



ILLINOIS FIRE SAFETY ALLIANCE 2010 CAMPER APPLICATION

P.O. Box 911, Mt. Prospect, IL 60056-0911

Due Date: April 15, 2011



Camper's Name _____ Age _____ Date of birth _____ Grade in fall _____

Address _____ City _____ State _____ County _____ Zip _____

Home phone (_____) _____ Name preferred on name tag _____ T-shirt size _____

Camper Email address _____ Male Female

Camper cell phone (_____) _____ Number of brothers/sisters _____

Date of burn _____ Percentage of burn _____

Place of treatment _____ Length of hospitalization _____

Body area of burn _____ How was applicant burned? _____

Is camper currently receiving burn therapy? No Yes

If Yes, what type of therapy _____

Custodial parent/guardian name _____ Work phone (_____) _____

Custodial parent Social Security No. _____ Custodial parent date of birth _____

Custodial Email address _____ Cell phone (_____) _____

2nd parent/guardian name _____ Work phone (_____) _____

2nd parent Email address _____ Cell phone (_____) _____

Has the camper ever been a victim of any type of abuse? No Yes Explain _____

Is DCFS currently involved? No Yes DCFS caseworkers name _____

Address _____ City _____ Zip _____

Phone (_____) _____ Fax (_____) _____ Caseworker Email address _____

Emergency contact names (Please list two other than parent/guardian)

1 _____ Home phone (_____) _____ Relationship _____

Work phone (_____) _____ Cell phone (_____) _____

2 _____ Home phone (_____) _____ Relationship _____

Work phone (_____) _____ Cell phone (_____) _____

MEDICAL NEEDS

Has camper been diagnosed to have Attention Span Deficit Syndrome (ADD or ADHD)? No Yes

Is camper enrolled in Special Education? No Yes Explain _____

Are there any emotional/physical traits which the camp medical personnel or staff should be aware of? No Yes

If yes, please explain _____

(OVER)

Has the camper ever consulted a social worker, psychotherapist, or physician concerning any emotional problems? If camper is currently or has previously received counseling, social work or psychotherapy, a brief summary report from the therapist noting treatment issues as well as issues relevant to camp is required as part of the application process. No Yes

Name _____ Phone (_____) _____ Fax (_____) _____

I hereby give permission to therapist listed above to provide the Illinois Fire Safety Alliance a summary report regarding my campers treatment.

Signature of Parent/Guardian _____

Does the camper have any special medical needs?

Splint(s) No Yes Description _____ Wearing schedule _____

Garment(s) No Yes Description _____ Wearing Schedule _____

Physical therapy description _____

(Please attach detailed instructions from your Physical Therapist)

Dressing(s) description _____ Changing schedule _____

Dental appliances _____ Wearing Schedule _____

Glasses Contact Lenses Hearing Aide

For girls only: Has this camper menstruated? Yes No If not, has she been told about it? Yes No

If so, is her menstrual history normal? Yes No Special considerations _____

Is the camper currently taking any medications? Yes No If yes, please list them all below. Please make sure all medicines are sent in original labeled containers.

Please make sure that you send sufficient supplies to meet the schedule outlined below for the entire week, plus extra - just in case. If more space is needed, please use a separate sheet of paper.

Name of Pharmacy _____ Pharmacy Phone # (_____) _____

MEDICINE	FREQUENCY TAKEN	DOSAGE
MEDICINE	FREQUENCY TAKEN	DOSAGE
MEDICINE	FREQUENCY TAKEN	DOSAGE

MEDICAL CONDITIONS (Nurse or Doctor should be aware of)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Nose Bleeding | <input type="checkbox"/> Diarrhea/Constipation |
| <input type="checkbox"/> Difficulty Hearing | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures/Fainting Spells | <input type="checkbox"/> Frequent Sore Throats |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Indigestion/Vomiting | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Difficulty Seeing (Blinks, squints, rubs eye) | <input type="checkbox"/> Athletes Foot | <input type="checkbox"/> Pregnant | |
- Other - Please list _____

