



# 2015 KIDS BURN CAMP YMCA CAMP MANITOU-LIN

A branch of the YMCA of Greater Grand Rapids

**JUNE 21-26, 2015**



Dear Parent or Guardian,

We hope your child will join us for Kids Burn Camp this summer! Summer Camp will be held at YMCA Camp Manitou-Lin in Middleville, Michigan. **If your child is interested in attending camp, please complete and return the enclosed paperwork by fax, email, or mail, no later than May 15<sup>th</sup>, 2015. Please send all paperwork directly to YMCA Camp Manitou-Lin.**

YMCA Camp Manitou-Lin  
Fax: 269.795.629  
Email: [kdenman@grymca.org](mailto:kdenman@grymca.org)

Mailing Address:  
YMCA Camp Manitou-Lin  
Attention: Karin Denman  
1095 N. Briggs Rd.  
Middleville, MI 49333

## **BUSSING OPTIONS:**

### **Grand Rapids Area:**

**David D. Hunting YMCA, 475 Lake Michigan Dr., Grand Rapids, MI 49504**

Drop off will be **Sunday, June 21 at 1p.m.** We will meet inside in the main floor conference room. You must accompany your child and sign them in. The parade is scheduled to leave for Camp at 2:00 p.m.

Pick up will be on **Friday, June 26 at 1 p.m.** We will return to the David D. Hunting YMCA and drop-off on Winter Street. Please remember to bring photo ID for pick-up.

If you have questions, please contact me at 269.795.9163 ext. 9253 or [kmorrison@grymca.org](mailto:kmorrison@grymca.org) Thank you!

### **Ann Arbor Area:**

#### **Plymouth Road Park & Ride Lot**

This lot is located on Plymouth Road, just west of US-23 (on the southwest side of the freeway exit interchange).

3700 Plymouth Road, Ann Arbor, MI

[Location map](#)

Drop off will be on **Sunday, June 21 at 10:30 a.m.** We will meet at the Park and Ride lot listed above. You must accompany your child and sign them in.

Pick up will be on **Friday, June 26 at 1:30 p.m.** We will return to the Plymouth Road Park and Ride. Please remember to bring photo ID for pick-up. If you have questions, please contact me at (269) 795-9163 ext. 9224 or

[kdenman@grymca.org](mailto:kdenman@grymca.org) Thank you!

Sincerely,

Kevin Morrison  
Summer Camp Director



# 2015 KIDS BURN CAMP APPLICATION YMCA CAMP MANITOU-LIN

A branch of the YMCA of Greater Grand Rapids

**SUMMER OF 2015 THEME: Mystery Week  
JUNE 21- 26, 2015**



Dear Campers and Parents,

YMCA Camp Manitou-Lin would like to invite you to Kids Burn Camp (KBC). YMCA Camp Manitou-Lin is located in Middleville, Michigan. Join us, for an exciting week of swimming, horseback riding, rock climbing, and just plain fun! Here at Kids Burn Camp, we truly believe there is no substitute for the camping experience, for the life skills we instill, the character values we develop and for the meaningful friendships that we build. We recognize how important it is to provide a fun and educational summer opportunity for your child. In order to succeed, we need your help and cooperation with the guidelines on the following pages. This packet contains important information to help **you** and **your camper** to prepare for camp and to best meet the physical intellectual and emotional needs of your child. Please read all information carefully. Upon registration, a confirmation packet will be sent to your home with more detailed information about transportation and other special events.

**Registration deadline is May 15, 2015**

To reserve your spot, fill out the enclosed application completely and return it **directly to YMCA Camp Manitou-Lin**. Please note that campers cannot be admitted without a completed Summer 2015 application packet.

**RESERVATIONS ARE FIRST COME, FIRST SERVE!**

All expenses are paid by the generosity of donors who want you to have the opportunity to enjoy meeting new friends who are survivors just like you. Kids from other burn centers throughout Michigan will be there to share great times and create lasting memories.

Again, thank you for choosing to share your child with us this summer. As a well-trained volunteer and staff team, we are committed to providing your camper the best possible experience. Visit YMCA Camp Manitou-Lin at [www.grymcacml.org](http://www.grymcacml.org) to learn more. We look forward to a wonderful week of summer fun!

