

## **Central Virginia Burn Camp**

1960 Candlewyck Drive

Charlottesville, VA 22901

(434) 263-6566

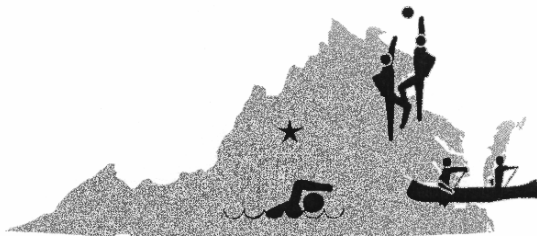
fax -1-800-903-6350

(please call or email to be sure your fax has come through)

cvbc1999@yahoo.com

www.vaburncamp.org

"Friend" or "Like" us on Facebook



### ***Camp Directors***

***Leslie Baruch***

***Tim Wright***

***Julie Bonham***

**THIS FORM MUST BE COMPLETED AND SENT BACK BY  
April 15, 2025**

### **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.

TODAY'S DATE: \_\_\_\_\_

CAMPER'S NAME: \_\_\_\_\_

AGE: (now)\_\_\_\_\_ (at camp) \_\_\_\_\_

NAME CAMPER LIKES TO BE CALLED:(for name tag)\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX:\_\_\_\_\_ Preferred Pronouns \_\_\_\_\_

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 that 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: *(check one)*

**Richmond Area** \_\_\_\_\_ **Tidewater Area** \_\_\_\_\_ **Northern Virginia** \_\_\_\_\_

**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 that 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? \_\_\_\_\_

\_\_\_\_\_

What activities do you want us to include at camp? \_\_\_\_\_

\_\_\_\_\_

What activity do you wish we would not have? \_\_\_\_\_

\_\_\_\_\_

Do you have any requests regarding cabin mates or counselors? \_\_\_\_\_

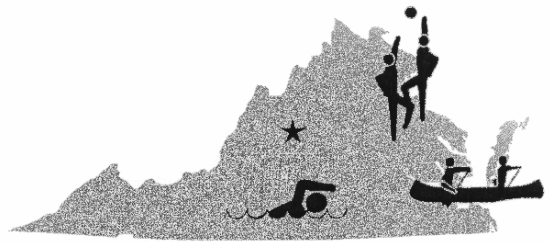
\_\_\_\_\_

Any extra thoughts about yourself or camp that you wish to share? \_\_\_\_\_

\_\_\_\_\_

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*Julie Bonham*

## **HEALTH HISTORY**

**MUST BE FILLED OUT BY PARENT OR GUARDIAN**

Please list major illnesses 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\_\_ Eczema\_\_ Obesity\_\_ Diabetes\_\_ Epilepsy\_\_  
Ear Infections\_\_ Headaches\_\_ Athlete's foot\_\_ Mononucleosis\_\_  
Shortness of Breath\_\_ Psychiatric Treatments\_\_ ADD\_\_ ADHD\_\_  
Developmental Disability\_\_ Other \_\_\_\_\_

### **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 including COVID-19?

\_\_\_\_\_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) \_\_\_\_\_

Does the camper have any dietary restrictions? \_\_\_\_\_

Can your child be given over-the-counter medication if needed? (eg: Tylenol for a head ache, Pepto-Bismol for upset stomach, Benadryl for allergy or insect sting) \_\_\_\_\_

### **BEHAVIORAL HEALTH**

Does your child have a history of behavior problems? If yes, please explain

\_\_\_\_\_

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) \_\_\_\_\_

I, \_\_\_\_\_ (print name), the PARENT or GUARDIAN (circle one) of \_\_\_\_\_ (print name of camper), hereby affirm that the health history above is correct so far as I know, and that the camper described has permission to engage in all camp activities, except as specifically noted by me or, below, by 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.

Signature \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Date \_\_\_\_\_

***MUST BE SIGNED BEFORE A PHYSICIAN WILL TREAT***

**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 affect the child's activities?

\_\_\_\_\_

\_\_\_\_\_

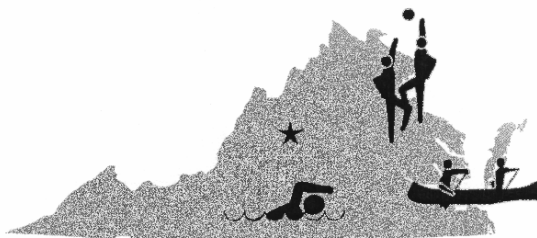
Do you have any special concerns you would like the camp counselors or directors to address? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

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## **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.

**CAMPER'S NAME** \_\_\_\_\_

1. Does the camper have any:

- 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

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2. Does the camper need medications while at camp? \_\_\_\_\_no \_\_\_\_\_yes

Medicines

Routes, Dosages, and Frequency

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3. Immunizations MUST BE current to participate in camp.

Camper's immunizations are current: \_\_\_\_\_yes \_\_\_\_\_no

## PHYSICIAN'S REPORT

### Page 2

4. If this patient is over 12 years old, has he/she had his/her 2<sup>nd</sup> MMR vaccination? \_\_\_\_\_no \_\_\_\_\_yes
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)

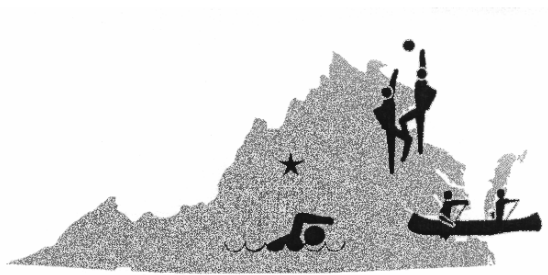
(city)

(state)

(zip code)

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### **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 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:** \_\_\_\_\_

## **WAIVER AND RELEASE**

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

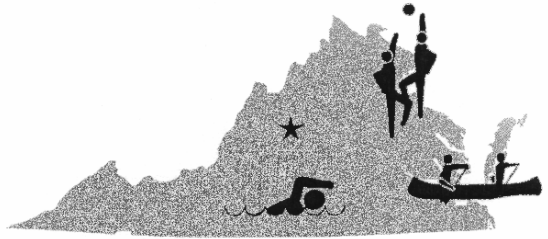
1. I am a parent or legal guardian of the Camper and have full and complete authority to execute this waiver and release.
2. I am aware of and have discussed with the Camper's other parents and guardians, the active nature of the Camp and the various risks attendant to some of its activities. I have also discussed those activities and risks with the Camper, in an age-appropriate manner, and emphasized to him or her the importance of being careful and vigilant while at Camp. I and the Camper's other parents and guardians understand that those activities and the attendant risks could result in damage to property and personal injury, including death. To the fullest extent possible under the laws of the Commonwealth of Virginia, and on behalf of the Camper, I agree to assume all such risks, known and unknown, except to the extent that they arise from or are caused by the recklessness or willful misconduct of CHT, CVBC, or their agents.
3. I understand that CVBC is a charitable organization and that Virginia's charitable immunity doctrine precludes the Camper or any other beneficiary of CVBC's services from recovering damages from CVBC for the negligent acts of CVBC's agents, so long as CVBC exercised due care in obtaining the services of those agents.



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## **Photography Release Form**

I hereby grant permission for the taking of photographs of me / my child and for the use of the photos in furtherance of Central Virginia Burn Camp's mission. Additionally, I grant permission to release information regarding the photos, including my name and that of my child, 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: \_\_\_\_\_