



CAMP CARTWHEEL 2017

Welcome to Camp Cartwheel 2017. We strive to give your child the best possible camp experience. We have many exciting and new activities for our campers to participate in each day. We look forward to the opportunity to make a difference in your child's life this week!

The following is some important information regarding Camp:

- ☺ Camp Cartwheel Session 1 will be held July 19-22
- ☺ Camp Cartwheel Session 2 will be held July 29-29
- ☺ Campers ages 10 and up are invited to spend 3 nights at camp pending availability. We can take a maximum of 85 campers for our overnight experience and priority will be given to our oldest campers or based on the discretion of Camp Cartwheel administration and/ or NCCF staff. Campers will be notified if they are spending the night prior to the beginning of camp. An additional handout is enclosed detailing what your child should bring with them to camp for their overnight stay.
- ☺ Camp Cartwheel will be held at Torino Ranch. The emergency contact number is 702-471-0222.
- ☺ The Camp Cartwheel Family Picnic will be held Sunday, July 30, 2017 at the Goett Family Park in Southern Highlands.
- ☺ Our bus pick-up and drop off location will be confirmed prior to the start of camp.
- ☺ Please provide your child with appropriate attire for their day at camp. Each child will need shoes and socks, a bathing suit (modest one piece for girls) and a towel, and a change of clothing for after swimming. All clothing and personal items should be clearly marked with your child's name to ensure that they are returned home with him or her each day.
- ☺ All medication must be in their original containers in a zip lock bag and clearly labeled with your child's name. These bags **must** be turned into the bus monitors or nurses each day.
- ☺ If your child is unable to attend camp for any reason, please let us know as soon as possible so that we may accommodate as many families at Camp Cartwheel as possible. Thank you!
- ☺ Please fill out the following application completely including all releases and permission slips and return it to the **NCCF Office by 5 pm Friday, May 19, 2017.**

*****A LIST TO UPDATE YOUR CHILD'S CURRENT MEDICATIONS WILL BE MAILED OUT PRIOR TO CAMP AND MUST BE FILLED OUT PRIOR TO ARRIVING AT THE BUS ON THE FIRST DAY OF CAMP!*****



CAMP CARTWHEEL 2017

APPLICATION CHECKLIST

- 1) Please review your application **TWICE** before sending to NCCF to verify that ALL fields are completed. If a field does not apply to your child, please mark that field “N/A” or “None” so that we are sure you’ve intended to omit that information. PLEASE DO NOT LEAVE ANY SPACE BLANK.
- 2) Remember to attach a photo copy of the child(ren)’s **health insurance card and the PARENT/Legal Guardian’s Photo ID.**
- 3) It is extremely important that your child’s medical conditions are accurately described. Please be sure to provide detailed information regarding their past and current medical conditions, if any.
- 4) Make sure that your child’s physician has completed the **MEDICAL INFORMATION (PART II)** portion of this application for all children attending camp. This includes patients and siblings. This must be signed by the physician.
- 5) Please note that the **CONDITIONS OF ENROLLMENT** page has a place for you to initial as well as sign.
- 6) If you need to list more than three (03) medications for your child on the **MEDICATION RELEASE** please attach an additional page or make copies of the Medication Release form and please **PRINT CLEARLY!** This page also includes a place for your initials if you **DO** want your child to receive Ibuprofen and/or acetaminophen as needed while at camp.
- 7) **YES**, each child coming to camp – patient **AND** sibling(s) – **MUST** have a physical completed by his/her physician and you **MUST** provide a copy of your child(ren)’s immunization record.

PLEASE RETURN **FULLY COMPLETED** APPLICATION ONLY!
UNTIL A **COMPLETED** APPLICATION IS RECEIVED, YOUR
CHILD’S APPLICATION IS NOT CONSIDERED AND THEY MAY
NOT BE ABLE TO ATTEND CAMP!