Best Wishes,

Kids Burn Camp

**YMCA Camp Manitou-Lin**  
**1095 N. Briggs Road, Middleville, MI 49333**  
Phone: 1.888.909.2267/Fax: 269.795.1629  
Kevin Morrison  
Email: [kmorrison@grymca.org](mailto:kmorrison@grymca.org)

# CONFIDENTIAL HEALTH RELEASE FORM

Last KBC session attended: (check one)  NEW  SUMMER  WINTER Year: \_\_\_\_\_

Shirt Size: (Adult Size, Check One)

Email Address \_\_\_\_\_  SMALL  MEDIUM  LARGE  XLARGE  2XL

We ask that you give us some rather detailed information that will help our staff to best provide programs and supervision for your child. The information will be reviewed and passed on to your child's counselor. You know your camper best and your answers will help us provide the best possible experience. The intent of this information is also to provide camp health care personnel the background to provide appropriate care. Please provide complete information so that we can be aware of your needs.

Camper's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Camper's Nick Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent or Guardian(a) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment(s) \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Camper E-Mail: \_\_\_\_\_

## OPTIONAL INFORMATION:

Child lives with:  Both Parents  Mother  Father  Other \_\_\_\_\_

Has your camper experienced any recent life changes that may affect his/her time at camp? \_\_\_\_\_

Check each word that describes your camper with children their own age:

Shy  Friendly  Quiet  Outgoing  Leader  Follower

Does your camper make friends:  Easily  Fairly easily  With difficulty

Does your camper express feelings:  Easily  Fairly easily  With difficulty

Does your camper have any special needs? \_\_\_\_\_

Child is looking forward to camp with:  Enthusiasm  Acceptance  Caution  Anxiety

Has your child been away from home before?  Yes  No

If so, Where? \_\_\_\_\_ How Long \_\_\_\_\_

What fears does your camper have? \_\_\_\_\_

Is your camper:  A slow dresser  A slow eater  Afraid of water, darkness, etc.?

Is your camper subject to:  Bed wetting  Sleepwalking  Constipation  Nightmares  Fainting  Tiring easily

Fainting  Asthma  Nervousness  Other: please explain: \_\_\_\_\_

What do you consider your camper's strengths and weaknesses: \_\_\_\_\_

What do you hope your camper gains from their experience? \_\_\_\_\_

What other information might help the counselor better understand your child? \_\_\_\_\_

Campers Name \_\_\_\_\_ Camper's Age: \_\_\_\_\_

Any specific activities to be encouraged or limited by physician's advice: \_\_\_\_\_

Dietary restrictions/concerns:  Does not eat red meat  Does not eat poultry  Does not eat pork  
 Does not eat eggs  Does not eat dairy  
 Picky eater  Other: \_\_\_\_\_

Allergic to or have strong dislikes for certain foods: \_\_\_\_\_

Camper's ethnic/ racial background: (Optional)  White  African American  Hispanic or Latino  Asian/Pacific Island  
 Native American  Multi-racial  Other \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION including Parent/Guardian(s)**

1st Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

2nd Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

3rd Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

**PARENT RELEASE AUTHORIZATION**

All campers being picked up at Camp Manitou-Lin or at designated bus stops must be signed out with camp staff. Please list all people your child may be released to, **INCLUDING** parents.

	NAME	RELATIONSHIP
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

My child may **NOT** be released to: \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date: \_\_\_\_\_  
**(Circle appropriate title)**

# HEALTH HISTORY

Please supply dates and check which diseases camper has had and which vaccinations they've received.

