



# Camp Korey Family Weekend Application

We are so excited that you are interested in applying for a Camp Korey Family Weekend! Please read below for more information about our weekend programs and how to complete the application.

## **Fall 2015 Family Weekend dates and application deadlines:**

*All Family Weekends run from 6:00PM on Friday until about 12:00PM on Sunday.*

October 9 – October 11, 2015: *Reconstructive Pelvic Medicine & Spina Bifida*  
Deadline to apply is 11:59PM on September 23, 2015

October 30 – November 1, 2015: *General (any serious medical condition not being served during another Family Weekend in Fall 2015 or Spring 2016)*  
Deadline to apply is 11:59PM on October 14, 2015

November 13 – November 15, 2015: *Mucopolysaccharidosis & Mitochondrial Conditions*  
Deadline to apply is 11:59PM on October 18, 2015

## **What happens during a Family Weekend at Camp Korey?**

Family Weekends are a great way for children with serious and life-altering medical conditions, siblings, caregivers, and guardians to experience camp and our innovative programming. The weekend includes:

- A chance to build friendships among families who may be in similar circumstances. All of our families have a child living with a life-altering medical condition.
- An opportunity to expand one's network of support. Children-specific and parent-specific programming focuses on fostering connections that may be extended outside of camp.
- A ton of fun! Magic is shared through campfires, fishing, arts and crafts, climbing the rock wall, stage morning (the camp-wide talent show!), and more!

## **Who is eligible?**

Any family with at least one child between the ages of 5 and 16 who is living with the condition we are serving that weekend. We welcome all family members who live in your household to join us for a weekend filled with lots of fun!

## **What is the cost?**

All Family Weekend programs are free-of-charge, thanks to the generosity of our partners and donors.

## **Accommodations:**

- Each family will have their own private sleeping quarters and bathroom within our camper lodges.
- All meals will be provided throughout the weekend.
- Families are responsible for bringing all medications, medical supplies, and equipment needed by their family.

## **Medical coverage:**

A physician and several nurses will be on site throughout the weekend. While parents/caregivers will be responsible for day-to-day medical care of their children (including medication administration), our skilled medical team will be present and on-call for any medical needs and emergencies throughout the weekend.

**To apply:**

- 1) Complete the application to attend a Camp Korey Family Weekend.\* Application forms include:
  - *“General Family Information”* – (pages 3-4) this form will provide Camp Korey with details about all family members planning to attend the Family Weekend, such as names, ages, contact information, emergency contact information, etc. This form should be filled out once per family.
  - *“Family Medical Information”* – (pages 5-7) this form should be filled out once for *each* family member planning to attend the Family Weekend, including for the child/children with the condition we are serving. **This form does NOT need to be signed by a medical provider.** This form consists of a few different pieces, including:
    - Basic medical information
    - Insurance information
    - Allergies
    - Immunization records (please see form for immunization/flu shot requirements)
    - Dietary restrictions
    - Consents for medical treatment, participation in camp activities, and a media release
  - *“Camper Medical Provider Form”* – (pages 8-10) this form should be filled out *only for the child/children between the ages of 5 and 16 who are living with the condition we are serving that weekend.* **This form MUST be completed and signed by the child’s medical provider** (primary care physician or a specialist). If your child attended a Camp Korey summer session in 2015, and there have been no significant changes to his/her health, then this form does not need to be completed.

\*The forms “General Family Information” and “Family Medical Information” can also be filled out on our online application platform, UltraCamp. The link to UltraCamp can be found on our website at [campkorey.org/family](http://campkorey.org/family). If you choose this method, and if necessary, you must still print out the PDF version of the “Camper Medical Provider Form” from our website to be completed and sent back to Camp Korey before the listed deadline.

- 2) Ensure all pieces of the application reach Camp Korey by the listed deadline (see page 1). Return the completed application via fax, email, or snail-mail:

Fax completed applications to 425 844 3171.

Scan and email completed applications to [camperrecruiter@campkorey.org](mailto:camperrecruiter@campkorey.org).

