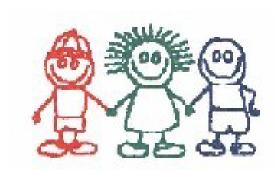
Camp Wonder*k*ids



Registration Packet

Please note: The entire packet must be completed before your child may attend Camp.

Documents included:

- Camper information and emergency contact
- Camper health history completed by parent/guardian
- Camper medical history completed by physician
- Parent's Authorization/Release must be notarized
- Transport Home Release
- Camper Code of Conduct

Return form to:

Camp WonderKids

Registration

Please Print Clearly:		
Child's Name	Nickname:	
Date of Birth:	Grade in September:	
Address & Street	City Zip code	
Home phone:		
T-Shirt Size (circle): Child S M or L	Adult S M L XL	
Swim (circle): Yes No		
Do you have insurance for your child? (circ	rcle) Yes No	
Name of Insurance Plan:		
Policy/Group #	Member #/ ID	
Emergency Contact Information		
First Contact: Name:		
Relationship to child:		
Phone: cell	work home	
Address:		
Address & Street	City Zip code	
Second Contact:		
Name:		
Relationship to child:		
Phone:	work home	
Address:		
Address & Street	City Zip code	

Return form to:

Tina Siddon, Camp Director, Madisonville Community College, 750 North Laffoon Street, Madisonville, KY 42431 Phone: (270)-824-1748 or (270)-824-1750. Fax: (270)-824-1879 Email: tina.siddon@kctcs.edu

Camper Health History

(To be completed by parent or guardian)

Who treats your child's	asthma	·				 	
(Circle answers) Are immunizations up t	o date?	Yes	No	Explair	n		
Does your child have an	ny of the	following healt	h concerns?				
Heart Disease?	Yes	No	Fainting?	11 0	Yes	No	
Diabetes? Convulsive Disorders?	Yes	No No	Discipline Pro ADD/OCD (ci		Yes Yes	No No	
Learning Disability	Yes	No	Hyperactivity		Yes	No	
If you answered yes to a	any of th	e above, please	explain:				
Who is responsible for	giving y	our child asthma	n medication at l	nome? C	hild	Parent Other_	
Does your child use a p	eak flow	meter? Yes	No If yes,	what is y	your ch	ild's normal readir	ng?
Does your child have a	written a	asthma action pl	an? Yes	No	If yes,	please attach.	
On a scale of 1 to 10, h	ow wou	ıld you rank yo	ur child's asthi	ma? (cir	cle only	y one number)	
(no asthma) 0 1 2	3	4 5 6	7 8 9 1	0 (sever	e asthm	aa)	
			History of	Asthm	a		
How long has your child	d had As	sthma?	years				
Within the past 3 mo	onths, (on the average	e):				
How many nights per week does your child wake up because of asthma or coughing? Nights per week							
How much does your child's asthma interfere with exercise?NoneSomeA lot							
How many days per week	does you	or child need to us	e their reliever (re	escue inha	ıler)?	Days per week	
Within the past year	only, h	now many time	es has your ch	nild:			
Been home from school be	ecause of	asthma?			Nun	nber of days	
Went to the doctor's office	e because	of difficulty with	h his/her asthma?		Nun	nber of days	
Been to the emergency roo	om or urg	gent care clinic be	cause of asthma?		Nun	nber of days	
Been on oral corticosteroi	ds (e.g. pre	ednisone, Prelone, Ped	iaped) How many	times	_ Mos	t recent date	

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ASTHMA CAMP MEDICAL HISTORY AND PHYSICAL EXAMINATION

(To be completed by the child's healthcare provider)

An important note to Healthcare Providers: This Medical History and Physical Examination form is a mandatory part of your patient's asthma camp application.

Physician's name					· · · · · · · · · · · · · · · · · · ·	
Patient's name			Height	Weight_	B/P	
Date last seen	////	"]	Normal" Peak Flow	Rate		
Primary Allergies:	(circle) Animals	Food	Medication			
		ALI	LERGY INFORMATION			
Allergen	Reaction (be specific)				Age of Last Reaction	
Other Significant 1	Medical Conditions:					
1. Have there been any	hospitalization (morecent hospitalization (morecent hospitalization)	a in the PAST		How many times?		
	ICU or intubated because recent ICU admittance or i			Y / N How many time	s?	
	ds within the PAST YEAR recent course?/			How many times?		
5. Based on the NHLB	e's guidelines severity class Persistent		would you classify this lild \(\sum \) Moderate	child's asthma?		
6. How would you rate the severity of this child's asthma on a scale of $0-10$? (Circle one number only) (NO ASTHMA) $0 1 2 3 4 5 6 7 8 9 10$ (SEVERE ASTHMA)						
			Medications			
D No (i	is an inhaler, nebulizer or pi		asthma and nonasthma most STRENGTH	edications DOSAGE	FREQUENCY	
Drug Name (include ii it i	is an innaier, nebunzer or pi	11)	SIRENGIH	DOSAGE	FREQUENCI	
HEALTHCARE PROVDER'S AUTHORIZATION I have examined the above camp applicant. My signature below indicates that I believe this patient is able to participate in an active camp program designed for children with asthma.						
Healthcare Provider Signature			Printed Name	of Healthcare Provider		
Street Address		City		State Z	ip Code	
()				Would you volunte	eer at camp?	
Telephone	Date					

