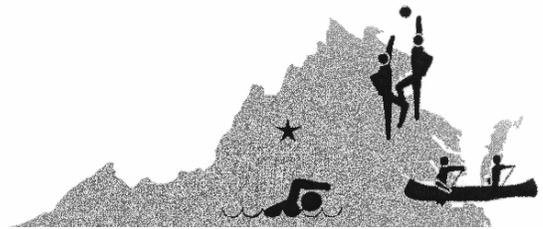


Central Virginia Burn Camp

1960 Candlewyck Drive
Charlottesville, VA 22901
(434) 263-6566
fax (800) 903-6350

cvbc1999@yahoo.com
www.vaburncamp.org
"Friend" or "Like" us on Facebook



Camp Directors

Leslie Baruch

Tim Wright

**THIS FORM MUST BE COMPLETED AND SENT BACK BY
MAY 1, 2017**

CAMPER/FAMILY INFORMATION

A good camping experience has many educational and psychological values. We ask that campers and their families share with our staff some of their specific goals and ideas about camp. We also need some background on the camper so that we may effectively plan camp. Please fill this out carefully and completely.

CAMPER'S NAME: _____

AGE: (now) _____ (at camp) _____

NAME CAMPER LIKES TO BE CALLED: _____

DATE OF BIRTH: _____ SEX: **M** **F**

SCHOOL NAME: _____ GRADE THIS FALL: _____

T-SHIRT SIZE: **ADULT** or **CHILD** (circle one) **S M L XL XXL** (circle one)

HOME ADDRESS _____

City, State, Zip Code _____

HOME PHONE NUMBER (_____) _____

Parent's or Guardian's Cell # (_____) _____ Work # (_____) _____

Parent's or Guardian's E- mail Address: _____

Parents' or Guardians' names _____

Who does the camper live with? _____

Who has legal custody? _____

ARE THERE ANY FAMILY CONCERNS WE SHOULD BE AWARE OF?

We may be able to provide transportation to and from camp from a few locations. Please let us know if you would like transportation from: *(circle one)*

Richmond Area

Tidewater Area

Northern Virginia

Or, I will be driving my child to and from camp _____

PARENT/GUARDIAN THOUGHTS ABOUT CAMPER:

Is the camper excited about camp? _____

In what ways can we help the camper grow and develop? _____

Does the camper get along with siblings, friends, teachers? _____

What about relationships with parents or other caregivers? _____

IS THERE ANYTHING ELSE SPECIFIC TO THE CAMPER WE NEED TO KNOW? _____

CAMPER THOUGHTS:

What do you like to do and what are your interests or hobbies? _____

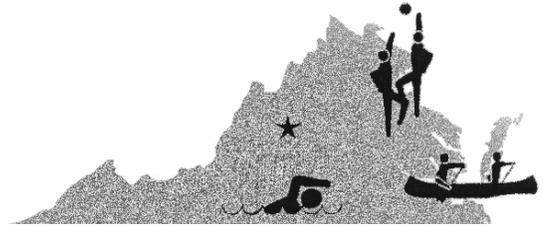
What are you looking forward to about camp? _____

Do you have any requests regarding cabin mates or counselors? _____

ANY EXTRA THOUGHTS ABOUT YOURSELF OR CAMP YOU WISH TO SHARE? _____

Central Virginia Burn Camp

1960 Candlewyck Drive
Charlottesville, VA 22901
(434) 263-6566
fax (800) 903-6350
cvbc1999@yahoo.com
www.vaburncamp.org



Camp Directors

Leslie Baruch

Tim Wright

HEALTH HISTORY

MUST BE FILLED OUT BY PARENT OR GUARDIAN

Please list major illness the camper has had: _____

HOSPITALIZATIONS: (Other than their burn injury):

_____ Date _____
_____ Date _____

NON-BURN RELATED OPERATIONS/FRACTURES:

MEDICAL CONDITIONS

Fainting__ Snoring__ Hayfever__ Sinus Trouble__ Sore Throats__ Asthma__
Heart defect__ Bleeding disorder__ Constipation__ Sleep walking__
Bed wetting__ Drugs__ Eczema__ Obesity__ Diabetes__ Epilepsy__
Ear Infections__ Headaches__ Athlete's foot__ Mononucleosis__
Shortness of Breath__ Psychiatric Treatments__ ADD__ ADHD__
Developmental Disability__ Behavior Problems __ (explain) _____
Other ____ explain: _____

Will the camper need medication while at camp (Yes / No)?

