



April 2018

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 15-21, 2018**. We have made some changes for those who can attend, as you already know from our previous mailing. Enclosed is the application packet as well as the fundraising packet. Please call us at 210-824-8499 with any questions.

**APPLICATION INFO:**

1. Complete and return the application packet no later than **June 15, 2018**.
2. We need **ALL** of the information for each camper, unless otherwise indicated.

**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. Please complete a transportation form for each camper and return it with your application packet.

**PARENTS' INFORMATION HANDBOOK:**

1. This can be found on our website – [www.texasburnsurvivors.org](http://www.texasburnsurvivors.org), in the Camp David section. Please review it with your child. If you need us to send you a hard copy, please let us know. We're happy to do that.
2. On Page 3 of the handbook is the list of things to bring and not to bring to camp. A copy of that is also included in your application packet.

**PEER-TO-PEER FUNDRAISING PACKET:**

We are asking your campers to help us insure that camp will continue for many years to come by helping raise funds for Camp David. All the information you need is in this packet, and we are available to help you with this as much as you need.

**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 204 ♦ San Antonio, Texas 78217  
PHONE: (210) 824-8499; (866) 301-3535 (TOLLFREE) ♦ Fax: (210) 824-8487  
[sdodson@texasburnsurvivors.org](mailto:sdodson@texasburnsurvivors.org)

DEADLINE FOR RETURNING APPLICATION PACKET IS  
June 15, 2018

APPLICATION PACKET CHECKLIST

Following is a list of all the forms that should be returned to our office no later than June 15, 2018:

- 1. 2018 Camper Application - dated and signed by both parent/guardian and camper. Please read the Parents' Information Handbook on our website at [www.texasburnsurvivors.org](http://www.texasburnsurvivors.org) 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)
- 6. Transportation Form

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

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 203  
San Antonio, Texas 78217

# General Camper Information

## *What to Bring*

### ALL CLOTHING SHOULD BE CLEARLY MARKED WITH THE CAMPER'S NAME

- ♥ Socks
- ♥ Underwear
- ♥ Pajamas
- ♥ Cap/hat
- ♥ Flashlight
- ♥ Comb & brush
- ♥ Shampoo
- ♥ Soap & a soap dish
- ♥ Toothbrush & toothpaste
- ♥ Towels and washcloths (2 each, if possible)
- ♥ Shorts or clothing suitable for outdoor play
- ♥ One nice outfit for the dance
- ♥ Shirts, tops, t-shirts
- ♥ Light sweater or jacket
- ♥ Pants or blue jeans
- ♥ Close-toed shoes, tennis shoes
- ♥ Swimsuit
- ♥ Beach towel or extra towel for swimming
- ♥ Protective sunscreen
- ♥ Prescription medicines ☼
- ♥ Bag for dirty laundry
- ♥ Your own pillow, if you want
- ♥ A positive attitude

*Neither Texas Burn Survivor Society nor Texas Lions Camp is responsible for lost clothing or other belongings. Please clearly label all belongings.*

☼ Carry all medicines separately and give them to the medical staff during check-in. **Please DO NOT pack medicines in luggage.**

The Texas Lions Camp provides blankets and bed linens; however, feel free to bring your sleeping bag also, if you want. There are no facilities for washing clothes, so please pack enough clothes to last for the entire length of the camp – 7 days.

## *What **NOT** to Bring*

Campers should **NOT** bring **money, Gameboys, iPods or any other type of music player, cell phones, expensive jewelry, personal sports equipment**, or other unnecessary or valuable items. *Neither the Texas Burn Survivor Society nor the Texas Lions Camp will be responsible for the safe keeping of these types of personal items; please do not send them with your camper.*

Alcohol, drugs, illegal substances, and weapons are strictly prohibited at camp and if found will result in immediate expulsion from camp.

**CAMP DAVID**  
**Texas Burn Survivor Society**  
**2018 CAMPER APPLICATION**

Please complete one application for each Camper. Return no later than **June 15, 2018**.

**Please Print:**

CHILD'S NAME: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MOBILE PHONE: (\_\_\_\_\_) \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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

Camp begins on **July 15, 2018**. 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(s): \_\_\_\_\_

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

Mobile #: (\_\_\_\_\_) \_\_\_\_\_ Alternate contact #: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_ Highest Education Level: \_\_\_\_\_

**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 \_\_\_\_\_

6. 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 Parent Information Handbook on the TBSS website, and I have gone over the information it contains with my child. We agree to abide by the information.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Signature of Camper: \_\_\_\_\_ Date: \_\_\_\_\_

# CAMP DAVID 2018 TRANSPORTATION REQUEST & RELEASE FORM

Please return with application packet, no later than June 15, 2018

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.
- 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>
---

# 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 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 <b>CANNOT</b> 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 other 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/OPVIPolio: 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: (\_\_\_\_) \_\_\_\_\_