	DATE	DISEASE	VACCINATIONS
Frequent Ear Infections	_____	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Chicken Pox
Heart Defect/Disease	_____	<input type="checkbox"/> Measles	<input type="checkbox"/> Measles
Convulsions/Seizures	_____	<input type="checkbox"/> German Measles	<input type="checkbox"/> German Measles
Diabetes	_____	<input type="checkbox"/> Mumps	<input type="checkbox"/> Mumps
Bleeding/Clotting Disorders	_____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Hepatitis A
Hypertension	_____		<input type="checkbox"/> Hepatitis B
Mononucleosis	_____		<input type="checkbox"/> Hepatitis C
Last Tetanus Booster Shot	_____		<input type="checkbox"/> TB Mantoux Test
			Date: _____
			Results: Positive <input type="checkbox"/> Negative <input type="checkbox"/>

Operations or serious injuries (dates): \_\_\_\_\_

Disability or chronic recurring illness: \_\_\_\_\_

Other infectious diseases or details of above: \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical examination (must have been within the last 24 months): \_\_\_\_\_

Family medical/hospital insurance carrier: \_\_\_\_\_ Policy or Group # \_\_\_\_\_

**(For female)** Has this person menstruated?  Yes  No If no, has she been told about it?  Yes  N

## MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. Attach additional pages for more medications.

This person takes NO medication on a routine basis

This person takes medication as follows:

Med#1 \_\_\_\_\_ Dosage: \_\_\_\_\_ Times Taken Each Day: \_\_\_\_\_  
Reason for Medication: \_\_\_\_\_

Med#2 \_\_\_\_\_ Dosage: \_\_\_\_\_ Times Taken Each Day: \_\_\_\_\_  
Reason for Medication: \_\_\_\_\_

Med#3 \_\_\_\_\_ Dosage: \_\_\_\_\_ Times Taken Each Day: \_\_\_\_\_  
Reason for Medication: \_\_\_\_\_

Identify any medications taken during the school year that participant does/may not take during the summer: \_\_\_\_\_

## ALLERGIES

List all known. Describe reaction and management of the reaction to Medication, Food or other Allergies (please list):

Medication Allergies	Describe reaction and management of the reaction
_____	_____
_____	_____
_____	_____
Food Allergies	Describe reaction and management of the reaction
_____	_____
_____	_____
_____	_____
Other Allergies	Describe reaction and management of the reaction
_____	_____
_____	_____
_____	_____

## I AUTHORIZE THE FOLLOWING TO BE ADMINISTERED (OR THEIR GENERIC EQUIVALENT) AS NEEDED:

Tylenol  Chlorseptic  Benadryl  Cough Drops  Pepto Bismol

Ibuprofen  Neosporin  Calamine Lotion Comments: \_\_\_\_\_

Campers Name \_\_\_\_\_ Camper's Age: \_\_\_\_\_

## GENERAL LIABILITY

I understand that the YMCA of Greater Grand Rapids assumes no responsibility for injuries, which I or my child may sustain as a result of me or my child's physical condition or resulting from my or my child's participation in any activities, programs, exercise, or the use of any facility, equipment, or other activities organized or sponsored by the YMCA of Greater Grand Rapids & Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the YMCA, I hereby voluntarily release and discharge the YMCA of Greater Grand Rapids, its agents, servants, and employees from any and all claims for injury, death, loss or damage that I or my child may suffer. I understand the YMCA of Greater Grand Rapids is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

## PHOTO RELEASE

We love taking pictures of our guest enjoying their time at YMCA Camp Manitou-Lin. We often use these photos in our marketing and promotional efforts. By signing this waiver, you agree to give the YMCA of Greater Grand Rapids permission to use any media of me or my child at camp for purposes of promoting or interpreting YMCA Programs. If you'd prefer your photo not be used, please let us know in writing prior to your camp experience.

Signature of parent or guardian \_\_\_\_\_ Date: \_\_\_\_\_  
**(Circle appropriate title)**

## EMERGENCY AUTHORIZATION

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for myself or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the named person above.

Signature of parent or guardian \_\_\_\_\_ Date: \_\_\_\_\_  
**(Circle appropriate title)**

For reporting purposes please consider answering the following. This information is confidential and is used for applying for grant opportunities.