CAMP CARTWHEEL

Camper Application

This application is for any child, and his/her immediate sibling(s) who currently has or have been treated for immunology illness without regard to race, color, sex, religion or national origin. Final acceptance into Camp Cartwheel will be determined after review of medical and behavioral conditions at the time of camp. **ALL information shared in this application is subject to privacy laws and CONFIDENTIAL.**

For Office Use Only

Date received: _____

Physician reviewed: _____ Meds/Allergies: YES NO

Mail completed application by 5 pm on May 20, 2016 to:

Nevada Childhood Cancer Foundation
6070 S. Eastern Ave, Suite 200, LV, NV 89117

Camp Session preference (Please note your preference is **NOT** a guarantee): Session 1 Session 2 No preference

Child: Patient Sibling of Patient

Child's full name: _____ Birth date: ____/____/____ Age: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Parent email address: _____

Camp Name: _____ Grade in School: _____ Child lives with: _____

If child does not live with parents, name of legal custodian: _____

Father's/Legal Guardian's Name: _____ Phone: _____

Address: _____

Employer: _____ Phone: _____

Mother's/Legal Guardian's Name: _____ Phone: _____

Address: _____

Employer: _____ Phone: _____

Names and ages of siblings (please list only those also attending camp):

Name of Sibling attending Camp	Brother/Sister	Age

In case of emergency contacts if parents cannot be reached: (Please do **NOT** leave this area blank)

Name	Relationship to child	Home phone	Cellular phone

T-Shirt Size: **Child** Small Medium Large **Adult** Small Medium Large X-Large

Has your child been to any camp before? YES NO If yes, where & for how long? _____

What are your expectations of Camp Cartwheel?

What does your child do with most of his/her spare time? _____

Can your child swim? YES NO Does your child need help in the water? YES NO

MEDICAL INFORMATION - Part 1: (To be completed by PARENT or LEGAL GUARDIAN)

Is your child in active treatment? YES NO Child's height: _____ Child's weight: _____

Does your child have any dietary restrictions, special foods, or food allergies: (do not leave this blank)

Health History (please mark all that apply & give approximate dates)

X	Date	X	Date	X	Date	X	Date
<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Heart Defect	<input type="checkbox"/>	Poison Ivy
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Fainting Spells	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Hepatitis, type_____
<input type="checkbox"/>	Blood Disorder	<input type="checkbox"/>	German Measles	<input type="checkbox"/>	Insect Stings	<input type="checkbox"/>	Sinus Infections
<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Hey Fever	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Splenectomy
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Stomach aches
<input type="checkbox"/>	Ear Infections	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Other:_____	<input type="checkbox"/>	Other:_____

Is your child Immunized? YES NO (Please provide a copy of your child's immunization record with this application.)

Does your child have a mental health history? YES NO (If you marked **yes**, please mark the appropriate box below.)

X	Diagnosis	Date
<input type="checkbox"/>	Depression (Mild or Major)	
<input type="checkbox"/>	Anxiety Disorder	
<input type="checkbox"/>	ADHD	

X	Diagnosis	Date
<input type="checkbox"/>	Oppositional Defiant Disorder	
<input type="checkbox"/>	Bi-Polar Disorder	
<input type="checkbox"/>	Schizophrenia	

X	Diagnosis	Date
<input type="checkbox"/>	Suicidal attempts or ideations	
<input type="checkbox"/>	Self-harm/Cutting	
<input type="checkbox"/>	Other	

If other, please explain: _____

Is your child actively involved in mental health services/counseling? YES NO

Describe any unusual habits your child may have and your methods for handling them: _____

Are there any other special needs your child has that Camp Cartwheel nursing/medical staff should know about?

***** Please contact Andrea Rapanos at 702.735.8434 if this child and/or their sibling(s) have been exposed to ANY communicable disease (i.e., chicken pox, strep throat, measles, and mumps) 1 – 3 weeks prior to camp.**

ATTENTION PARENTS: Physician is required to sign-off on BOTH Sibling and Patient applications.

MEDICAL INFORMATION - Part II: (To be completed by Physician)

Check box for which camp you are planning on attending:

<input type="checkbox"/> Camp Cartwheel	<input type="checkbox"/> Camp Independent Firefly
<p>A Physician is required to sign-off on BOTH Sibling and Patient applications</p> <ul style="list-style-type: none"> BOTH patients and siblings are required to have a completed Physician Form EVERY year. 	<p>A Physician is required to sign-off on BOTH Sibling and Patient applications</p> <ul style="list-style-type: none"> Patient campers are required to have a completed Physician Form EVERY year, sibling campers are required to have a completed Physician Form every 2 years.