BEHAVIOR

- | | | | | |
|--------------------------------------|--|--|--|--------------------------------|
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Thumb sucking | <input type="checkbox"/> Fears |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Impulse Control | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Nail Biting | |
- Other - Please list _____

How does the CAMPER get along with others? _____

ALLERGIES

- | | | | | | |
|------------------------------------|--|--|-------------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Ivy Poisoning, etc. | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Asthma | <input type="checkbox"/> Food |
|------------------------------------|--|--|-------------------------------------|---------------------------------|-------------------------------|
- Other - Please list _____

DISEASES

- | | | | | | | |
|--------------------------------------|----------------------------------|---|------------------------------------|--|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles | <input type="checkbox"/> German Measles | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Mumps | <input type="checkbox"/> HIV/AIDS |
|--------------------------------------|----------------------------------|---|------------------------------------|--|--------------------------------|-----------------------------------|
- Other - Please list _____

Operations or serious injuries (Dates) _____

MEDICAL EXAMINATION
To be filled out by licensed physician.

This examination should be performed within the last 12 months. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

Code: ✓ - Satisfactory
X - Not Satisfactory (Explain)
O - Not Examined

CAMPER'S NAME _____

Ht. _____ Wt. _____ B.P. _____

Eyes _____ Extremities _____

Glasses _____ Contacts _____ Posture (Spine) _____

Ears _____

Hearing Aid _____

Nose _____

Skin _____

Throat _____

Allergies: Please specify

Teeth _____

Heart _____

Lungs _____

Please describe overall health:

Abdomen _____

Hernia _____

IMMUNIZATION HISTORY

Required immunizations must be determined locally. This is a record of dates of basic immunizations and most recent booster doses.

DPT Series _____ Booster _____ Tetanus Booster _____

Polio OPV (Sabin) _____ Booster _____ Typhoid _____

Measles Vaccine (live) _____ Tuberculin Test _____

German Measles (Rubella) _____ Mumps Vaccine (live) _____

Smallpox _____

Other _____

(OVER)

Recommendations and restrictions while in camp:

Special Diet _____

Swimming, Diving _____

Strenuous Activity _____

Climbing _____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

EXAMINING PHYSICIAN **SIGNATURE** M.D.

EXAMINING PHYSICIAN (PLEASE **PRINT** NAME) M.D.

Date _____

Please return to: Illinois Fire Safety Alliance Burn Camp
P.O. Box 911
Mount Prospect, Illinois 60056-0911

PARENTAL AGREEMENT AND AUTHORIZATION

I verify that the information contained in the 2011 IFSA Burn Camp Application on camper _____ is complete and accurate. I understand that the camper must have had a physical examination within the last twelve months to participate in this resident camp program.

I also understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of any emergency affecting the camper. In the event I cannot be reached in an emergency, I hereby authorize the calling of a physician, at my expense, to provide whatever emergency medical or surgical treatment is necessary.

I hereby give permission to the physician, or other medical personnel selected by the IFSA Burn Camp, to obtain and administer surgical and medical treatment, hospitalization, and medication for camper.

I hereby give permission to IFSA staff to contact physician, social worker, or psychotherapist regarding my camper.

I furthermore agree, that the IFSA Burn Camp staff, or their authorized agents, may administer over-the-counter medications or their generic equivalents, as deemed necessary. This will include, but is not limited to, the following:

Calamine lotion, Betadine, Maalox, Pepto-Bismol, Aspirin, Tylenol, Neosporin Ointment, Sun block, Sting ointment, Blistex, Visine, sore throat lozenges, antihistamine for allergy, cough medication, and insect repellent, etc.

I also give permission for my campers address and phone number to be put on a list and shared with the campers and staff.