**Total number of people in the household:** \_\_\_\_\_

**Annual Household Income**

\_\_\_\_ Less than \$5000      \_\_\_\_ \$5000-\$9999      \_\_\_\_ \$10,000-\$14,999      \_\_\_\_ \$15,000-\$24,999      \_\_\_\_ \$25,000-\$34,999  
\_\_\_\_ \$35,000-\$49,999      \_\_\_\_ \$50,000-\$74,999      \_\_\_\_ \$75,000-\$99,000      \_\_\_\_ \$100,000 or more

Campers Name \_\_\_\_\_ Camper's Age: \_\_\_\_\_

## EQUINE LIABILITY RELEASE

Please read the following agreement and liability release for horseback riding and or horse related activity at YMCA Camp Manitou-Lin before signing:

**WARNING: Under the Michigan equine activity liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.**

▪ **Activity Risk And Nature Of Camp Horses**

As a guest at YMCA Camp Manitou-Lin, I, the undersigned, recognize that YMCA Camp Manitou-Lin is located in a rustic setting with natural and artificial hazards (including surface and subsurface conditions). The undersigned also understands that it is the propensity of an equine to behave in ways that may result in injury, loss, or death. Equines can act unpredictably to sounds, sudden movements, unfamiliar objects, persons, or other animals. It is also understood by the undersigned that there could be a collision with another equine, animal, person, or an object while riding on YMCA Camp Manitou-Lin premises.

▪ **Rider Responsibility**

The undersigned will be given basic riding instruction prior to riding, yet there is a potential for the participant to act or fail to act in a manner that could contribute to injury, loss, or death. I understand that by mounting a horse and by taking the reins that the rider is in primary control of the horse. The rider's safety largely depends on his/her ability to carry out simple instructions and his/her ability to remain balanced aboard the moving equine. For the comfort and safety of the horse and rider, a 200 lb. weight limitation is in effect and is variable depending upon ambulatory status, range of motion, and the discretion of the Equestrian Director.

▪ **Signer Statement Of Awareness**

I/We, the undersigned, have read and do understand and agree to the foregoing agreement, warnings, waiver, and the assumption of risk. We assume the risk of injury from the above danger, and waive liability, if any, of YMCA Camp Manitou-Lin/YMCA of Greater Grand Rapids and its staff and volunteers.

Signature of parent or guardian \_\_\_\_\_ Date: \_\_\_\_\_  
**(Circle appropriate title)**

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

**ORTHOPEDIC**

Spinal fusion  
Spinal instabilities/abnormalities  
Atlantoaxial instabilities  
Scoliosis  
Kyphosis  
Lordosis  
Hip subluxation/dislocation  
Osteoporosis  
Pathologic fractures  
Coxas arthrosis  
Heterotrophic ossification  
Osteogenesis imperfecta  
Cranial defects  
Spinal orthosis  
Internal spinal stabilization

**MEDICAL/SURGICAL**

Allergies  
Cancer  
Poor Endurance  
Recent Surgery  
Diabetes  
Peripheral vascular disease  
Varicose veins  
Hemophilia  
Hypertension  
Serious heart condition  
Stroke (CVA)

**NEUROLOGIC**

Hydrocephalus/shunt  
Spina bifida  
Tethered Cord  
Chiari II malformation  
Paralysis due to spinal cord injury  
Seizure disorder

**SECONDARY CONCERNS**

Behavior problems  
Acute exacerbation of chronic disorder  
Indwelling catheter

## FOR THE PARENT/GUARDIAN

We ask that you give us some rather detailed information that will help YMCA Camp Manitou-Lin and Kids Burn Camp staff best provide programs and supervision for your camper. The information will be reviewed and passed on to your camper's counselor. You know your camper best and your answers will help us provide the best possible week at KBC.

Camper Name:		Nickname:		Age:	
Parent/Guardian Name filling out this form		How are you related to the Camper?			
With whom does the camper live? Please explain.					
Is either parent or close relative deceased? Are parents separated or divorced? Please explain.					
Has the camper had any specific problems or progress associated with academic performance or behavior at school? Please explain.					
Have friendship patterns or interaction with peers changed in the past year? Please explain.					
Is the camper currently going through any special life issues such as divorce, a death in the family, drug use? Please explain.					
Please list all extra-curricular activities your camper has participated in this year.					
How would you describe your camper's adjustment to their burn injury? Please explain.					
How do you feel the past year has been for your camper? Please explain.					
What is your camper looking forward to in the next few months?					
Is there anything else that you feel would be helpful for us to know about your camper? Please explain.					
How can we be most helpful to your child at camp? Please explain.					