MEDICAL CONDITIONS TREATMENTS MEDICATION SCHEDULES

Immunizations **MUST BE** current to participate in camp.

Camper's immunizations are current: _____yes _____no

ALLERGIES:

Types: _____

What is the usual reaction? _____

What is the usual treatment? _____

To your knowledge, has the camper been exposed to any infectious disease within the past four weeks? _____yes _____no If yes, please explain: _____

I agree to notify the camp if there are any changes in the camper's medical status between now and the time the child arrives at camp. (initial) _____

Are there any diet restrictions? _____

Can your child be given over-the-counter medication if needed? (ie:Tylenol for a head ache, Pepto- Bismol for upset stomach, Benadryl for allergy or insect sting) (Yes / No)? Please initial: _____

Does your child have a history of discipline problems at school? _____
If yes, please explain _____

Has the camper ever consulted a physician, psychotherapist or school counselor concerning an emotional problem? Is there an emotional trait we should be aware of? _____

Girl Campers Only: Has menstruation occurred? yes__ no____
Has the camper been educated about the facts of menstruation? yes__no__

INSURANCE INFORMATION

Medical Insurer: _____

Policy Number: _____

IF PARENT/GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY, PLEASE NOTIFY:

Name _____ Phone _____(home) _____(cell)

Name _____ Phone _____(home) _____(cell)

The health history is correct so far as I know, and the person described has permission to engage in all camp activities, except ones noted by me or the examining physician.

If I cannot be reached in an emergency, I hereby give permission to the personnel of the camp to seek proper treatment for the child's injury or illness.

MUST BE SIGNED BEFORE A PHYSICIAN WILL TREAT

Signature _____

Relationship to camper _____ Date _____

BURN HISTORY

Date of Burn _____ Date of Discharge from initial admission _____

Name of hospital where treated _____

Percent of Body Surface Area Burned and location _____

Briefly describe how the burn happened: _____

Is there anything else we need to know about the burn injury? _____

Reconstructive surgery done, or plans for future surgery : _____

REHABILITATION NEEDS

Does the child currently wear pressure garments, splints or other orthopedic devices? ____yes ____no If yes, please explain: _____

Does the child currently use special lotions or creams? ____yes ____no
If yes, please explain: _____

Does the child have any special exercise needs while at camp?
____yes ____no If yes, please explain: _____

Is the child currently receiving any physical and/or occupational therapy?
If he/she is, what type and how often? _____

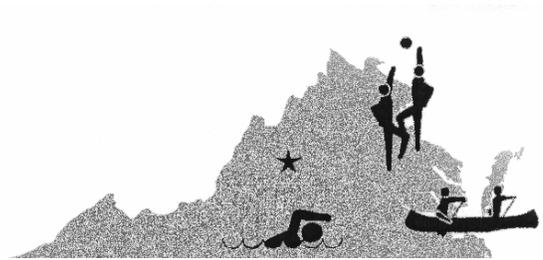
THERAPIST(S) NAME(S) AND PHONE NUMBERS:

Are there any physical limitations that may effect the child's activities?

Do you have any special concerns you would like the camp counselors or directors to address? If yes, please explain:

Central Virginia Burn Camp

1960 Candlewyck Drive
Charlottesville, VA 22901
(434) 263-6566
fax (800) 903-6350
cvbc1999@yahoo.com
www.vaburncamp.org



Camp Directors

Leslie Baruch

Tim Wright

PHYSICIAN'S REPORT

Page 1

TO BE FILLED OUT BY PHYSICIAN

To be completed by a licensed M.D. prior to arrival at camp. The purpose of this report is to ascertain whether the camper a) can engage in strenuous activity; b) has a communicable disease that could be conveyed to others; c) has a medical, physical, or emotional condition needing the special attention of the camp staff. **Must be filled out if you did not submit a current Physician's Report last year.**

