Day Camp Krazy Legs 2013

Children's Healthcare of Atlanta

CAMPER APPLICATION/FOLLOW UP PACKET

Camp Dates:

Monday, June 10- Friday, June 14

Camp Location:

Chattahoochee Nature Center

Roswell, GA

DEADLINE TO MAIL BACK DOCUMENTS

May 17, 2013

Please Mail to:

1001 Johnson Ferry Road

Family Services

Attention: Claire Aikens-Day Camp Krazy Legs

Atlanta, Georgia 30342

camp Krazy Legs

Day Camp Krazy Legs 2013

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Please include a picture of your child

[Tape here]

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EXHIBIT 2

CAMP TWIN LAKES

CAMP RELEASE FORM

This agreement must be read and signed for you/your child to be eligible to attend _____Day Camp Krazy Legs **at Camp Twin Lakes.**

Your/Your Child's Name: _____

I. PARTICIPATION CONSENT

I understand and certify that my/my child's participation in _Day Camp Krazy Legs and its activities at Camp Twin Lakes is completely voluntary. I have familiarized myself with Day Camp Krazy Legs program and activities at Camp Twin Lakes in which I/my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements ropes course, swimming, archery, gardening, cooking, biking, sports, and boating. I acknowledge that although Day Camp Krazy Legs and Camp Twin Lakes have taken safety measures to minimize the risk of injury to camp participants, Day Camp Krazy Legs and Camp Twin Lakes cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for _Day Camp Krazy Legs at Camp Twin Lakes. Further, I have received approval from a doctor authorizing me/my child to participate in the _Day Camp Krazy Legs activities at Camp Twin Lakes. I also agree to inform _Day Camp Krazy Legs of any activities in which I/my child may not participate. In case of medical and/or surgical emergency, I authorize Day Camp Krazy Legs and Children's medical staff to render to myself/my child/my additional family members or to arrange for myself/my child/my additional family members 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 Georgia.

II. LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my

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minor children, my heirs, executors, and administrators. I hereby release and forever discharge Day Camp Krazy Legs and Camp Twin Lakes, and any of their officers, directors, employees, partners, shareholders, board members, servants, agents and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance at Day Camp Krazy Legs at Camp Twin Lakes.

III. MEDIA RELEASE

I give Day Camp Krazy Legs and Camp Twin Lakes the right to interview and/or to take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my/my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. Day Camp Krazy Legs and Camp Twin Lakes shall have the right to use photographs or other images of me/my child in promotion, educational or fund-raising materials. I acknowledge that Day Camp Krazy Legs or Camp Twin Lakes shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Day Camp Krazy Legs and Camp Twin Lakes and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by Day Camp Krazy Legs and Camp Twin Lakes. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

IV. DISPUTES

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Atlanta, Fulton County, Georgia. The arbitration shall be administered by JAMS and conducted before a single arbitrator in accordance with the JAMS Rules. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.

X_____ _____

Parent/Guardian/Self Signature Date

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PATIENT & FAMILY

CONSENT FORM AND WAIVER

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION
AND/OR PUBLIC USE OF IMAGE (PHOTOGRAPH OR VIDEOTAPE)
FOR MEDIA AND PUBLIC RELATIONS PURPOSES

I hereby give consent to Children's Healthcare of Atlanta Inc. (hereinafter "Children's") to take and use images (photographs or videotape) or sounds recordings of me and/or the minor patient or person named below for whom I am giving consent, and disclose confidential patient information about me and/or the minor patient or person, to or in any public media, including radio, television, internet or print, or in a Children's publication. I understand that the intended use of such images and confidential information is for advertising, marketing, fundraising or promotional purposes of Children's.

I understand that confidential information to be disclosed may include information about the patient's treatment at Children's obtained from interviews of the family, physicians and hospital personnel, or from the patient's medical records, including photographs, x-rays, videotapes and results of diagnostic studies, and I hereby waive the right to or interest in the confidentiality of this patient information or images taken and disclosed to the public, as contemplated in this release.

I acknowledge that this consent and authorization for release of confidential information is being made solely for the benefit of Children's and without any expectation of compensation or other benefit to the minor patient or person or the family thereof. To the extent that any benefit accrues or might accrue to Children's from the use of images or disclosure of information, I hereby and forever waive any interest in or claim to such benefits.

I hereby release and forever discharge Children's (including without limitation all corporate affiliates and officers, directors, trustees, employees, medical staff members and agents) from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness arising out of, related to, or in any way connected with the use of images or disclosure of the information and materials described herein, and I hereby waive all rights and interest in and to such information and materials.

I have been informed that once this information is disclosed it may no longer be protected by federal privacy regulations. I have been informed that this authorization is voluntary and is subject to revocation at any time, except to the extent that action has been taken in reliance thereon, by notifying Children's in writing at: Marketing and Public Relations Department, 1699 Tullie Circle NE, Atlanta, Georgia 30329.