## FOR THE CAMPER

Camper Name:	
Who is in your family? Please explain.	
How would your family describe you? Please explain.	
How would your friends describe you? Please explain.	
How is school for you? Tell us about your favorite teacher and favorite subject. Please explain.	
What has gone well for you this year? Please explain.	
What hasn't gone so well this year and what was hard to handle this year? Please explain.	
What was the coolest thing that you did or happened to you this year? Please explain.	
What are you looking forward in the next few months?	
Why do you want to go to Kids Burn Camp this year? Please explain.	
What are you looking forward to most at camp? Please explain.	
Is there anything that worries you about camp this year? Please explain.	

## CLOTHING AND EQUIPMENT

Be aware that camp is hard on clothing and equipment due to uneven trails, weather, and very active days. We recommend against bringing new and/or expensive clothing, luggage, or other items. We also advise that both you and your camper pack together – it better ensures your camper knows what they have and increases the likelihood that it will return home with them. All personal belongings (clothes, luggage, sleeping bags) should be plainly and BOLDLY marked for easy identification and are ultimately the responsibility of the camper. Storage space is limited. Please bring only two (2) items of luggage: a sleeping bag and one (1) suitcase/duffel bag. Unclaimed lost and found property will be kept for one week and then donated to various local charities.

### PLEASE BRING

- Sleeping bag or blankets with stuff sack or plastic bag
- Small pillow
- Laundry bag/pillow case
- 1-2 Towels & 1 Washcloth
- Shampoo & soap
- Toothbrush & toothpaste
- Deodorant
- Comb or brush
- Waterproof coat or rain poncho
- Warm jacket
- Sweatshirt
- Long sleeve shirt
- Pajamas or other sleeping clothes
- Underwear & socks for EVERYDAY plus 2 extra
- T-shirt for EVERYDAY
- Shorts
- 2 pairs of Long Pants (horseback riding requires long pants)
- 2 pairs of Shoes
- Sandals
- Swimming Suit
- Water bottle
- Sunscreen
- Chap Stick
- Flashlight
  - Bug Spray
- Prescribed Medications

### OPTIONAL

- Stationary, pre-addressed envelopes & stamps
- Journal
- Book
- Travel games

### PLEASE DO NOT BRING

- Pocketknives, weapons or hazardous materials
- Matches
- Fireworks
- Candy, pop, or food
- Cash

YMCA Camp Manitou-Lin is proud to be a Tech-free camp. Please help us by making sure that your camper

### **DOES NOT**

have any electronic equipment, electronic games, cell phone or personal music players in their possession. Thanks for your cooperation.

## CAMPER EXPECTATIONS

Developing realistic expectations about camp is important. Parent/guardians can sometimes over-glamorize the camp experience. Obviously, going away to camp will be wholly worthwhile, but it is important to make sure your child understands it may not be fun every minute – there may be problems to solve, cabins to keep tidy, tables to set and new skills to develop. This is all part of the camp experience – and those rainy days can be the most memorable of all.

### Friends, Fun, Learning and Adventure

Sharing and group work are an integral part of the Overnight Camp and Teen Overnight Camp programs. For example, in the mornings during cabin activities, canoeing, and BIG games campers are given opportunities for leadership among their peers and for challenging themselves. Camp is physically active, with long days; participating fully is important and expected at camp.

### Religious Emphasis

The YMCA of Greater Grand Rapid's mission is to put Christian principles into practice through programs that build a healthy spirit, mind, and body for all. Here at camp, daily chapel, thoughts for the day, graces, and nightly vespers emphasize Christian principles and practices. YMCA Camp Manitou-Lin's core values are Caring, Honesty, Respect, Responsibility and inclusion. Our entire camp family is expected to promote themselves in such a way as to role model these values. We welcome and celebrate all religious affiliations and denominations.

### Behavioral Expectations

Campers are expected to behave in a safe, Caring, Honest, Respectful, Inclusive and Responsible manner at all times. This is implemented with great care and respect by all camp staff. Failure to abide by Manitou-Lin's rules and guidelines will result in dismissal from camp.

