



Camp Challenge
P.O. Box 10591
New Orleans, LA 70181
504-347-2267

Dear Parents:

It is my great honor to invite your child to join us for an exciting week of fun and excitement. This invitation entitles your child to endless memories, exciting events, and many friendships. Your child will experience a world of adventure at the 2010 session of CAMP CHALLENGE. If your child has been to CAMP CHALLENGE in the past, you know the value of camp memories. If Camp Challenge 2010 will be your child's first time at camp, you should be eager to give your child the chance to experience independence and to learn more about him/herself.

CAMP CHALLENGE is an Accredited Camp of the American Camping Association. To become accredited, we must comply with over 100 national camping standards. Each summer, we must prove that we are in compliance with ACA standards to maintain our status of accreditation. The purpose of this is to allow you, the parent, to know that we as a camp program and an organization have worked to meet all national guidelines for camping and that we will provide the best camp session possible to your child.

Please fill out the application completely and carefully. All of the information is necessary to process the application.

Sincerely yours,

Cathy Allain
Cathy Allain (Treble),
Camp Director

***** Applications WILL NOT be processed and will be returned to you if all of the information is not complete. Copy of insurance cards and immunizations MUST BE included.*****

www.campchallenge.org

CAMP CHALLENGE 2010

Camp Challenge is a one week overnight summer camp program for children with cancer and their siblings. The camping program is accredited by the American Camping Association.

CAMP DATES: Sunday, July 25, 2010 through Saturday, July 31, 2010

APPLICATION DEADLINE:

All applications are due **June 15, 2010**. They will be accepted after that date, but campers are accepted on a **first come first serve basis**. The number of staff we hire is based on the number of campers that have applied. We would also like to make sure we have enough supplies and a t-shirt for your child-so please get it in as soon as possible.

LOCATION: The camp will be held at the **Louisiana Lions Camp** in Leesville, Louisiana. It is an accredited site of the American Camping Association.

ELIGIBILITY: Any child (ages 5-15) with cancer or a hematological disease or their siblings. Camper eligibility is determined by the Board of Camp Challenge and is based on diagnosis, current condition and medical information provided on the application. Camp Challenge reserves the right to accept or refuse any camper based on information provided or past camp experience.

COST: Through the kindness of our many contributors, there is no cost or fee for camp. **Campers should not bring money to camp.**

MEDICAL CARE: Medical and therapeutic care is provided 24 hours a day by highly skilled professionals including physicians, nurses, and others.

STAFF: The camp program is staffed by volunteers. Each is screened for qualifications and standards set by the American Camping Association and the Board of Camp Challenge. All are highly motivated and dedicated to the service of children. Staff to camper ratio is approximately 1:1.5.

ACTIVITIES: Arts and crafts, swimming, field sports, campfires, hiking, nature, a talent show and much, much more! A rest period is provided each day after the noon meal.

INSURANCE: Campers are automatically covered by group medical insurance during the camp session. Parents and/or their own family health insurance are responsible for all medical bills not covered by the camp group insurance. **PLEASE ATTACH A COPY OF YOUR CHILD'S INSURANCE CARD TO THE APPLICATION.** Applications will not be processed without them.

MEDICATIONS: If your child is accepted as a camper you will receive a health form and instructions prior to coming to camp. All medication must be checked in with the medical staff. It must be clearly labeled, and you must send enough for the entire week. You must include prescription bottles.

KEEP THIS INFORMATION, YOU MAY NEED IT!

TRANSPORTATION: PLEASE READ THE FOLLOWING INFORMATION CAREFULLY AND CHECK THE APPROPRIATE BOX ON THE APPLICATION.

TYPES OF TRANSPORTATION

OWN: Parents will be responsible for providing transportation to and from the campsite in Leesville, Louisiana. No assistance will be necessary.

BUS: NEW ORLEANS and BATON ROUGE AREA CAMPERS

Campers may ride the bus provided by Camp Challenge to and from camp. Parents will be responsible for transporting campers to and from the bus at Children's Hospital or their designated bus stop.

APPLICATION INSTRUCTIONS: Please complete the application **in ink**. All questions must be answered and all parts must be completed.