Please scan applications in one attachment, preferably in PDF form, as best as you can!

Mail completed applications to:

Camp Korey, Shivani Gogna  
28901 NE Carnation Farm Road  
Carnation, WA, 98014

- 3) Families will be notified about acceptances about 2 weeks prior to the Family Weekend date. Due to the number of applications, unfortunately not every family that applies can be accepted and may be placed on a waiting list.

**We are here to answer your questions! Please contact the Camper Recruiter, Shivani Gogna, by phone at 425 844 3226 (office phone) and 407 474 2818 (cell phone) or via email at [camperrecruiter@campkorey.org](mailto:camperrecruiter@campkorey.org) if you need anything. Thank you! We look forward to receiving your application!**



# General Family Information Camp Korey Family Weekend Application

This form needs to be filled out only once per family.

## 1. Which Family Weekend are you applying for?

Dates of Family Weekend: \_\_\_\_\_ Condition group: \_\_\_\_\_

## 2. Details about the camper with the condition we are serving (if more than one child has the condition we are serving, please make copies of this portion of the application and attach it before submitting):

Name of Camper: \_\_\_\_\_ Diagnosis/Diagnoses: \_\_\_\_\_

Name of camper's parent/guardian #1: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Name of camper's parent/guardian #2: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

Email: \_\_\_\_\_

From which clinic or hospital does this camper typically receive care? \_\_\_\_\_

Who are this child's doctors?

Specialist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone #: \_\_\_\_\_

## 3. Please list all family members planning to attend the Family Weekend (include first and last names):

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

**4. Please list the best contact information for correspondence about this application:**

Name: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

**5. Emergency contacts—please list 2 emergency contacts who will be not be attending the family weekend:**

Emergency contact name #1: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

Emergency contact name #2: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

**6. Additional information**

Has the camper or anyone in his/her family previously **applied** to a Camp Korey program?  Yes  No

Has the camper or anyone in his/her family previously **attended** a Camp Korey program?  Yes  No

If yes, who attended? \_\_\_\_\_

If yes, which program/date (family weekend, summer, year, etc.)? \_\_\_\_\_

How does your family plan to get to Camp Korey, if accepted for the Family Weekend?

\_\_\_\_\_

Please explain any special needs your family has (interpreter, first floor housing, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Feel free to share any additional information about your family (fun facts, big news, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Family Medical Information Camp Korey Family Weekend Application

This form must be completed for every family member planning to attend the Family Weekend (including the child with the condition being served for the weekend). Please make copies as needed.

Family Member's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

## MEDICAL HISTORY

Please attach additional sheets/information as necessary.

1. Please list any medical diagnoses, conditions, considerations, and/or limitations: \_\_\_\_\_  
\_\_\_\_\_
2. Please list any special mobility needs required by this person (wheelchair, walker, braces, etc.): \_\_\_\_\_  
\_\_\_\_\_
3. Please list any medications taken by this person: \_\_\_\_\_  
\_\_\_\_\_
4. Please list any special medical equipment required by this person (CPAP, IV pole, sharps container, shower chair, oxygen, etc.): \_\_\_\_\_
5. Has this person been hospitalized in the last 6 months? Yes No  
If yes, explain: \_\_\_\_\_
6. Has this person had any major surgeries? Yes No  
If yes, explain: \_\_\_\_\_
7. Does this person have seizures? Yes No  
If yes, Type: \_\_\_\_\_ Duration: \_\_\_\_\_  
Date of last seizure: \_\_\_\_\_ Seizure rescue plan: \_\_\_\_\_
8. If below 18 years of age, is this person developmentally appropriate for his/her age? Yes No  
If no, at what age does this person function? \_\_\_\_\_
9. If below 18 years of age, does this person have any communication or pertinent psychosocial and/or behavioral considerations that would affect the child's participation in a group? Yes No  
If yes, explain: \_\_\_\_\_

## INSURANCE INFORMATION

If this person does not have insurance, he/she will be asked to sign an insurance waiver in order to attend the weekend.

