



March 2017

Dear Parents/Guardians:

Camp David, Texas Burn Survivor Society's pediatric burn camp, will again be held at the Texas Lions Camp in Kerrville, Texas from **July 9-15, 2017**. Thanks to the generosity of our donors, the camp is offered completely free of charge. Your child must be a **1) burn survivor; 2) sibling of a burn survivor; or 3) child of a burn survivor, between the ages of 7-16 by July 9, 2017**, in order to be eligible.

APPLICATION INFO:

1. Complete and return the application packet no later than **June 14, 2017**.
2. We need **ALL** of the information for each camper, unless otherwise indicated.
3. *If you need more copies for siblings, you can duplicate as many as you need or contact us for more copies.*

TRANSPORTATION INFO AND OPTIONS:

1. We provide **bus transportation** to camp from **Houston and San Antonio**.
2. You can bring your child to camp yourself.
3. If you can't bring your child to the pickup area in Houston, San Antonio, or camp, please contact us to make special arrangements.
4. For each camper - complete the transportation reservation sheet and return it to us **immediately**, by email, fax, or mail, so that we can plan properly.
5. *The application packet may be sent in separately later.*

PARENTS' INFORMATION HANDBOOK:

1. This contains important information for you and your child – what we expect of our camper and contact information while your child is at camp.
2. **WHAT TO BRING TO CAMP** is on **PAGE 3**.
3. *Both you and your camper must sign the application sheet stating that you understand the information it contains and agree to follow the guidelines. We cannot accept a camper without these signatures.*

NOTIFICATION OF ACCEPTANCE:

Once we have received the application packet, our Camp Committee will review the application. We will notify you as soon as possible *if we are unable to accept your camper* or if we have further questions. We will also provide additional information on transportation closer to the time for camp.

We have included a packet checklist for your convenience. Please make sure that you return all the items on the checklist by the deadline dates.

We look forward to having a great week with your child. If you have any questions, please feel free to call or e-mail us.

Sincerely,

Sue Dodson
Executive Director

8531 N. New Braunfels, SUITE 102 ♦ San Antonio, Texas 78217
PHONE: (210) 824-8499; (866) 301-3535 (TOLLFREE) ♦ Fax: (210) 824-8487
sdodson@texasburnsurvivors.org

CAMP DAVID 2017 TRANSPORTATION REQUEST & RELEASE FORM
PLEASE RETURN THIS FORM NO LATER THAN May 24, 2017
(Application packets may be sent separately)

Camper's Name:		Boy ___ Girl ___ Age ___
Parent's Name:		
Mobile phone: ()	Alternate phone: ()	E-mail:
Address:		
City:	State:	Zip Code:

Thanks to the generosity of our donors, we are able to provide transportation for camp from both Shriners Hospital for Children in Houston and from the San Antonio Firefighters Union Hall in San Antonio, free of charge. We encourage the campers to ride the bus, if at all possible. However, you may also drive your child to camp. If your child is accepted for camp, further details about transportation arrangements will follow.

PLEASE READ CAREFULLY AND MARK ALL RESPONSES THAT APPLY.

- This camper will ride the Houston bus to and from camp.
- This camper will ride the Houston bus one way only. Please mark :
To Camp Only ___ From Camp Only ___
- This camper will ride the San Antonio bus to and from camp.
- This camper will ride the San Antonio bus one way only. Please mark:
To Camp Only ___ From Camp Only ___
- I will make my own arrangements for transportation for my camper.
- I am unable to make arrangements for my child to get to Houston or San Antonio, and I am unable to take my child to camp. I will need special arrangements for transportation.
(Please provide details.) _____
- This camper requires wheelchair accessible transportation.

I REQUEST THAT THE TEXAS BURN SURVIVOR SOCIETY PROVIDE TRANSPORTATION FOR CAMP AS INDICATED ABOVE.