CAMPER'S NAME _____

1. Does the camper have any significant:
 - a) Medical condition _____ no _____ yes
 - b) Physical condition _____ no _____ yes
 - c) Emotional condition _____ no _____ yes
 - d) Psychological condition _____ no _____ yes
 - e) Communicable disease _____ no _____ yes
 - f) Allergic condition _____ no _____ yes

If yes on any of the above, please explain:

Condition or Disease

Treatment

2. Does the camper need medications while at camp? _____ no _____ yes

Medicines

Routes, Dosages, and Frequency

3. Immunizations MUST BE current to participate in camp.

Camper's immunizations are current: _____ yes _____ no

4. If this patient is over 12 years old, has he/she had his/her 2nd MMR vaccination? _____ no _____ yes

PHYSICIAN'S REPORT

Page 2

- 5. Does patient have epilepsy? _____no _____yes
- 6. Does patient have diabetes? _____no _____yes
- 7. Does patient have any allergies? (food, drug, plants, insects, etc...) _____no _____yes If yes, please explain: _____

8. Name of family physician: _____

Phone number: _____

- 9. Is there any condition that you feel would prevent this camper from participating in strenuous activity or are there limitations you would like built into his/her activity program? _____no _____yes If yes, please comment: _____

10. Physical Exam (/ normal, x abnormal)

Date _____/_____/_____ Height _____ft. _____in. Weight _____lb.

Blood Pressure _____/_____ Pulse _____/minute

Vision OD _____ OS _____ Throat _____ Chest _____

Genitalia _____ Neck _____ Heart _____ Hernia _____

Eyes _____ Lungs _____ Abdomen _____ Lymph nodes _____

Ears _____ Nose _____ Thyroid _____

GENERAL COMMENTS : _____

DOCTOR'S SIGNATURE: _____

DOCTOR'S NAME: _____

(please print)

DATE _____/_____/_____ **PHONE** _____-_____-_____

ADDRESS: _____

(street)

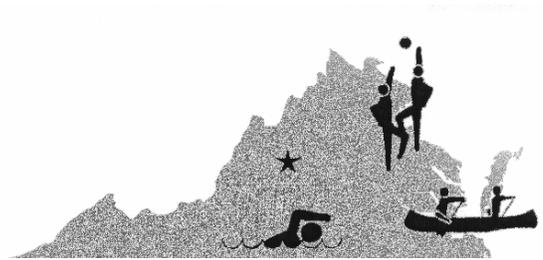
(city)

(state)

(zip code)

Central Virginia Burn Camp

1960 Candlewyck Drive
Charlottesville, VA 22901
(434) 263-6566
fax (800) 903-6350
cvbc1999@yahoo.com
www.vaburncamp.org



Camp Directors

Leslie Baruch

Tim Wright

Camper's Code of Conduct

While at camp, you have the right to be treated with respect and courtesy by all who provide camp services to you. As a camper, you also have a responsibility to act respectfully and courteously towards other campers, staff and guests. Disrespectful behavior or refusing to comply with safety rules or any regulation in place for the health and well-being of the entire camp body is considered inappropriate. If the camper displays disruptive or harmful behavior, every effort will be made to address the behavior and to work with the camper. If the camper's behavior does not change after counseling, support, and a phone call to his or her parents, it will result in the camper being sent home. I understand that this Code of Conduct is in place to help ensure that all campers and staff have the best time possible at Central Virginia Burn Camp!