To the Physician: Your cooperation is needed in supplying the pertinent information about this applicant for attendance at Camp Cartwheel/Camp Independent Firefly. We will have a Physician and several Registered Nurses on staff that will assist any camper with medical needs. All information is confidential and solely for the guidance of the camp's staff.

Child Name: _____

Any and All of Child's Medical Diagnosis: _____

Date of diagnosis: _____

Last course of treatment: _____ Date: _____

Date therapy discontinued: _____ Drugs administered: _____

Describe any recent operations or serious illness: _____

Does child require treatment? _____ Describe any physical disability and/or physical limitations involving any camp activity: _____

Should this child be allowed to swim in the camp pond? Yes No

If marked NO, should this child be allowed to swim in the camp swimming pool (pool is chemically treated)? Yes No

Convulsions/Seizures (type & frequency): _____

Allergies (including foods, medications): _____

Impaired hearing: _____ Impaired vision: _____

Neurological Deficit/Muscular Problems: _____

Cardiac Abnormalities (i.e. abnormal echo cardiogram): _____

Blood Pressure: _____

PHYSICAL EXAM

HEENT	N	ABN_____	Skin	N	ABN_____
Chest	N	ABN_____	Extremities	N	ABN_____
ABD	N	ABN_____	Cardiac	N	ABN_____
Neuro	N	ABN_____			_____

Immunizations: Up to date? YES NO (If no, explain) _____

Date of last tetanus shot: _____

Recent surgery or illness: YES NO (If yes, please describe) _____

Other Medical DX: _____

Recent contact with a contagious disease? YES NO (If yes, please describe) _____

Physician's notes/special instructions:

Date:	Most recent Blood Count taken within four weeks of Camp:	Date:	Most recent Blood Count taken within four weeks of Camp:
H/H:		PLATELETTS:	
WBC:		EOS:	
DIFF:		MONOS:	
SEGS:		Other Significant Laboratory Abnormalities:	
BANDS:			

MEDICATIONS: (to be completed by parent/legal guardian and reviewed by physician)

If your child requires medication at camp, please complete the following.

Parent/Legal Guardian, please send all meds to be taken during camp operating hours. Please send in pre-labeled bottles clearly marked with child's name, drug name, dose amount and when to be taken. At check in (drop off location), sign all meds in with medical staff. The camp medical staff will receive, store and administer the drugs as directed.

DO NOT SEND MEDS WITH CHILD IN CHILD'S BACKPACK.

Describe pattern your child prefers while receiving medication:

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List medications needed at camp:

Drug Name	Dose	Frequency (how often your child needs to take his/her medication)

Physician's Statement:

I have examined who is physically able to engage in camp activities, except for physical limitations and restrictions listed above.

I hereby verify the information concerning health matters, drugs, and immunizations.

Physician's Name (**PRINT**): _____

Physician's Signature: _____ Date: _____

Hospital/Doctor Office Affiliation: _____

Office Phone Number: _____ Off Hours on Call: _____



CAMP CARTWHEEL

CONDITIONS OF ENROLLMENT

Parent or legal guardian of the previously mentioned minor must sign the following consent agreement.

Your signature below indicates approval of the following:

1. In consideration of the acceptance of my application for participation at Nevada Childhood Cancer Foundations Camp Cartwheel, (NCCF CC) I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which may have, or which may hereafter accrue to my child, as a result of his/her participation in the Camp's activities. This release is intended to discharge in advance the Camp, Nevada Childhood Cancer Foundation and Board of Trustees and all their agents, representatives and volunteers and employees from any and all liability, claims, costs, expenses and/or damages (collectively referred to as "liability") arising out of or connected in any way with my child's participation in the activities of the Camp, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during Camp activities and that participants in Camp activities may sustain mortal or serious personal injuries and/or property damage as a consequence thereof. Knowing the risks of Camp activities, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to my child or to me (or to my heirs or assigns) for damages.

2. NCCF CC and all their agents, representatives and volunteers and employees accept no responsibility for the loss, damage or theft of your child's property.

3. Should both parents or legal guardians, during the camp, leave your place or residence, you will advise the Camp Administration where you can be contacted in case of emergency.