Name of insurance company: \_\_\_\_\_ Company phone number: \_\_\_\_\_  
Policy number, CIN #, or Medicaid #: \_\_\_\_\_  
Name of primary cardholder: \_\_\_\_\_

**Family Member's Name:** \_\_\_\_\_

**ALLERGIES**

Please list any allergies, reactions, medications required, or cross-contamination concerns in the table below. *Please consider allergies related to drugs/medications, the environment, pets/animals, and food.*

Allergen/material/drug/food that causes allergic reaction	Describe reaction that is experienced: (mild, severe (anaphylaxis), respiratory, rash, upset GI, etc.)	Is medication required? If yes, please detail in this column.	Is cross contamination a concern?
		<input type="checkbox"/> Benadryl <input type="checkbox"/> EpiPen <input type="checkbox"/> Inhaler <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Benadryl <input type="checkbox"/> EpiPen <input type="checkbox"/> Inhaler <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Benadryl <input type="checkbox"/> EpiPen <input type="checkbox"/> Inhaler <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Benadryl <input type="checkbox"/> EpiPen <input type="checkbox"/> Inhaler <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Benadryl <input type="checkbox"/> EpiPen <input type="checkbox"/> Inhaler <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**IMMUNIZATIONS**

Based on this family member's age, please fill in the dates of the vaccinations received in the table below OR you may send copies of vaccination records directly to Camp Korey.

Vaccination exemptions may be given for medical reasons only and may require additional doctors' signatures.

<b>For family members 18 years and older</b>	
Diphtheria, Tetanus, and Pertussis Booster (TDAP) <i>Tdap booster required within 10 years of family weekend date</i>	Last dose:
Seasonal influenza shot – <b>required only for participants attending the Nov 13 -15 Family Weekend</b> Dose must have been administered within 3 months of attending the Family Weekend	Dose:

<b>For family members under 18 years old</b>				
Seasonal influenza shot – <b>required only for participants attending the Nov 13 -15 Family Weekend</b> Dose must have been administered within 3 months of attending the Family Weekend				Dose:
Diphtheria, Pertussis, Tetanus (DTP, DTAP, Daptacel, Infanrix, Pediarix, Pentacel, Kinrix, TriHIBit, Tripedia) <i>5 doses total; 4 doses total if 4th dose is given after 4 years old; TDAP booster required if family member is older than 11 years</i>				
Dose 1:	Dose 2:	Dose 3:	Dose 4:	Dose 5:
TDAP dose if older than 11 years old:				
Hepatitis B (Engerix-B, Recombivax HB, Comvax, Pediarix) <i>3 doses total</i>				
Dose 1:		Dose 2:		Dose 3:
Measles, Mumps, Rubella (MMR, MMRV, M-M-R II, ProQuad) <i>2 doses total (required only for children over 1 year)</i>				
Dose 1:			Dose 2:	
Polio (IPV, OPV, IPOL, Pediarix, Pentacel, Kinrix) <i>4 doses total; 3 doses total if last dose is given after 4 years old</i>				
Dose 1:		Dose 2:		Dose 4:
Varicella (Varivax, Proquad) <i>2 doses total (required only for children over 1 year, vaccine may be given as part of MMRV)</i>				
Dose 1:			Dose 2:	
Pneumococcal Conjugate Vaccine (PCV-13, Prevnar-13) <i>1 dose total, for immunocompromised/immunosuppressed family members between 6-18 years only</i>				
Dose:				

Family Member's Name: \_\_\_\_\_

### DIETARY INFORMATION

Please indicate if this person follows any of the following special diets. Include additional dietary notes as necessary.