Parent/Guardian Signature _____ Date: _____

<p>NOTE: IF, FOR ANY REASON, SOMEONE OTHER THAN THE PARENT/GUARDIAN COMPLETING THIS APPLICATION HAS PERMISSION TO PICK UP YOUR CAMPER AT THE END OF CAMP, PLEASE PROVIDE THE FOLLOWING INFORMATION ON THAT PERSON.</p> <p>Name: _____</p> <p>Phone no. () _____ Relation to child: _____</p> <p>TX Driver's License No. or other picture ID: _____</p> <p>*NO ONE ELSE WILL BE PERMITTED TO PICK UP YOUR CHILD WITHOUT WRITTEN CONSENT.*</p> <p>I HEREBY CONSENT FOR MY CHILD TO BE PICKED UP BY THE ABOVE NAMED PERSON.</p> <p>Parent/Guardian Signature _____ Date _____</p>
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Please return this form IMMEDIATELY TO TBSS by fax or mail. If sending by fax, the original must be sent by mail prior to camp. Thank you!

Texas Burn Survivor Society
8531 N. New Braunfels, Suite 102
San Antonio, Texas 78217

Phone: 210-824-8499
Toll Free: 1-866-301-3535
FAX: 210-824-8487

DEADLINE FOR RETURNING APPLICATION PACKET IS
June 14, 2017

APPLICATION PACKET CHECKLIST

Following is a list of all the forms that should be returned to our office **no later than June 14, 2017:**

- 1. 2017 Camper Application - dated and signed by both parent/guardian and camper. Please read the enclosed Parents' Information Handbook and go over it with your child before signing.
- 2. Parent/Guardian Agreement - signed and dated
- 3. Insurance/Medication Information Sheet completed
- 4. Burn Medical History and Treatment Sheet completed (for all burn survivor campers)
- 5. Medical Report completed and signed by medical personnel (required for **ALL** campers, not just burn survivor campers)

Please note that the **TRANSPORTATION ARRANGEMENTS** Form needs to be returned separately and as quickly as possible. Please return **TRANSPORTATION ARRANGEMENTS** form to our office no later than **May 24, 2017**. (If you fax this form, please include the original when you mail the application packet.)

You may fax the Transportation Arrangements Form to our office at 210-824-8487.

You may also fax the completed Application Packet. However, if your child is accepted for camp, you must mail the **original** to us before the child will be permitted to attend.

Thanks for helping us compile this information. We look forward to seeing your camper.

Please return to: Texas Burn Survivor Society
8531 N. New Braunfels, Ste 102
San Antonio, Texas 78217

CAMP DAVID

Texas Burn Survivor Society 2017 CAMPER APPLICATION

Please complete one application for each Camper.

Please Print

CHILD'S NAME: _____ Boy: ___ Girl: ___ BIRTHDATE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ MOBILE PHONE: (_____) _____

T-Shirt Size - Please circle one: Youth: S M L XL OR Adult: S M L XL

Camp will begin on **July 9, 2017**. How old will this camper be when camp begins? _____

Please check one:

This camper is: _____ Burn survivor _____ Sibling of burn survivor _____ Child of burn survivor

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Mobile #: (_____) _____ Second contact #: (_____) _____

Work Phone: (_____) _____ E-mail address: _____

EMERGENCY CONTACTS: (Other than numbers listed above):

Name: _____ Phone: (_____) _____

Relationship to Camper: _____

GENERAL INFORMATION:

1. Has this child ever been to Camp David before? Yes: _____ No _____ If so, when? _____

If not, how did you learn about Camp David? _____

2. Has this child ever slept away from home (other than the hospital)? Yes _____ No _____

3. What fears, if any, does the Camper have? _____

4. Describe any unusual bedtime or sleep habits (sleep walking, waking up during the night, etc.) _____

5. Can this child swim? Yes _____ No _____ Does child need full-time adult help in the water? Y_ N_

Please share with us if your child is dealing with any special issues such as divorce, recent death of a loved one, peer or school pressure, or a learning disability, so that we can help your camper have the best experience possible. _____

I have read the Parents' Information Handbook, and I have gone over the information it contains with my child. We agree to abide by the information set out in the Handbook.

Signature of Parent/Legal Guardian: _____

Signature of Camper: _____ Date: _____

Parent/Legal Guardian Agreement

Please read this document carefully and sign below.