### Homesickness

Occasionally a camper becomes homesick. Our staff are prepared and trained to respond to homesickness. This can be overcome and will help the camper in developing independence and increased self-respect. Should it be in the best interest of the camper, the Camp Director will contact the parent/guardian.

### Lost and Found/Personal Property

The YMCA is not responsible for clothing and personal property brought from home. While our staff will help your camper, it is considered the responsibility of the camper to keep their belongings together. Please check your child's cabin and the lost and found located on the southern end of the lodge porch on closing day. **Unclaimed lost and found property will be kept for one week and then donated to various local charities.**

### Emergency Communication

In case of medical or family emergency, contact YMCA Camp Manitou-Lin at 1.888.909.2267. After office hours, our voice mail system will give you an emergency cell phone option. Please follow these instructions. In the event of an emergency, visits by parent/guardians are allowed after contact with the Camp Director.

### Sending something to a camper?

There are multiple ways that you can contact your camper while they are at Manitou-Lin. You can send mail by US Mail or you can send faxes to the office or e-mails through Bunk1.com. Care packages are welcomed, but please refrain from sending food as it invites wildlife into your camper's cabin. Care packages to share with the whole cabin, including theme-related decorations, glow sticks, books or games are a great way to create a memory for your camper.

Please include camper's name, session and cabin on all items sent to camp to ensure prompt delivery. **All e-mail, faxes, and USPS mail must arrive at camp by 10:45 AM for delivery on that day.**

- Address mail to your camper as follows:  
**Camper Name, session number, cabin name**  
**YMCA Camp Manitou-Lin**  
**1095 North Briggs Rd.**  
**Middleville, MI 49333**
- **Fax: 1.269.795.1629**; a fax cover sheet is available during check-in and on our website.
- **E-mail:** Log on to **Bunk1.com** to send emails to your camper. There is **no charge** to send plain text messages. If You choose to send pictures or designs with the email, there may be a charge.

## INFORMATION RELATED TO YOUR CAMPER'S BURN INJURY

Please give a detailed description of the burn injury including type of burn, body location and events surrounding the time of the injury

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Date of injury:	Age at time of injury:	Percent of body affected and areas affected:
Areas grafted:	Hospital providing care:	Name of burn physician:

Has your child had burn related reconstructive surgery in the last 6 months?  Yes  No

Date of surgery: \_\_\_\_\_ Please describe: \_\_\_\_\_

Is your child scheduled for surgery after camp?  Yes  No

Please describe: \_\_\_\_\_

Will the child need special care at camp?  Yes  No

Please describe: \_\_\_\_\_

Does your child presently wear pressure garments?  Yes  No

If Yes, which areas of the body? \_\_\_\_\_

If Yes, how many sets of garments will they bring? \_\_\_\_\_

Wearing schedule: \_\_\_\_\_

## OCCUPATIONAL, PHYSICAL or PSYCHOTHERAPY

1. Does your child presently receive Occupational Therapy  Yes  No

If yes, frequency: \_\_\_\_\_

Name of therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Does your child presently receive Physical Therapy  Yes  No

If yes, frequency: \_\_\_\_\_

Name of therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Does your child have any limitations in their strength or range of motion?  Yes  No

If yes, frequency: \_\_\_\_\_

Name of therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Does your child have any physical limitations which may affect their participation in camp activities?  Yes  No

5. Does your child have Downs-Syndrome?  Yes  No

**NOTE:** If you answered YES to any of the above questions number 1 through 5, the attached Physician Report is required upon registering for Kids Burn Camp. The intended use it to guide and assist us in providing for your child a camp experience that will work toward and be consistent with therapy goals.

3. Is your child currently receiving counseling or psychotherapy?  Yes  No

**NOTE:** If you answered YES to Question 6, a brief summary statement from his or her therapist indicating treatments issues as well as issues relevant to camp is required as part of the application packet. The intended use it to guide and assist us in providing for your child a camp experience that will work be consistent with therapy goals.

**I certify that this information is true and accurate to the best of my knowledge.**

Signature of parent or guardian \_\_\_\_\_ Date: \_\_\_\_\_

**(Circle appropriate title)**