- |   |   |
|---|---|
| <input type="checkbox"/> No dietary restrictions                        | <input type="checkbox"/> Gluten Free        |
| <input type="checkbox"/> Vegetarian (will eat animal products, no meat) | <input type="checkbox"/> Celiac Disease     |
| <input type="checkbox"/> Vegan (no animal products)                     | <input type="checkbox"/> Gluten Intolerance |
| <input type="checkbox"/> Dairy Free                                     | <input type="checkbox"/> Dietary Preference |
| <input type="checkbox"/> Lactose Intolerant                             | <input type="checkbox"/> G-Tube feedings    |
| <input type="checkbox"/> Milk Protein allergy                           | Formula: _____                              |
| <input type="checkbox"/> Milk Fat allergy                               | Schedule: _____                             |
| <input type="checkbox"/> OK in baked goods                              | <input type="checkbox"/> Other: _____       |

Additional dietary notes: \_\_\_\_\_

### CONSENTS AND PERMISSIONS

If this family member is over 18 years of age, please have him/her read and sign the following consents. If this family member is less than 18 years of age, a parent or guardian should sign on behalf of him/her.

#### Photo Release and media permissions

I give permission to Camp Korey, SeriousFun Children's Network and Camp Korey authorized news media to photograph and to use pictures, video, or audio tapes of my child and family members either alone or in groups for the newsletter, advertising purposes, fund-raising activities, bulletin boards, camp albums or in promoting public understanding and support for children with chronic medical conditions or serious illnesses, or substantially similar purposes. Camp Korey respects the privacy of its campers and their families and does not give permission for unauthorized visitors to photograph campers.

Signature: (Parent or Guardian of minors) \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: (Self/ Parent/ Guardian) \_\_\_\_\_

#### Activities Consent

I recognize and understand the physical risks (including possible injury) in providing residential facilities and recreational activities for myself and my child(ren). I hereby release, discharge and otherwise indemnify Camp Korey, its affiliated organizations and sponsors, its officers, directors, employees, volunteers and agents (the "Camp Parties") against any claim by or on behalf of myself or my minor child(ren) as a result of my or my child(ren)'s participation in any program or activity sponsored, coordinated, or supervised by Camp Korey. I also agree to release, discharge and agree to hold harmless and indemnify the Camp parties with respect to any medical expenses resulting from personal injuries sustained by myself or the child(ren) while engaged in such activities or otherwise at the Camp facilities. I also understand that this release includes traveling to or from the programs or activities.

Signature: (Parent or Guardian of minors) \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: (Self/ Parent/ Guardian) \_\_\_\_\_

#### Consent for Medical Treatment

I hereby grant, in the event it is necessary, permission to the health care staff at Camp Korey, or consulting physicians; to obtain laboratory tests, x-rays, administer routine and other medication, and to provide any emergency or routine care required. **This form may be photocopied for use outside of camp.**

Signature: (Parent or Guardian of minors) \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: (Self/ Parent/ Guardian) \_\_\_\_\_

#### Confirmation of accurate application information

I attest that all information on this form is accurate and valid to the best of my knowledge.

Signature: (Parent or Guardian of minors) \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: (Self/ Parent/ Guardian) \_\_\_\_\_



# Camper Medical Provider Form Camp Korey Family Weekend Application

This form should be filled out *only for the child/children between the ages of 5 and 16 who are living with the condition we are serving for the Family Weekend*. Please note: if your child was a camper in one of Camp Korey's summer 2015 camp sessions, and there have been no significant changes to his/her health, then you do not need to fill out this portion of the application.

**This form must be completed and signed by the child's health care provider (Physician, Nurse Practitioner, or Physician's Assistant). Please be as detailed as possible and answer all questions. Please include a copy of the child's most recent discharge summary and clinic letter. If the child routinely has lab work, please attach most recent lab results. Please fax completed form to 425 844 3171 or scan/email to camperrecruiter@campkorey.org.**

Today's date: \_\_\_\_\_ Camper name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Primary diagnosis: \_\_\_\_\_

Other diagnoses: \_\_\_\_\_

Drug allergies: \_\_\_\_\_

Other allergies (please specify): \_\_\_\_\_

VS: Ht (inch/cm) \_\_\_\_\_ Wt (lb/kg) \_\_\_\_\_ BP \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_