Consent to Attend & Participate

I hereby give consent for my child (ward) to attend and participate in all programs and activities of the Texas Lions Camp, Inc. (hereinafter also identified as the Camp). I understand that my child (ward) will participate in an outdoor recreation program which may encompass activities including, but not limited to, ropes course, horsemanship, archery, hiking, camp out and water sports, and that one or more of these or other activities may involve travel off the Camp site. I understand and acknowledge that while the agents, servants, employees and/or volunteers may have received training on safety techniques, there are nevertheless risks associated with, and inherent in, my child's (ward's) participation in the camp's outdoor recreation program and other camp programs and activities. I voluntarily choose to assume these risks and allow my child (ward) to attend camp and participate in all Camp programs and activities. I further consent to the Camp taking pictures, audio tapes and/or video tapes of my child (ward) participating in Camp activities and programs and the Camp's use of same in camp publications or publicity that is in the proper interest of the Camp.

Release, Hold Harmless & Indemnity Agreement

I **RELEASE, HOLD HARMLESS** and hereby agree to **INDEMNIFY** the Camp, its agents, servants, employees and/or volunteers from any and all liability, claims, causes of action or suits, for the loss or damage of property, or for injury to, or the death of, my child (ward) or others, for damages, losses, expenses, attorney fees, or costs of whatever nature sustained by me, my child (ward) or others, which may arise out of, or in connection with, my child's (ward's) use or occupancy of the Camp's premises or participation in Camp activities or programs, regardless of the nature or extent of such injuries, damages, costs, expenses, attorney fees or losses, or whether such injuries, damages, costs, expenses, attorney fees or losses are caused in whole or in part by the negligence or sole negligence of the Camp, its agents, servants, employees and/or volunteers, or caused in part by the negligence of the Camp, its agents, servants, employees and/or volunteers and the negligent or grossly negligent acts or omissions of my child (ward) or any other person or entity. This Release, Hold Harmless, and Indemnity Agreement is to be construed broadly, but it does not serve to release or waive claims or causes of action to which my child (ward) may be entitled due to personal injury.

WARNING

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

Authorization for Care

I hereby grant permission to, and request and authorize all physicians, nurses and hospitals and their authorized employees and designees to perform routine diagnostic procedures and render medical care deemed necessary for my child (ward).

Financial Responsibility

I understand and confirm that regardless of my assignment of insurance benefits, I am responsible for the total charges incurred by the Camp or others for medical care or services rendered to or on behalf of my child (ward).

Authorization to Release Information

I authorize the Camp to furnish from my child's (ward's) medical records, such information as may be requested by representatives of local, state or federal agencies, insurance companies, or other organizations for the purpose of obtaining payment for services provided to my child (ward) or as may be required for payment of benefits or claims.

Assignment of Benefits

In consideration of services rendered to my child (ward), I hereby assign and transfer to the Camp any and all benefits or proceeds otherwise payable to me individually, as an insured, or in my capacity as the parent/guardian of my child (ward) under hospitalization, health or accident insurance, or any other insurance coverage, to include major medical benefits, for the payment of services rendered. If I receive monies direct from the insurer(s), same shall be held in trust for and immediately transferred to the Camp for amounts due.

If a MEDICARE recipient, I certify that the information given by me in applying for benefits under TITLE XVII of the Social Security Act is correct. I authorize any holder of medical or other information about my child (ward) to release to the Social Security Administration or its intermediaries or carriers any information needed to process a Medicare claim related to the undersigned or my child (ward). I request that payment of authorized benefits be made on my behalf and/or on behalf of my child (ward).

Personal Property

I understand the Camp in no way covenants the condition of any personal article or item of property upon the conclusion of any camp session and that unnecessary valuables are not to be brought to camp.

Signature of Parent/Guardian _____ Date: _____

Parent/Guardian's Printed Name

Camper's Printed Name

Insurance Information

Please complete this section even if camper is uninsured.

Camper Name:	Social Security Number:	Date of birth:	Age:
Parent/Guardian Name:		Policy Holder Social Security Number	
Address:	City:	State:	Zip:
Health Insurance Company/Medicare: (If uninsured, write "None")			
Address:		Phone: ()	
Policy Number:		Certificate Number	
Name of Insured:		Company/Business Name:	
Employer Contact:		Phone: ()	

Instructions for Medication and Treatment

Please complete this section in detail as this information will be utilized during your child's stay at camp. If none, please indicate.

Medication/Treatment	Dosage	Time (indicate a.m. or p.m.)
<i>Example: Tegretol</i>	<i>200 mg; 1 tablet</i>	<i>9:00 a.m., 9:00 p.m.</i>

Medically Restricted Diets & Allergy Concerns

Complete this section with medical concerns only.