Name of Minor Patient or Person (please print)	Date of Birth of Minor Patient or Person
Name of Consenting Individual, Parent or Guardian	Relationship to Minor Patient or Person
Signature of Consenting Individual, Parent or Guardian	Date

Street Address | City | State | Zip

Home Phone | Work Phone

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Immunization History

Children's Healthcare of Atlanta

Provide the month and year for each immunization. Starred (*) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are preferable; please attach to this form.

Camper's name: _____Date of birth:_____

Immunization	Dose 1 Month / Year	Dose 2 Month / Year	Dose 3 Month / Year	Dose 4 Month / Year	Dose 5 Month / Year	Most Recent Dose Month / Year
Diphtheria, tetanus, pertussis * (DTaP) or (TdaP)						
Tetanus booster (dT) or (TdaP)*						
Mumps, measles, rubella (MMR)*						
Haemophilus influenza type B (HIB)						
Polio (IPV)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella* (chicken pox) Or Had chicken pox **Y / N** Date:						
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test	Date:	Negative? Positive?

If your camper **has not** been fully immunized, please sign the following statement:

I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian_____

Date _____

Relationship to Camper _____

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Camp Physician Medical Form
To be completed by a licensed physician
This examination must be performed within 12 months of camp.

Child's name:_____ Date of Birth:_____

Parent/Guardian:_____

Phone:_____ Cell: _____

Child's Home Address:_____

_____

Child's Sex: M____ F:____ Age:_____ Ht:_____ Wt:_____

B/P:_____

Explain below using code: S -Satisfactory NS– Not Satisfactory

Eyes_____ Ears_____ Nose_____ Throat_____ Heart_____ Lungs _____ Abdomen____ Skin_____ Extremities_____

Abnormal Findings:_____

Allergies:

- ☐ No known allergies
- ☐ To foods (list):_____
- ☐ To medications (list):_____
- ☐ To the environment (insect stings, hay fever, etc.-list):_____
- ☐ Other allergies (list):_____

List allergies with previous reactions:

_____

_____

_____

Diet, Nutrition:

- ☐ Eats a regular diet.
- ☐ Has a medically prescribed meal or dietary restrictions: (**describe below**)
- ☐ Other _____

_____

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Camp Physician Medical Form Continued

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The camper is undergoing treatment at this time for the following conditions: (**describe below**)

- ☐ None.
- ☐ Other _____
  _____

Medication:

- ☐ No daily medications.
- ☐ Will take the following prescribed medication(s) while at camp: (**name, dose, frequency, describe below**)
  _____
  _____
  _____
  _____

Other treatments/ therapies to be continued at camp: (**describe below**)

- ☐ None needed.
- ☐ Treatments at camp: _____
  _____
  _____

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illnesses and injury.
Medical personnel: Cross out those items the camper should not be given:
Acetaminophen (Tylenol)
Ibuprofen (Advil, Motrin)
Phenylephrine (Sudafed PE)
Pseudoephedrine (Sudafed)
Chlorpheneramine maleate
Guaifenesin
Detxtromethorphan
Diphenhydramine (Benadryl)
Generic cough drops
Chloraseptic (Sore throat spray)
Lice shampoo or scabies cream (Nix or Elimite)
Calamine lotion
Bismuth subsalicylate (Pepto-Bismol)
Laxatives for constipation (Ex-Lax)
Hydrocortisone 1% Cream
Topical antibiotic cream
Calamine lotion
Aloe

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Camp Physician Medical Form Continued

Do you feel that the camper will require limitations or restrictions to activity while at camp?

- ☐ No
- ☐ Yes

If you answered "Yes" to the question above, what do you recommend? (Describe below-attach additional information if needed) _____

_____

_____

Parent/Guardian Authorization for Health Care:
"This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status."

Parent/Guardian signature: _____ Date:_____

"I have reviewed the camper's health history, and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above)."

Physician Signature: _____Date:_____

Physician Name Printed: _____Date: _____

Office address: _____

_____

_____Phone:_____

Some questions and content used on this Children's Healthcare of Atlanta form were derived from American Camp Association resources

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Before you send these forms back, please be sure you are mailing:

- Picture of camper
- Exhibit 2- Camp Consent and Release Form
- Children's Healthcare of Atlanta Consent Form and Waiver
- Immunization History or a copy of Immunization Record
- Camp Physician Medical Form-signed by the child's physician
- Copy of child's insurance card (to be used in case of emergency)

DEADLINE TO MAIL BACK DOCUMENTS

May 17, 2013

Mail to:
1001 Johnson Ferry Road
Family Services
Attn: Claire Aikens-Day Camp Krazy Legs
Atlanta, GA 30342

404-785-2214 fax Claire.Aikens@choa.org 404-785-4425 office

Thank you to the following for helping make Camp Krazy Legs!

Children's Healthcare of Atlanta

SPINA BIFIDA ASSOCIATION OF GEORGIA

Camp Twin Lakes
Where Young Spirits Soar