

2008 CAMP BRAVEHEARTS CAMPER APPLICATION

GENERAL INFORMATION

Child's Name _____ T-shirt size: **Youth** M L **Adult** S M L XL 2XL

Age ___ Date of Birth _____ Nickname or name preferred to be called _____

Address _____

City _____ State _____ Zip _____ Phone _____ Cell _____

Email _____

Name of guardian with whom child lives: _____

If child does not live with both parents, please list other parent or guardian below:

Parent Name _____ Relationship to child: _____

Phone: (Day) _____ (Evening) _____ Cell _____

Relationship to child: _____

Phone (Day) _____ Night _____ Cell _____

EMERGENCY CONTACT: Person to contact in case of emergency (other than parents)

Name _____ Relationship to Child _____

Phone (Day) _____ (Night) _____ Cell _____

PHYSICIAN INFORMATION: Please list both your child's cardiologist and pediatrician

Cardiologist _____ Pediatrician _____

Address _____ Address _____

Phone _____ Phone _____

**Applicants will be accepted upon approval by the Medical Committee.
Available space and staff will limit the number of campers we can accommodate.
Applicants will be notified of their acceptance for camp by June 1, 2008.**

**The fee for Camp BraveHearts is \$ 50.00 with partial or full scholarships available.
Camp fees and scholarship applications are required upon acceptance to camp.
Donations are accepted and may be made payable to Camp BraveHearts.**

**PLEASE RETURN CAMP APPLICATION BY MAY 1, 2008 TO:
CAMP BRAVEHEARTS P.O. BOX 91425
LOUISVILLE, KY 40291-0425
PHONE: (502) 262-7014 FAX: (812) 283-2538
E-mail: joyce@occmedphysicians.com**

MEDICAL HISTORY

Cardiologist's Name _____

Child's Heart Diagnosis _____

Current Weight _____ Current Height _____

Allergies (drugs, food, insect bites, bee stings, etc) _____

Please list any diet restrictions or special food needs _____

Has your child ever had heart surgery or a catheterization procedure to correct a heart problem?

Yes: _____ No: _____

If so, please list the type of surgery or procedure, the date, and hospital where it was performed:

Does your child have a pacemaker? Yes: _____ No: _____

Other medical conditions (asthma, diabetes, ADHD, hay fever, etc) _____

Date of most recent tetanus shot (Must have been within past 5 yrs) _____

Please list all medications your child takes at home. Include the drug name, dose, and frequency:

Please send all medications to camp in the original container. Camp BraveHearts cannot accept medications that are not packaged in their original container. The medical staff will store and administer any medications needed during the camp session. Please send these medicines with written instructions to camp with your child. It is the parent's responsibility to supply, in advance, any routine medications needed.

SPECIAL NEEDS

Has your child ever spent the night away from home in a camping situation with family members?

Yes: _____ No: _____

Is there anything we should know about your child that will make his/her adjustment smoother?

Is your child able to function at his/her age level? Yes: _____ No: _____ Please describe: _____

Does your child have any bedtime rituals or sleep habits? Please describe: _____

Does your child have any serious fears? Yes: _____ No: _____ Please describe: _____

Does your child have any specific requests regarding cabin assignments? _____

Please indicate any further information about your child's medical or emotional needs that you feel we should know: _____

PARENT'S STATEMENT

All of the above information is correct so far as I know and the child herein described has permission to engage in all prescribed activities, except as noted by the examining physician and me.

Signature _____

Print Name _____

Date _____ **Relationship to camper** _____

Camper's Name _____

2008 CAMP BRAVEHEARTS CONSENT FORM

The following consent form must be signed by a parent or legal guardian of the minor child in order for the child to attend Camp BraveHearts.

Your signature below indicates approval of the following:

1. In the event that my child _____, participates at Camp BraveHearts during the 2008 session, I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me, as a result of my child's participation in the Camp's activities. This release is intended to discharge in advance Camp BraveHearts and all of its agents, representatives, volunteers, and employees from any and all liability, claims, costs, expenses, and/or damages (collectively referred to as "liability") arising out of or connected in any way with my child's participation in the activities of the camp, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. I further understand that serious accidents occasionally occur during camp activities, and that participants in Camp activities occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof. Knowing the risks of Camp activities, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to my child or to me (or to my heirs or assigns) for damages.
2. Camp BraveHearts accepts no responsibility for the loss, damage, or theft of your child's property.
3. Should you as a parent or guardian, during the camp session, leave your place of residence, you will advise the Camp administration where you can be contacted in the event of an emergency.
4. If you have health and accident insurance, please list:
Name of insurance company _____
Address _____
City _____ State _____ Zip _____
Insurance Company Phone Number(s) (1) _____ (2) _____
Policy Group Number _____ Policy Plan Number _____
5. Camp BraveHearts maintains an accident insurance policy on campers attending the 2007 summer session. All claims under this policy must be submitted within 30 days of the occurrence of the accident. This policy is in addition to and not in place of any health or accident insurance maintained by you.
6. In the case of a medical and/or surgical emergency, you authorize Camp BraveHearts medical staff to render to your child or to arrange for your child to receive any x-rays, anesthetic, medical, dental, surgical diagnosis, treatment, and hospital care which is deemed advisable by and is to be rendered under, the supervision of any physician, dentist, or surgeon licensed to practice in the state of Kentucky.
7. Camp BraveHearts and its representatives have absolute permission to use your child's image in a photograph that pertains to the lawful programs and activities of the Camp.
8. All information is correct so far as I know and the child herein described has permission to engage in all prescribed activities, except as noted by the examining physician and me.

Signature _____

Print Name _____

Date _____

Relationship to camper _____

Camper's Name _____

CAMP BRAVEHEARTS 2008

PHYSICIAN STATEMENT

My child, _____ has submitted an application to attend Camp BraveHearts, July 28-Aug. 1, 2008, at Camp Courageous in Scottsville, KY. You have my permission to complete the statement below and return it to Camp BraveHearts, P.O. Box 91425, Louisville, KY. 40291-0425 or you may fax it to Camp BraveHearts at (812) 283-2538. Thank you.

Parent's signature _____

Diagnosis: _____

Procedure / Date

Physician Statement: Physicians remarks concerning camper's current physical and medical condition: _____

Please list any physical limitations or restrictions: _____

Physician's Statement: _____ (Child's name) is able to engage in camp activities, except for the physical limitations and restrictions listed above.

Physician's signature _____ Date _____