

Camp Hope[®] 2010

Children of Volunteers Application

5th-grade or Younger

PLEASE ATTACH
A PHOTO OF
YOUR CHILD
HERE.
THANKS!

Camp Dates are July 10-16, 2010

Please complete all sides of this application and return to the Camp Hope office.

Child of a Volunteer Fee: \$100
 Check Attached
 Paid On-Line

CHILD OF A VOLUNTEER APPLICATION

CHILD'S INFORMATION

NAME: _____ NAME USED: _____
 GENDER: GIRL BOY DATE OF BIRTH: ____/____/____
 ADDRESS: _____ APT/LOT #: _____
 CITY/STATE/ZIP: _____ COUNTY: _____
 HOME PHONE #: _____
 CURRENT GRADE: _____ SCHOOL ATTENDING: _____
2009 - 2010 School Year

FAMILY INFORMATION

PARENT'S NAME: _____
 HOME PHONE: _____ WORK PHONE: _____
 CELL PHONE: _____ E-MAIL ADDRESS: _____

ADDITIONAL INFORMATION

T-Shirt Size (circle one) Child size S M L OR Adult size S M L XL
 Skill level of swimming (circle one): None Beginner Intermediate Advanced
 Favorite craft activity _____
 Favorite outside activity _____
 Favorite team sport _____
 Church Home _____
 Church Telephone Number _____ Sr. Pastor Name _____

Camp Hope[®], CORNERSTONE and the Leadership Training Academy are ministries of kidz2leaders[®], inc.
 4385 Lower Roswell Road, Marietta, GA 30068 www.kidz2leaders.org Phone 770.977.7751 Fax 770.977.0552
 kidz2leaders[®], inc. is an IRS approved 501(c)(3) corporation. As such, contributions are tax deductible.

HEALTH HISTORY FORM

The information on this form is gathered to assist us in providing a safe and healthy camp experience for all participants. It may be shared with counselors or directors on an as-needed basis. Please also provide a copy of your Health Insurance Card. Health history forms must be filled out by parents/guardians of minors or by adults themselves .

Participant's Name: _____ Birth Date: _____
Last First Middle

Home Address: _____
Street Address Apt. # City State Zip

Custodial Parent/Guardian (if child is a minor): _____ Social Security # of Participant (optional): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Camp Hope personnel MUST be able to reach a custodial parent during the entire week of camp in the event your child needs to come home due to illness, injury or disciplinary reasons.

EMERGENCY CONTACT #1

Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

EMERGENCY CONTACT #2

Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No *If Yes, please send a copy of your health insurance card.

Insurance Company: _____ Phone Number: _____

Name of Policy Holder: _____ Policy Number: _____

Social Security # of Policy Holder: _____

CONSENT FOR MEDICAL TREATMENT (MINOR) AND AUTHORIZATION REGARDING MEDICAL INFORMATION

I, _____ (Parent/Guardian's Name) hereby give permission to kidz2leaders[®], inc., their representatives, agents and employees for any and all medical attention to be administered to my child, _____ (Child's Name), in the event of accident, injury, sickness, or the like. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective from Saturday, July 10, 2010 until Friday, July 16, 2010, inclusive. I hereby authorize that medical information contained in this Health History Form critical to the health and well-being of a camper may be shared with the camper's counselor/director. I hereby confirm that I have forwarded to my child's physician the enclosed HIPAA authorization form or have filled out a similar HIPAA authorization form provided by my child's physician and have provided such form to my child's physician.

RELEASE OF LIABILITY

kidz2leaders[®], inc. (k2l) d/b/a Camp Hope[®], the Leadership Training Academy (LTA) and CORNERSTONE will not assume any liability for any accident of participants in their group while at the Rock Eagle 4-H Center. Utmost caution will be taken at all times to ensure participant's safety. The undersigned releases the Rock Eagle Center and kidz2leaders[®], inc., their representatives, agents, and employees from liability resulting from the cause whatsoever occurring to a participant during the stay at the center, excepting only willful acts of such representatives, agents, servants and employees. I also certify that the Health Information Form is correct and complete to the best of my knowledge, and that the person herein described has permission to engage in all camp activities except as noted. I understand that from time to time, pictures and/or video footage of camp activities, which may or may not include me/my child, will be used by kidz2leaders[®], inc. in various publications, for, but not limited to, camp advertisements. Further, it is my understanding that my/my child's identity will not be disclosed in said publications. I do hereby acknowledge that I have received and reviewed a copy of the rules and regulations and have shared its contents with my child. I also certify that I am the legal parent or guardian for the child that I am sending to kidz2leaders[®], inc. .

Signature of Parent/Guardian _____

Guardian Printed Name _____ Date _____

Notary: Sworn to and subscribed before me this _____ day of _____, 2010.