### Does this child have any of the following?

- Central venous line/ Port-a-cath; Type \_\_\_\_\_; Location \_\_\_\_\_
- Tracheostomy; Type/ Size \_\_\_\_\_; Date of last change \_\_\_\_\_
- CPAP       Malone/ ACE       Bile Tube       Central Access       Insulin Pump
- BiPAP       G-Tube       Ostomy       Hearing Aids       Urinary Diversion (Mitrofanoff)
- Oxygen       NG-Tube       J-Pouch       Glasses/ Contacts       VP Shunt
- PE Tubes       Feeding Tube

\*If child has any of above, camp medical providers may contact you for additional information

### Does this child have:

- Yes     No    Any activity restrictions?
- Yes     No    An increased risk for injury from trauma?
- Yes     No    A known osteoporosis or past history of multiple fractures?
- Yes     No    A known risk for bleeding?
- Yes     No    Any special mobility needs (i.e. wheelchair, walker, braces, etc.)?

If yes to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Physical Examination (check box if normal results, or give details of abnormalities below)**

- Head: \_\_\_\_\_
- Eyes: \_\_\_\_\_
- Ears: \_\_\_\_\_
- Nose/Mouth: \_\_\_\_\_
- Teeth: \_\_\_\_\_
- Neck: \_\_\_\_\_
- Chest: \_\_\_\_\_
- Heart: \_\_\_\_\_
- Abdomen: \_\_\_\_\_
- Genitalia/rectum: \_\_\_\_\_
- Neurological: \_\_\_\_\_
- Musculoskeletal: \_\_\_\_\_
- Skin: \_\_\_\_\_
- Back: \_\_\_\_\_

**Please list any major surgeries:** \_\_\_\_\_

\_\_\_\_\_

**Please list and explain any hospitalizations in the last 6 months:** \_\_\_\_\_

\_\_\_\_\_

**Is this child developmentally appropriate for his/her age?** Yes No

If no, at what age does this child function? \_\_\_\_\_

**Is this child on Coumadin/Aspirin/Lovenox or other antiplatelet therapy?** Yes No

If yes, please list drug and dose: \_\_\_\_\_

**Is this child on immunosuppressive medications?** Yes No

If yes, please list drug and dose: \_\_\_\_\_

**Does this child have lapsed or incomplete immunizations?** Yes No

If yes, please explain: \_\_\_\_\_

**Does this person have live vaccines deferred?** Yes No

If yes, please explain: \_\_\_\_\_

**Has this child had clinic evidence of chickenpox or shingles?** Yes No

If yes, when? \_\_\_\_\_

**Does this child have any TB risk factors?** Yes No

If yes, explain results of screening: \_\_\_\_\_

**Does this child have a history of MRSA infection?** Yes No

If yes, list date and explain treatment: \_\_\_\_\_

**Does this child have a history of VRE infection?** Yes No

If yes, list date and explain treatment: \_\_\_\_\_

Please list any current medications, or attach a separate medication sheet.

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Please give any additional details that you feel will help us care for your patient (special diets, behavioral issues, routine procedures, medical or social background, etc.).

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Clinic name: \_\_\_\_\_ Hospital affiliation: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
Emergency/on-call phone: \_\_\_\_\_ Email: \_\_\_\_\_

Physician/NP/PA name (please print): \_\_\_\_\_

Physician/NP/PA signature: \_\_\_\_\_

If a nurse assisted with completing this form, please read and sign below.

As the RN working with \_\_\_\_\_  MD  NP  PA, I have reviewed the camper's medical information and this Camper Medical Provider Form with the child's physician/NP/PA.

RN name: \_\_\_\_\_ RN signature: \_\_\_\_\_

Thank you for completing the Camper Medical Provider Form for this child's application to attend Camp Korey's programs. Please fax completed form to 425 844 3171 or scan/email to [camperrecruiter@campkorey.org](mailto:camperrecruiter@campkorey.org). For application-related questions/concerns, please contact the Camper Recruiter, Shivani Gogna, at 425 844 3226.

If you have any medical questions or concerns, please contact:

Nicki Broas, ARNP  
Nursing Director, Camp Korey  
[nbroas@campkorey.org](mailto:nbroas@campkorey.org)  
425-844-3129