my child, ____________________________ should an emergency arise. It is understood that camp officials will make a conscientious effort to local the emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate an emergency contact listed, I/we will accept the expense of emergency medical or surgical treatment.

Parent/Guardian Signature:____Date ______________________________

PHOTOGRAPHY, VIDEO AND PROMOTIONAL RELEASE

I do hereby acknowledge and authorize CHAMP CAMP and the American Lung Association Southwest Region to take and use photographs, video and written comments of or by my child for promotional and informational materials. Further, I agree to release and discharge the American Lung Association Southwest Region and its sponsors from any and all liability in connection with the use of such photographs, videos and written comments of or by my child.

Parent/Guardian Signature: ____ Date ____________________________

AUTHORIZATION TO PARTICIPATE OR EXCLUDE PARTICIPATION IN CAMP ACTIVITIES

I hereby give permission for my child to go on trips away from camp premises, whether on foot or by vehicle.
I give permission for my child to participate in all camp activities with the following exceptions: ______________________

____

Parent/Guardian Signature:____ Date __________________________________

*The Camp Director will have a complete list of activities that will be included in your parent packet as camp draws closer. If there is a camp activity that you do not want your child to participate in after you review the list in your parent packet, please contact the director at 303.847.0267 or 303.847.0279.

AUTHORIZATION TO RELEASE MEDICAL DATA

I hereby authorize CHAMP CAMP and the American Lung Association Southwest Region to release medical data for the purpose of compiling and assessing national asthma medical information. I understand that all participants' data will be combined and analyzed ("cumulatively" or "together") thereby protecting the confidentiality of my child.

Parent/Guardian Signature:____ Date ______________________________

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CAMPER CODE OF CONDUCT – *Both Camper and Parent/Guardian must review, sign and date*

To help each camper get the most out of his/her camp experience, we have designed a list of ground rules. We recognize the special needs of our campers, and will (as much as possible) individualize the rules according to the needs and abilities of each camper.

Champ Camp has 5 basic rules. These rules are designed to protect the overall health of Champ Camp. It is our goal that each child returns home with fun memories… it is our mission to provide a quality environment and experience for all involved.

Rule # 1 - *Respect yourself, others and property*. "Respect yourself" means pick up your belongings, take care of personal hygiene and take your medication on time. Abusive behavior toward others or use of inappropriate language is not tolerated. Also, there will be no fighting, no stealing, no property damage, no graffiti and no vandalism at any time.
Rule #2 - *Participate in all camp activities*. It is camp's responsibility to know where every single camper is at all times. Campers are expected to be present at all activities unless excused by a staff member. Campers cannot be left alone in their cabins; therefore, if any camper is excused from an activity, he/she will be supervised by a staff member or by a nurse in the infirmary.
Rule #3 – *Follow directions*. There are a lot of fun things to do at camp, but every activity has guidelines so that camp can operate safely and appropriately. We expect the campers to follow staff direction during all activities.
Rule #4 - *No put-downs* (examples - teasing, name-calling, racial slurs, inappropriate jokes).
Rule #5 – *Sticks and stones stay on the ground at all times*.

Here is a breakdown of our camper-behavior-response policy:

- The counselor will start by giving the child a warning, and if that does not work, then a time-out with an explanation/discussion regarding the cause of the problem.
- If the counselor needs help, a Camp Management staff member will work with the child to help avoid further problems.
- We may call home to discuss suggestions on ways to deter the inappropriate behavior. As a last resort, we may need to send a camper home.
- In the case of *severe* homesickness or if misbehavior is causing harm to anyone, including the camper misbehaving, we reserve the right to send the camper home.

I understand and accept that my child must abide by the Camper Code of Conduct:

____

Parent/Guardian Signature Date

I agree to abide by the Camper Code of Conduct:

____

Camper Signature Date

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Physician's Section for ____

Camper's Name

Please complete this form and fax to Attn: Champ Camp at 303.377.1102

Recommendations and Restrictions while at Champ Camp:

1. Communicable diseases, serious illnesses, and/or operations this individual has/had?
2. Treatment to be continued while at Champ Camp?
3. Medication to be administered at camp (specific dosages)?
4. Medically prescribed meal plan or dietary restrictions?
5. Drug reactions or allergies (food, drugs, plants, insects, etc.)?
6. Please give results of child's most recent PFT in table below. Date of PFT: _______________

	Measured Value	% Predicted
FVC		
FEV1		
FEF 25-75%		

7. Child's Peak Flow Zones:
   Green Zone _________________ Yellow Zone __________________ Red Zone _________________
8. Please rate the severity of his/her asthma?
   ☐Mild Intermittent ☐Mild Persistent ☐Moderate Persistent ☐Severe Persistent
9. Any disabilities or behavior problems? Yes No If yes , please explain: ____________________

I have examined the person herein described and have reviewed his/her health history. By signing below I am confirming that this child does indeed have asthma. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

____ ____

Physicians/Nurse Practitioner's Signature Date of Examination

____

Physicians/Nurse Practitioner's Printed Name UPIN# Phone #

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Champ Camp 2012

Financial Aid Form

If you wish to apply for financial aid, simply complete and return this form.

The mandatory $35 processing fee goes towards the processing of all application forms, including the financial aid form.

Total mount of scholarship is based upon your adjusted gross income and number of exemptions.

BREAKDOWN OF COST OF CAMP AND FINANCIAL ASSISTANCE:	
Total cost per camper	$1,100
Discount (applies to all applicants) –funding provided by generous donors	($650)
Camper tuition *before* scholarships	$450
Less the amount of Scholarships (for those who qualify)	Amount TBD
Range of Camper tuition *after* scholarships	**$0 - $425**

Camper #1 Name: ____________________ Last ____________________ First ______ MI ______ Age

Camper #2 Name: ____________________ Last ____________________ First ______ MI ______ Age

Parent/Guardian: ____________________ Last ____________________ First ______ MI

Spouse/Partner: ____________________ Last ____________________ First ______ MI

Camper(s) live with (circle one) Both Parents Mother Only Father Only Guardian

Current Mailing Address: ____
Street or PO Box

____________________ City ____________________ State ____________ Zip code

Home # ____

Cell # ____

Email # ____

Parent/Guardian 2011 Income Tax Form 1040 (signed and dated) must be attached to this form!!!

If you do not have a 1040 form, please forward all other forms/statements

that pertain to your 2011 income (examples - 1040A, SSI, Disability, etc.)

2011 Adjusted Gross Income ____________________

Total number of Exemptions ____________________

Parent/Guardian Signature ____________________ Date____________________

Spouse Signature ____________________ Date____________________

Note: Incomplete information will delay processing

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