PARENT'S AUTHORIZATION

PARTICIPATION AND EMERGENCY TREATMENT WAIVER In consideration for being allowed to register and participate in Camp Wonder Kids , held June 3-7, 2013, sponsored by The American Lung Association of the Midland States, Baptist Health Madisonville and Madisonville Community College, as parent/guardian I hereby release Camp WonderKids, its Incorporators, Physicians, Board Members, Officers, Employees, Agents, Independent Contractors, Sponsors, Organizations, Volunteer Workers and Persons Associated with Camp WonderKids from any liability for injuries, harm or damages which are sustained during the camp, including any necessary transportation. The child herein described has permission to engage in all scheduled activities, including swimming, except as noted by the physician or parent/guardian. I hereby give permission to the camp physician to initiate and provide any necessary treatments, including transporting to the nearest certified emergency facility. If hospitalization is required, the child is to be referred to an appropriate physician and all treatments will be at my expense. This is the day 2013. Parent/Guardian (print) Parent/Guardian (signature) Subscribed and sworn to before me in my county by _____ On this the day of , 2013. Notary Public, State at Large My Commission Expires: PHOTOGRAPHY, VIDEO AND PROMOTIONAL RELEASE I do hereby acknowledge and authorize Camp Wonderkids and Supporting Community Resources 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 Camp Wonderkids 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.

AUTHORIZATION TO RELEASE MEDICAL DATA

I do hereby authorize Camp <u>WonderKids</u> to release medical data for the purpose of compiling and assessing national asthma medical information. I understand that all data will be analyzed in aggregate form protecting the confidentiality of my child.

Name	Relationship to child	Phone ()		
		Work Phone ()		
Signature Parent or Guardian	Date	· · · · · · · · · · · · · · · · · · ·		

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RELEASE FOR TRANSPORT HOME

At the conclusion of camp, the Camp Staff may release my child to me or to the individual(s) designated below. Under no circumstances will your child be released to anyone not specified by you. **Picture ID** is required for pick up. Relationship to child Phone () Please Print Relationship to child _____ Phone (___) Name / Work Phone (____) Signature of Parent or Guardian CAMPER CODE OF CONDUCT (Please review with your child) It is our hope that everyone that participates in our program will have a positive experience that will last a lifetime. To help everyone get the most out of their camp experience, we have set up a list of ground rules to help parents and children understand what we expect at camp. 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. Camp has four basic rules that we explain to the children and also post in the cabins. We have these rules so that everyone can be assured of a positive experience. **Respect yourself, others and property.** This means abusiveness toward others or using inappropriate language, fighting, stealing, etc. It also covers property damage, graffiti or vandalism. Respect yourself, refers to keeping your things picked up, personal hygiene and taking your medication on time. **Participate in camp activities.** It is camp's responsibility to know where all the campers are at all times. We ask campers to be at all activities unless excused by staff. Campers cannot be left alone in their cabin. **Follow directions.** There are a lot of fun things to do at camp but every activity has rules so we can operate the activity safely and appropriately. We ask the campers to follow staff direction during these activities. No put-downs. Examples of this would include teasing, name-calling, racial slurs or inappropriate practical jokes. If we do have a problem with inappropriate behavior, we have a camper behavior response policy. The counselor will start by giving the child a warning, then a time-out with an explanation and discussion on what is causing the problem. If the counselor needs help, a behavioral specialist or the designated healthcare team supervisor on site will work with the child to help avoid further problems. We will also call home to find out if the parents have any suggestions on ways to deter the inappropriate behavior. As a last resort, we may need to send a child home. Sometimes in the case of severe homesickness or if misbehavior could cause immediate harm to themselves or others, we reserve the right to immediately ask that the child be removed from camp. It is our hope that each child will go home with great memories of camp. These rules are designed to protect the camper's experience so that one unruly child won't ruin the experience for the rest. If you have any questions or comments, please feel free to call. It is our mission to provide a quality experience for everyone. I understand and accept that my child must abide by the Camper Code of Conduct Parent's Signature I agree to abide by the Camper Code of Conduct Camper Signature