4. NCCF CC accident insurance program represents secondary coverage for campers. Any and all claims must be submitted primarily to the family's insurance company.

5. Health and accident insurance coverage (required): (Please attach copy of health insurance card)

Name of Insurance Company: _____

Address _____ Phone _____

Policy Number _____ Certificate Number _____

6. In case of medical and/or surgical emergency, you authorize Camp Cartwheel to render to your child or to arrange for your child 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 under the provisions of the Nevada Medical Practice Act and/or the Nevada Dental Practice Act.

7. Standing Orders. NCCF CC medical team (nursing staff and physician staff) have permission to provide routine health care, administer prescribed medications, including but not limited to over-the-counter medications such as analgesics, cough syrup and topical ointments, as needed. Written documentation should be attached to application of the refusal to be in compliance of this standard.

8. I understand that campers ages 10 – 17 can participate in a one to four night overnight camp experience during Camp Cartwheel. I give my consent for my child to stay overnight at camp in a cabin with campers and staff. Should my child not follow the rules clearly identified by his/her counselor and Camp Cartwheel Staff, a call will be made to child's parent/legal guardian who must pick camper up at Torino Ranch within 1 hour.

Parent/Legal Guardian's Initials _____ **Parent/Legal Guardian's Initials** _____

9. NCCF CC has absolute permission to use your child's image in print or on tape or film for any lawful purpose whatsoever.

10. All information is confidential and solely for the guidance of Nevada Childhood Cancer Foundation's Camp Cartwheel.

11. All information is correct so far as I know and the child herein described has permission to engage in all prescribed camp activities, except as noted by the examining physician and me.

Parent/Legal Guardian Name: _____ Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Name: _____ Parent/Legal Guardian Signature: _____

Camper's Name: _____ Date: _____



CAMP CARTWHEEL MEDICATION RELEASE FORM

If your child requires medication at Camp, please complete the following Medication Release Form and give the medications to the nurse when dropping your child off for the first day of camp. Parent/Guardian please hand-carry all medications to be taken during Camp operating hours for the entire week in pre-labeled bottles, clearly marked with child's name, drug name, dosage amount and when to be taken. Please keep in mind that if your child is staying the night at Camp, they may need to receive medications while staying the night. The Camp medical staff will receive, store, and administer the drugs as directed.

In consideration of the permission granted to my **child** _____ to take medication during camp hours, I hereby release CAMP CARTWHEEL, its agents and all personnel from all actions, causes of actions, damages, claims, or demands which I, my child, or my child's heirs, executors, administrators, or assigns may have against CAMP CARTWHEEL: and its employees, administrators, volunteers or agents for all injuries known or unknown which my child may incur by, or arise from, the administration of the following medication:

Name of Medication: _____ **Dosage:** _____

Time(s): _____ Duration: _____

Reason for Medication: _____

Prescribing Physician: _____

Name of Medication: _____ **Dosage:** _____

Time(s): _____ Duration: _____

Reason for Medication: _____

Prescribing Physician: _____

Name of Medication: _____ **Dosage:** _____

Time(s): _____ Duration: _____

Reason for Medication: _____

Prescribing Physician: _____

CAMP CARTWHEEL is authorized to store said medication upon the premises and facilities of the camp or as it is deemed appropriate. Further, CAMP CARTWHEEL is authorized to destroy said medication upon expiration of this release or expiration of the prescription or completion of the medication treatment, whichever occurs first.

I, the undersigned, have read this release and fully understand all its terms; I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian Name: _____

Parent/Guardian Signature : _____ Date: _____



CAMP CARTWHEEL

Over The Counter (OTC) Medication Permission Form

I, _____ (Parent/Legal Guardian), hereby give my permission for

(Name of Child) to receive the following Over The Counter (OTC)
medications (or the generic equivalent) as deemed necessary and appropriate per the medical judgement of the nursing/physician
volunteer staff of Camp Cartwheel:

PLEASE INITIAL NEXT TO THE OTC MEDICATIONS YOU WILL PERMIT THE STAFF TO ADMINISTER

_____ TYLENOL® (ACETAMINOPHEN)

_____ ADVIL®/MOTRIN® (IBUPROFEN)

_____ TUMS®/ROLAIDS® (CALCIUM CARBONATE - ANTACID)

_____ BENADRYL® (DIPHENHYDRAMINE – ALLERGY MEDICINE)

_____ COUGH DROPS

_____ CHLORACEPTIC® SORE THROAT SPRAY (PHENOL)

_____ CALAMINE LOTION (ZINC OXIDE & IRON OXIDE)

_____ HYROCORTISONE CREAM 1% (TOPICAL STEROID)

_____ IMODIUM AD® (LOPERAMIDE – ANTI-DIAHREAH)

_____ COLACE® (DUCOSATE – STOOL SOFTENER)

_____ MIRALAX® (POLYETHYLENE GLYCOL – LAXATIVE)

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

RELATIONSHIP TO CHILD: _____

THIS FORM IS TO REMAIN WITH THE MED-SHED



CAMP CARTWHEEL

Photography, Videography, and Media Release

CONSENT FOR PHOTOGRAPHS, RECORDING, FILM AND/OR PUBLICATION

I hereby authorize Nevada Childhood Cancer Foundation to photograph or record or permit other persons to photograph or record me while participating in a Nevada Childhood Cancer Foundation event and sponsored programs. Nevada Childhood Cancer Foundation may use and permit other persons to use the media prepared from such photographs or recording for such purposes and in such a manner as either may deem appropriate.

I agree the photographs, recordings, or videos may be used for purposes including but not limited to physicians, health professionals, and members of the public for educational, public relations, foundation advertisements and charitable purposes and that such dissemination may be accomplished in any manner. I understand that this agreement is being entered into to assist educational, public relations, and charitable goals and I hereby waive my right to compensation for such uses by reason of the foregoing authorizations, and my successors or assigns hereby release and hold the Nevada Childhood Cancer Foundation (and each and every one of its affiliated companies, officers, directors, employees, agents, representatives, licensees, and advisors) and assigns harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement. I will not receive financial or in-kind compensation in exchange for using or disclosing of the photographs, recordings, or resulting media. The term "photograph" as used in the foregoing agreement, shall mean record, film, photograph, in any format including still photography, motion picture, video tape, video disc, and any other mechanical means of recording and producing images or sounds. I understand that I have the right to request cessation of photographing or recording at any time.

Name of Child: _____ DOB: _____

Street Address: _____

City: _____ ST: _____ ZIP: _____

Phone: _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Name (Print): _____



CAMP CARTWHEEL

OVERNIGHT INFORMATION

This year at Camp Cartwheel, we are excited to announce that our campers ages 10 and up will have the opportunity to spend the entire week at camp. Please note, we can take a maximum of 85 campers for our overnight experience and priority will be given to our oldest campers or based on the discretion of Camp Cartwheel administration and/ or NCCF staff. Campers will be notified if they are spending the night prior to the beginning of camp. If your child is unable to spend one or all of the nights at camp please be sure to notify us.

Please pack the following items for your child and bring them to the bus on the first day of camp

What to Bring to Camp

Be sure to label all of your child's personal items. All items should be packed in ONE duffel bag or suitcase.

Clothing

- 3 pairs of pants
- 3 pairs of shorts
- 3 t-shirts
- 3 pairs of socks
- 3 pairs of underwear
- 1 pair of pajamas
- 1 light jacket or sweatshirt
- 1 bathing suit and pool towel
- 1 pair of tennis shoes or sneakers

Personal Items

- Body soap and shampoo
- Comb or brush
- 1 washcloth
- 1 bath towel
- Toothbrush and toothpaste
- Chapstick
- Lotion and/or sunscreen

Bedding

- 1 sheet and 1 blanket OR 1 sleeping bag
- 1 pillow with pillow case

Medications

- All overnight campers must bring enough medication for 4 days and 3 nights of camp. Please bring all medications in their original containers in a zip lock bag and label the outside of the bag with your child's name. Please turn in all medications to the bus pickup/drop off area.

Please **DO NOT** bring the following: open-toed shoes or sandals, radios, electronic devices, expensive watches or jewelry, highly scented soaps or lotions, aerosol cans, food of any kind, matches, knives, or fireworks. Any campers in possession of matches, knives or fireworks are subject to dismissal from camp.

Please note that Camp Cartwheel cannot be held responsible for the loss or damage of any of your child's belongings.

Please keep this form for your reference