Parent Signature: _____

Camper Signature: _____

AGREEMENT AND RELEASE

In consideration of the Central Virginia Burn Camp, Inc. (the Camp) and Camp Holiday Trails undertaking a camping program of therapeutic benefit for the health and welfare of (Camper's Name) _____ (hereinafter called 'Camper') and activities incidental thereto, including transportation provided by Camp to and from Camp events, at the request of the undersigned acting on behalf of all the Camper's parents or guardians, the undersigned agrees, represents and certifies as follows:

1. The undersigned is a parent or legal guardian of the Camper and has full and complete authority to execute this agreement.
2. It is recognized that the Camper's participation in the camping program mentioned above, and all activities of this camp, that it be agreed that the risk of any injury loss or damage is assumed by the Camper and all of the Camper's parents or legal guardians.
3. The undersigned and all of the Camper's parents or legal guardians waive, remise, release and forever discharge the owners and operators of Camp Holiday Trails, the Central Virginia Burn Camp and their respective officers, agents, employees and representatives from all liability, claims or damages, except for those resulting from recklessness or willful misconduct, on account of injury to the Camper or loss or damage to the Camper's property. These activities include, but are not limited to: travel to and from the Camp, activities held at Camp, activities held away from

Camp, meals, overnights, etc. The undersigned and all of the Camper's parents or guardians, further hereby agree to hold harmless and to indemnify and defend the aforesaid owners and operators of Camp Holiday Trails, the Camp and their agents, from and against any claims, loss, damage, cost, or expense including reasonable attorney fees, that may be occurred as a result of any such action, claim or demand, except for those based upon acts of recklessness or willful misconduct.

4. The Camp and Camp Holiday Trails are hereby instructed and authorized to employ such emergency medical treatment as they see fit during the Camper's participation in any of the above mentioned activities. If the activity leader, in their judgment, feels the Camper requires emergency treatment, and the Camp and Camp Holiday Trails, and their agents are released from any liability for all their decisions and actions, made and done in good faith, in administering such emergency medical treatment.
5. If Camper develops a non-emergent medical condition, the Camp will notify Camper's parent or legal guardian. The Camper may need to leave Camp before the end of the session, if this is a condition that requires removal from other Campers. (lice, pink eye, etc.)
6. By signing this agreement and release, the undersigned acknowledges and represents that he or she has read and understands each of the provisions and understands that the Camper will participate in activities including, but not limited to: horseback riding, swimming, ropes course, canoeing, hiking, and some field trips off the Camp property. These activities are well supervised and staffed by Central Virginia Burn Camp counselors and certified instructors.

Dated at _____ this _____ day of _____, 20____
(city or county and state) (date) (month) (yr)

SIGNATURE: (PARENT OR LEGALGUARDIAN) _____

WITNESS _____

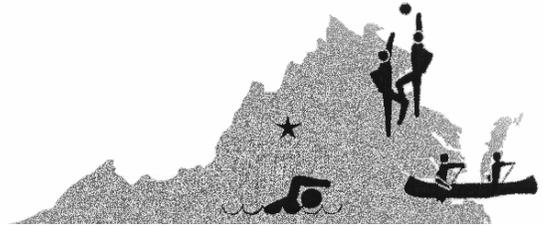
PLEASE BE SURE TO HAVE A WITNESS SIGN THIS PAGE

WHO WILL BE ALLOWED TO PICK UP YOUR CAMPER? (This section must have at least two names.)

- 1.
- 2.
- 3.

Central Virginia Burn Camp

1960 Candlewyck Drive
Charlottesville, VA 22901
(434) 263-6566
fax (800) 903-6350
cvbc199@yahoo.com
www.vaburncamp.org



Camp Directors

Leslie Baruch

Tim Wright

Photography Release Form

I hereby grant permission for the taking of photographs of me / my child and for the use of the photos. Additionally, I grant permission to release information regarding the photos for promotion of the Central Virginia Burn Camp. I understand that a photo of me / my child may be used without compensation to me.

Name: _____

Date of Birth: _____

Parent or Legal Guardian Name (if camper): _____

Address: _____

City and State: _____ Zip Code: _____

Telephone Number: (_____) _____

The photograph(s), video, and general information may be used as deemed appropriate in the administration of the Central Virginia Burn Camp, Inc. and Camp Holiday Trails, and may be published in, or used by, any media or publication (including newspapers, magazines, television, radio, pamphlets, brochures, websites, reports, etc.) without any liability on the part of the Central Virginia Burn Camp Inc., or Camp Holiday Trails.

Parent or Legal Guardian Signature (for camper): _____

Signature (Counselor or Volunteer): _____

Date Signed: _____