Signature of Parent/Guardian _____ **Date** _____

If you are planning to be on vacation while camp is in session, we must know where you can be reached. Please provide pertinent information:

Address _____ City _____ State _____ Phone (_____) _____

Dates I can be reached at the above address and phone _____

****THIS SECTION MUST BE COMPLETED****

Health/Accident Insurance Carrier _____ Policy Number _____

Group Number _____ I.D. Number _____

Public Aid I.D. # _____

_____ WE HAVE NO MEDICAL COVERAGE

CAMPER AGREEMENT

I, _____ with my parents or guardian, have completed this application and will assume responsibility for restricting any of my activities agreed upon as listed. I will exercise good judgment in regard to my own health, safety, and well-being while participating in this program. I also promise to agree to follow all camp rules, and cooperate with IFSA Burn Camp staff to insure my safety. I understand that the consequences for inappropriate behavior may result in my being sent home.

Signed (Camper) _____ **Date** _____

PARENT/GUARDIAN AGREEMENT

In the event my camper needs to be sent home, I hereby agree to be solely responsible for my camper's transportation home. I also agree that removal from camp must be accomplished within 12 hours of the initial phone call received from the IFSA.

Signed (Parent/Guardian) _____ **Date** _____

(OVER)

RELEASE AND INDEMNITY AGREEMENT
ILLINOIS FIRE SAFETY ALLIANCE BURN CAMP 2011

In consideration of the ILLINOIS FIRE SAFETY ALLIANCE, a corporation not-for-profit, ("Alliance") undertaking a program of camping and related activities believed to be of therapeutic benefit and for the welfare of (CAMPER'S name)_____ (hereafter called "CAMPER"), including transportation provided by the Alliance, at the request of the undersigned acting on behalf of all of the CAMPER'S parents or guardians, the undersigned agree, represents and warrants as follows:

1. The undersigned is a parent or guardian of the above named CAMPER and has full and complete authority from all parents or guardians of the CAMPER to execute this agreement on behalf of said parents or legal guardians.
2. It is recognized that the CAMPER'S participation in the camping and related activities involves risks of bodily injury, property loss and damage or loss, and it is agreed that all risks of injury, loss or damage is assumed by the CAMPER and all of the CAMPER'S parents or guardians, to the maximum extent permitted by applicable law.
3. The undersigned and all of the CAMPER'S parents or guardians individually and as such parents or guardians, hereby release and forever discharge the Alliance, and its members, officers, agents, employees, representatives and successors of and from all liability, claims or demands of any nature whatsoever in relation to personal injury to the CAMPER or loss or damage to property resulting from, or related to participation in such program, including by way of illustration but not from the camp, activities therein, overnights (off campgrounds), during meals and rest and waiting periods, to the maximum extent permitted by law. The undersigned and all of the CAMPER'S parents or guardians further hereby agree to hold harmless and to indemnify members, against liability, loss, damages or costs, including reasonable attorney's fees, that may be incurred as a result of any such action, claim or demand to the fullest extent that such indemnification is permitted by law.
4. I do hereby covenant with the Alliance that I will never, at any time, sue the Alliance or any person or entity in any way connected with the Alliance as a result of my participation in the program.
5. Y.M.C.A. Camp Duncan, (the "Camp"), and the Alliance, are hereby instructed and authorized to employ such emergency medical treatment as they see fit during the CAMPER'S camping or related activities, if, in their sole judgment, the condition of the CAMPER, because of injury, illness, or otherwise, requires such emergency treatment, and the Alliance, and the Camp representatives, are hereby released from any liability for all their decisions and actions, made and done in good faith, in relation to such emergency medical treatment.

Dated at _____ This _____ day of _____, 2011
Town State

WE, (I), THE UNDERSIGNED WARRANT AND STATE THAT WE HAVE READ AND UNDERSTAND THE RELEASE AND INDEMNITY AGREEMENT, AND COVENANT NOT TO SUE. FURTHERMORE, I UNDERSTAND THAT CAMPER OR I WILL NOT BE ALLOWED TO PARTICIPATE IN THE PROGRAM UNLESS I HAVE SIGNED THIS RELEASE.

Signature of Parent/Guardian _____

Signature of Parent/Guardian _____

Signature of Witness _____

Please be sure to have witness sign this page.
This Release must be completed and signed for every camper attending IFSA Burn Camp.