CAMPER ACCEPTANCE: Once we have processed the application and determined that your child is eligible to attend camp, we will send you an acceptance package. Packages should be mailed in early June. This will include the rest of the information you will need as well as a confirmation card which must be returned immediately. **Please pay attention to deadlines and keep this information** sheet for your reference.

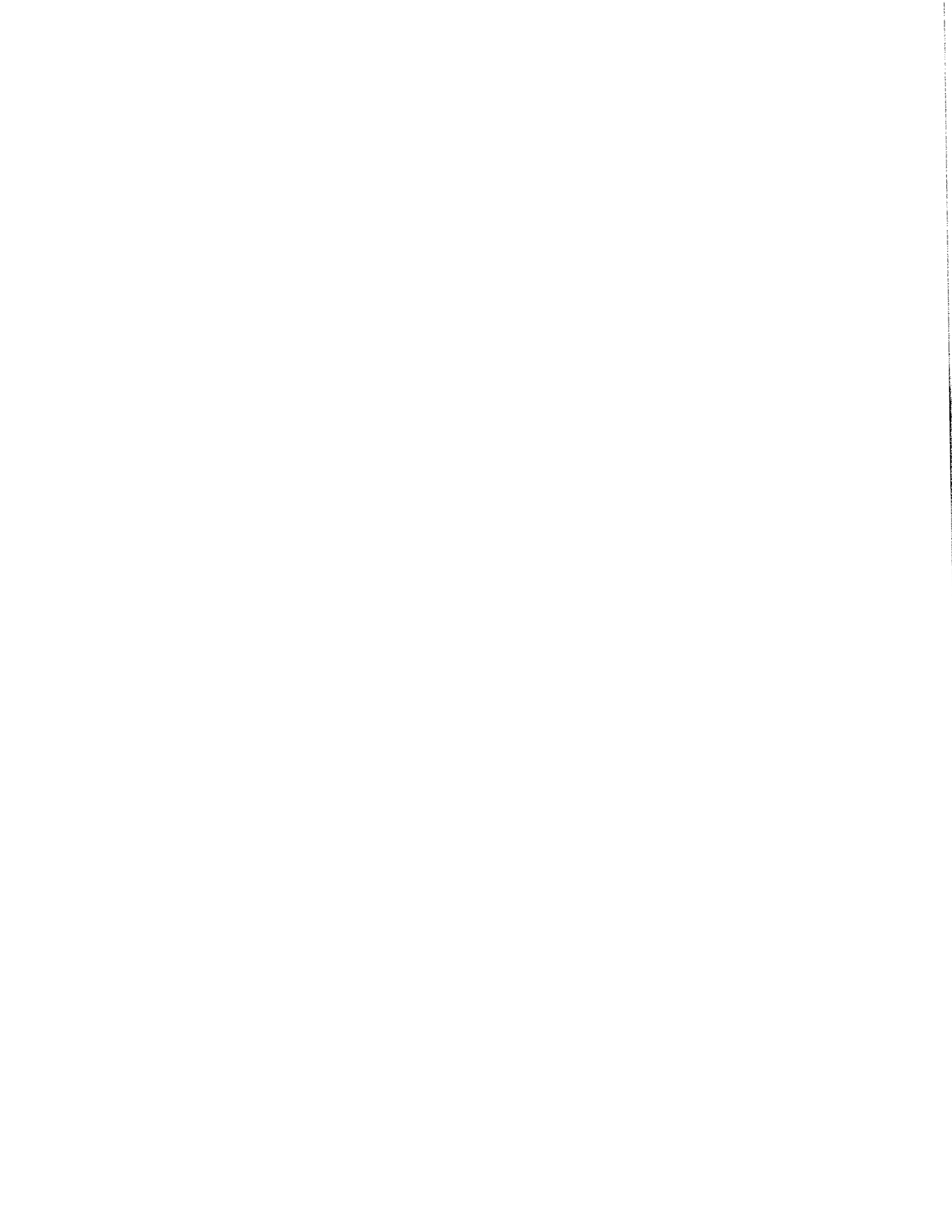
If you have any questions or concerns, please call:

**CATHY ALLAIN (TREBLE), Camp Director or Emily LeBlanc (FLIP),
Administrative Director at (504) 347-CAMP
LEAVE A MESSAGE ON THE CAMP CHALLENGE VOICE MAIL
or E-Mail Cathy at campdirector@campchallenge.org**