Foods that <u>CANNOT</u> be eaten	Foods that can be eaten
<i>Example: eggs, milk, cheese, and their products</i>	<i>All other foods and food groups</i>

List ALL allergies (food, environmental, medical, etc.):

BURN MEDICAL HISTORY AND TREATMENT
(Required for all burn survivor campers)

(If not applicable, proceed to Medical Report. Medical Report must be completed for all campers.)

Camper's name: _____

Date of burn injury: ____/____/____ % body surface area burned: _____

Treated at what hospital? _____

Areas of body burned? _____

Cause of the burn? _____

Does the child wear any splints, pressure garments, or have any open wounds that require dressings? Yes ___ No ___ If so, please describe below and indicate which item(s) will need to be sent with child to camp:

SPLINT DESCRIPTION AND WEARING SCHEDULE: _____

PRESSURE GARMENT DESCRIPTION AND WEARING SCHEDULE: _____

OPEN WOUNDS: (Where and what dressings used) _____

Is your child currently receiving physical or occupational therapy: Yes _____ No _____

If yes, describe the type of therapy needed while at camp: *(Please note that if your child is currently receiving therapy, the Medical Report should also be signed by the therapist.)*

Describe any other specific type of help that your child will need while at camp: _____

How would you describe your child's feelings about his/her burn injury? _____

Describe how your child gets along with friends or children since the burn injury: _____

Medical Report

To be completed by medical personnel. Please type or print.

PATIENT'S NAME: _____

1. Primary Physical Disability, if any (Hearing Impaired, Cerebral Palsy, Asthma, etc.): _____

Secondary Disability, if any: _____

In your opinion, is this child's intelligence commensurate with his or her age? _____

2. Previous or Continuing Illness (indicate date of last occurrence if applicable):

Asthma: _____ Diabetes: _____ MMR: _____ Strep Throat: _____

Chicken Pox: _____ Diphtheria: _____ Seizures: _____ Whooping Cough: _____

Chronic Cough: _____ Ear Infection: _____

Has patient had any serious medical illness or surgery in the past year? Yes No Describe: _____

Allergies to bee/wasp/medications/etc.? List: _____

Treatment given: _____

Existing or chronic problems: Bedwetting Constipation Attention Deficit Disorder

Behavioral Problems Attention Deficit/Hyperactivity Disorder

Describe extent of problem(s) and suggestions for control: _____

3. Vital Statistics: Blood Pressure: _____ Height: _____ Weight: _____

4. Immunizations (indicate date of last injection or oral vaccine):

IPV/OPV/Polio: MMR: _____

DTaP/DTP/Tetanus*: _____

Allergic to any vaccine? _____

* Must be within last 10 years

5. Orthopedic: Is there evidence of pathology? Yes No (If No, proceed to 6)

If Yes, explain findings: _____

6. Hearing: Is there evidence of pathology? Yes No (If No, proceed to 7)

If Yes, explain findings: _____

Is hearing aid worn? Yes No Serial: _____

Is hearing loss 60 db or greater in each ear? Yes No db Loss Right: _____ db Loss Left: _____

7. Vision: Is there evidence of pathology? Yes No (If No, proceed to 8)

If Yes, explain findings: _____

Blindness (20/200 or less with correction) Yes No

Sight (with correction between 20/70 and 20/200) Yes No Corrected Vision Right: _____ Left: _____

Are glasses worn? Yes No

8. Neuromuscular: Is there evidence of pathology, atrophy, or paralysis? Yes No (If No, proceed to 9)

If Yes, explain findings. If convulsive or neuro-motor seizures, describe kind, frequency and last occurrence: _____

9. Other Evidence of Pathology:

Cardiovascular: Normal Other Describe: _____

Pulmonary: Normal Other Describe: _____

Bowel and Kidney Function: Normal Other Describe: _____

Other: _____

10. Diagnosis: _____

List medical prescriptions: _____

Instructions for dressings, braces, exercises, etc.: _____

I approve camping activities for this applicant.

Physician/Medical Personnel Signature _____ Date: _____

PRINTED name of physician/medical personnel _____

City: _____ State: _____ Phone Number: (____) _____