**TRANSPORTATION RELEASE
ILLINOIS FIRE SAFETY ALLIANCE BURN CAMP 2011**

Whereas, I,(Parent/Guardian Name)_____ being over the age of twenty-one years, have requested transportation for _____ who will be a CAMPER at the Illinois Fire Safety Alliance Burn Camp. This transportation release also covers special events, for example horseback riding. He/She will accompany an agent of said organization during the performance of their official duties.

Whereas, I am aware that he/she may be subjected to risk of bodily harm or damage to their person or property by accompanying Illinois Fire Safety Alliance agent during the performance of their duties. Now, therefore, in consideration of the permission granted for my child to ride in a vehicle, I do hereby agree that the Illinois Fire Safety Alliance, its sureties, all agents of said organization, shall incur no liability for loss, damage or financial responsibility arising out of, or in any manner, connected with any damages, injury, or loss to my child/ward or their property incurred while riding in any vehicle operated by said organization or while accompanying any agent of the Alliance during the performance of official duties and activities.

I do further save and keep the Illinois Fire Safety Alliance, its sureties, and all members of said organization, and each of them free and indemnified and harmless from any loss, damage or injury to my child/ward or my property resulting from any of the aforesaid acts.

Parent/Guardian Signature_____ **Date**_____

Area Code and Phone (_____)_____

CONTACT IN CASE OF EMERGENCY (IN ADDITION TO PARENT/GUARDIAN)

Name_____ Relationship_____ Phone(_____)_____

**PHOTO RELEASE AGREEMENT BURN CAMP 2011
(Must be complete whether permission is granted or not)**

Camper Name_____

I hereby grant permission for the taking of pictures and/or the release of information

Permission denied for_____

If permission is denied, may camper be included in cabin photo only? Yes No

The photograph(s), videos, other information, and records may be used as deemed appropriate by the Illinois Fire Safety Alliance and may be published in, or used by, any media or publication (including newspapers, magazines, television, radio, pamphlets, brochures, reports, etc.), without any liability on the part of the Illinois Fire Safety Alliance, its agents, members, officers, representatives, employees or successors.

I, the undersigned warrant that I have read and understand the foregoing.

Parent/Guardian Signature_____ **Date**_____

Witness_____ **Date**_____

(OVER)

ILLINOIS FIRE SAFETY ALLIANCE BURN CAMP 2011 TRANSPORTATION REQUEST

Camper's Name _____

Address _____ City _____ County _____ Zip _____

NO TRANSPORTATION REQUIRED. MY CAMPER WILL BE DRIVEN TO AND FROM CAMP.

____ YES camper will need transportation to camp on Sunday, 6-19-11

____ YES camper will need transportation from camp on Saturday, 6-25-11

If you answered YES, please indicate one of the following pick-up/drop-off locations.

____ Oak Forest Fire Department
155th & Central, Oak Forest

____ Litchfield – McDonalds – I-55 – Rt. 16

____ University of Chicago Medical Center
5841 S. Maryland, Chicago

____ Springfield - McDonalds
I-55 on 6th Street

____ John H. Stroeger, Jr. Hospital
1835 W. Harrison St, Old Cook County Building
Wood Street Entrance

____ Galesburg Fire Dept. to Bloomington

____ Loyola University Medical Center
2160 S. First Avenue, Maywood

____ Bloomington - 76 Truck Stop-Exit 160

____ Collinsville – Holiday Inn
55 – I-70 & Hwy 57

____ Dwight (Kankakee)-McDonalds I-55
Exit 220 at Rt. 47

NAME OF PERSON AUTHORIZED TO PICK-UP CAMPER AT DROP-OFF LOCATION ON 6-25-11
(MUST BE AT LEAST 18 YEARS OLD)

Name of person _____

Day phone (_____) _____ Evening phone(_____) _____

Cell phone (_____) _____

TO BE COMPLETED BY IFSA ON SATURDAY, JUNE 25, 2011

Signature of person picking up camper _____

Print Name _____ Driver License # _____