Return applications to:

**Camp Challenge
P.O. Box 10591
New Orleans, LA 70181
504-347-2267**

***CHECK THE WEBSITE FOR INFO AND UPDATES!
WWW.CAMPCHALLENGE.ORG***



Place check by each item that applies to your child

Self Help Toileting

Attends to own needs Wears Diapers
 Wears Pull-Ups
 Bring to bathroom every ___ Hrs.
 Needs help with _____
 Cath every ___ Hrs.
 Self cath every ___ Hrs. B.M. every ___ hours

Self Help/ Eating Diet

Regular Diet Needs no help
 Needs a little help with _____
 Food must be ___ Cut ___ Chopped ___ Mashed ___ Pureed
 G-Tube ___ NG Tube ___ Tube feed every ___ Hrs.
 Favorite Foods _____
 Special Diet _____

Activities Child has PE tubes in ears

Swimming: Knows how Special devices

Any precautions in regards to swimming _____

Hematology/Oncology Information

Check all that apply::

- Central Line
- Active chemotherapy
- My child will require blood work at camp
- My child will require contact precautions at camp.

Please list any activity restrictions or information that we may need to care for your child on the following page.

Self-Help Dressing:

Needs no help
 Needs some help with:
 Brushing teeth Brushing Hair
 Zippers Buttons
 Snaps Tying shoes
 Needs total help

Self Help Bathing

Needs no help
 Needs some help with _____
 Bath tub Shower

Sleep No Problems

Regular Bed Top Bunk Lower Bunk
 Wets Bed Needs Rails Sleepwalks
 Wears diapers at night

Heat Tolerance: Good Fair Poor

Groups: Will stay with group

Wanders off Will run away at times

Transportation Information

Check one of the following:

- Own:** I will provide transportation for my child to and from camp.
- Bus:** I would like for my child to ride the bus to camp. I will transport my child to and from Children's hospital or the designated bus stop in Baton Rouge.
- Other:** I will need transportation assistance for my child.

Explain: _____

Code Word _____ (Please assign a code word for your child to serve as identification which will be required at check-out and to receive information regarding your child while at camp.)

CAMP CHALLENGE

2010 Camper Application

Please type or print All questions must be answered

CHILD'S NAME _____
last first middle

PARENT(S)/GUARDIAN NAME _____
last first middle

ADDRESS _____
street or box City and State Zip Code Parish

CAMPERS AGE _____ DATE OF BIRTH _____ GENDER : MALE FEMALE

T-SHIRT SIZE (circle one) Youth S M L ADULT S M L XL XXL

CONTACT INFORMATION

Parent/Guardian Home Phone _____ Work Phone 1 _____ Work Phone 2 _____

Cellular Phone _____ Pager Number _____

Email address _____

1st Emergency Contact Name _____ Phone # _____ Relation _____

2nd Emergency Contact Name _____ Phone # _____ Relation _____

*** If you do not have a phone, please list a friend, neighbor, or relative so that we can contact you while your child is at camp and in the event of a problem or emergency.

PLEASE ATTACH A COPY OF YOU OR YOUR CHILD'S INSURANCE CARD OR MEDICAID CARD!

Consent Form - Parent or Guardian must Initial each statement before a child can be assigned to camp

This form must be completed and returned with your child's application. Parent or Legal Guardian must read and initial each statement.

Campers Name: _____

- I hereby give consent for said camper to participate in The Camp Challenge program at the Louisiana Lions Camp.
- I will be available by telephone for the first 24 hours that my child is at camp. I have listed the names of at least two people who should be contacted in the event that I cannot be reached during an emergency. I have notified these people that they may be contacted and will make sure that in the event that I am not going to be able to be reached at any point during the camping session that at least one of these two people will be accessible.
- I acknowledge and will recognize the Camp's right to send home any camper if illness or other reasons deem it necessary including behavioral problems.
- I understand that all campers will receive a health screening before being allowed to check in to camp and that they must be free of contagious conditions (fever, head lice, etc. before being admitted.)
- I grant permission for the above camper to swim in the Camp's aquatics program and to ride on the Camp's pontoon boat and paddle boats under direct supervision of the Certified Aquatics Staff in addition to the counselors.
- I hereby grant permission to the Camp's Director, Nurse, or their authorized representatives to furnish or arrange for the pre-hospital and hospital/ medical care that the camper might require during such time as the camper is a resident at Camp Challenge.