Name _____ Notary Public, State of _____ My commission expires _____

HEALTH INFORMATION

NAME: _____

Health History/Allergies (Please check all that Apply)

- Asthma
- Heart Problem(s)
- HIV/AIDS
- Sexually Transmitted Disease
- Pregnant
- Nose Bleeds
- Bedwetting
- Rash, Skin disorders
- Convulsions/Seizure Disorder
- Sleepwalking
- Chicken Pox

- Eating Disorders
- GI Digestive Problems
- Headaches
- Insect Bites
- Other _____

Recent Injuries:

- _____
- No known illnesses or recent injuries
- Do you carry an inhaler with you? _____
- Do you carry an EpiPen® with you? _____

Allergies:

- Animal dander
- Medications _____
- Bee Sting Allergy
- Dairy
- Hay Fever
- Seasonal allergies
- Peanuts/Nuts
- Grasses, hay, etc. _____
- Other allergies _____

Please list any significant medical or surgical history, any hospitalization or doctor visits for an illness in the past year: _____

ACTIVITIES (Please explain any limitations to activities, reason for restriction and what adaptations or limitations are necessary) _____

All prescription medications must be turned into the camp nurse upon arrival and be in it's original, labeled container, which tells your child's name, dose, frequency and duration to be administered at camp.

List any medications routinely taken (especially those taken during school year): _____

Reason for medication (be specific): _____

Other medical information you should know about my child: _____

Does your child experience difficulty managing anger? Yes No Explain: _____

Are your child's immunizations up to date? Yes No Date of last physical: _____

Name of Physician: _____ Phone: _____

Name of Dentist/Orthodontist: _____ Phone: _____

MEDICATIONS THAT MAY BE ADMINISTERED AT CAMP: The Camp Hope® Clinic stocks the following medications in the event that you/your child should require them. These medications are administered by a health professional under the direction of our Camp Physician. *Please do not bring the following medications to camp with you:*

- | | | | |
|-----------------------|-----------------------------|-------------------------|-------------------------|
| Acetaminophen/Tylenol | Calamine lotion | Hydrocortisone 1% cream | Phenylephrine |
| Aleve | Chlorpheniramine | Ibuprofen | Providine Ointment |
| Anbesol | Chlortrimeton | Immodium | Rid Shampoo |
| Aspirin | Claritin | Kaopectate | Robitussin syrup |
| Aveeno cream/lotion | Cortisporin otic suspension | Lomotil | Rolaids |
| Bacitracin | Debrox/Ear Drops | Maalox | Sudafed |
| Bactroban | Dextromethorphan | Milk of Magnesia | Throat lozenges |
| Benadryl | Dimetapp elixir | Mylanta | Tinactin |
| Benedryl lotion | Dramamine | Nix Shampoo | Triple Antibiotic cream |
| Betadine | Ducolax | Pepto Bismol | Tums |
| Caladryl | Eyewash/Saline | Pepcid | Visine/Visine AC |

Medication Authorization—please check which one you agree to:

- I hereby give permission to Camp Hope® medical personnel to administer any of the above medications per the label instructions by age/weight PRN.
- I hereby give permission to Camp Hope® medical personnel to administer any of the above medications per the label instructions by age/weight PRN with the following exceptions: _____

For office use only (Health Check-In Questions)

Screened by _____

Date Screened _____ Time _____ am pm Updates/additions to health history noted Yes No None Required

Meds received _____

List any current health needs identified _____

Observational Notes _____

CONFIDENTIAL INFORMATION

Tell us a little bit about your child. Any suggestions/information you give will be helpful to staff members trying to provide your child a fun, worthwhile camping experience.

1. Has your child spent the night away from home before? _____ Please list any concerns: _____

2. Are there any special requests you have concerning your child's bedtime routine?

3. What is your child looking forward to most in his/her camping experience? _____
4. Does your child have any learning, physical, or emotional issues about which we should be aware? If so, please give a brief explanation: _____
5. Are there any activities at camp that should be avoided? _____
6. Is your child allergic to any medications or food? _____ If so, what? _____

Note From Ms. Diane, Director and Founder of Camp Hope[®]:

You will be able to see your child(ren) several times during the day (meal times, large group activities, worship, etc.) so please do not visit the kidzkamp cabin to tell your child(ren) "good night" as this may start and/or increase tears. Also, if Mom or Dad shows up, it sets off a chain reaction. I promise we will come get you if there is a problem. We need you to be a Mom or Dad for the children in your cabin.

Thank you for your understanding,

- Ms. Diane

This application packet must be completed on all sides and notarized for it be considered complete

You may pay **ON-LINE** at www.kidz2leaders.org, or
attach a check payable to "Camp Hope" for your Child of a Volunteer fees of \$100.
Please return EVERYTHING to the Camp Hope[®] office no later than **June 1, 2010.**