I am therefore authorizing:

Physicians, nurses, hospitals and their authorized personnel employed, contracted, or paid on a fee basis by the Camp to perform all treatments and procedures as deemed necessary; and

Release of medical/hospital records to the Camp from existing medical/hospital records; and

Release of hospital/medical records from the Camp to Physicians, nurses, hospitals and their authorized personnel for the performance of treatments and procedures as deemed necessary.

----- The Parents/Guardian and/or their health insurance provider are responsible for all medical bills incurred by above camper that are not covered by the Camp's group insurance.

Is the camper covered by family medical/hospital insurance? ___ Yes ___ No

Carrier or Plan Name _____ **Group Number** _____

Name of Insured _____ **Social Security # of Policy holder** _____

- All medications and prescriptions to be administered will be surrendered to the Camp Nurse upon arrival at Camp; dispensing thereof will be derived from the medical statements on the application. Medications will be dispensed according to the prescription written on the bottles or containers.
- I grant permission for photographs and videos to be made of my child by Camp personnel during the camping session for use in Camp publicity which includes brochure, pamphlets, posters, internet, or other public relations that is in the proper interests of the Camp and is approved by the Camp. The camp is not responsible for photos or videos taken by other campers.
- I acknowledge the Camp's right to search campers possessions
- I understand that visitations and phone calls from family/friends are not part of the program and though accepted in emergencies, must be arranged through the Camp's director.
- The Camp is not responsible for personal items lost, damaged, or misplaced, or stolen.

If needed, please complete : For religious or other reasons, My child **may not participate** in the following activities:

Parent / Legal Guardian Signature _____ Date _____

Please Print Signature _____

Information

Has child spent a week away from parent before? _____ Comments _____

Has child attended any other camp before? _____ Where _____

Has child been to Camp Challenge before? _____ When _____

MEDICAL DIAGNOSIS OR PROBLEMS: List every physical, mental, and/or medical problem including seizures

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

SURGERY: Type: _____ Date: _____

Type: _____ Date: _____

Hospitalized within the last year? _____ Explain: _____

MEDICATIONS Please provide all information about each medication, follow example below

Medication (mg)	Amount Given	Times Given	Special Instructions
ex: Phenobarbital 32mg	1 tablet	8 am and 8 pm	takes only with milk

***** You will receive a detailed medical packet if your child is accepted to attend*****

Previous Illnesses (check ones which apply)

_____ Measles _____ German Measles _____ Chicken Pox _____ Mumps _____ Frequent Ear Infections

IMMUNIZATIONS (LIST DATES)

	Year of Basic Immunization	Year of Last Booster
DPT		
TETANUS		
POLIO		
MMR		
HIB		
HEPATITIS B		

REMEMBER TO ATTACH COPY OF IMMUNIZATIONS WITH THE APPLICATION

Physical Exams must be dated after January 1

CAMPER NAME _____

Physician's Report

(This part must be completed by a physician & turned in with the application)

PRIMARY DIAGNOSIS: _____

OTHER DIAGNOSIS

STATUS OF EACH DIAGNOSIS

2. _____

3. _____

Physical Examination

Height _____ Weight _____ Heart Rate _____ Blood Pressure _____ Respiration Rate _____

(PLEASE CHECK IF NORMAL OR ABNORMAL)

	Normal	Abnormal	Explain if necessary
HEENT			
NECK			
LUNGS			
HEART			
ABDOMEN			
GENITALS			
SPINE			
EXTREMITIES			
NEURO			
SKIN			

List chronic or recurring conditions: _____

Medications: _____ I have reviewed list on page 5 of this form and agree with the medication list

_____ I would like to make the following changes: _____

Visual acuity _____ Is child legally blind with correction _____ Yes _____ No _____ %Hearing loss _____

Limitations of Activities: _____

Other Recommendations _____

Licensed Physician's Signature

I have examined the above applicant, in my opinion he/she can participate in an active camp program.

Physician's Signature _____ Date of Exam _____

Printed Name _____ Phone _____ Fax _____

Address _____

Street/box

City

St.

Zip

When completed, Please return to : **Camp Challenge**
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