



Welcome to Camp Cartwheel 2019. 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 17-20, 2019
- ☺ Camp Cartwheel Session 2 will be held July 24-27, 2019
- ☺ 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 NVCCF 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 28, 2019 at the Goett Family Park in Southern Highlands (10950 Southern Highlands Pkwy, Las Vegas, NV 89141)
- ☺ 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 labeled with your child's name. These bags should 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 **NVCCF Office by 5 pm Friday, May 17, 2019.**

**\*\*\*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

## Camper Application

Please mail, fax, or e-mail a **CLEARLY PRINTED** and **COMPLETED** application **NO LATER** than 5:00pm on May 17, 2019:

Nevada Childhood Cancer Foundation – 3711 E. Sunset Rd., Las Vegas, NV 89120

→ FAX: 702.735.8431 → E-mail: andrea@nvccf.org

**Mark One:**  NVCCF Patient  Sibling of Patient  The Caring Place Participant

For Office Use Only	
Date received: _____	Date of Physical: _____
Meds/Allergies: YES NO	NVCCF Staffer Initial: _____

Session Preference (Please note that your preference is <b>NOT</b> a guarantee). Mark one.	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> No preference
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Child's Full Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_

Child resides with (mark one):  Both Parents  Shared Custody (Mom Primary)  Shared Custody (Father Primary)  Sole Custody (Mom Only)  Sole Custody (Father Only)  Legal Guardian (Name): \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

### SIBLINGS

Name of Sibling WHO IS ATTENDING CAMP	Relation (brother/sister/step-sibling, etc...)	Age

In case of emergency and **you cannot be reached**, whom should we contact: **DO NOT LEAVE BLANK**:

Emergency Contact Name	Relationship to Child	Phone #1	Phone #2

Has your child been to any camp before?  Yes  No If yes, which camp & for how long? \_\_\_\_\_

If your child has attended Camp Cartwheel before, what is his/her Camp Name? \_\_\_\_\_

What does your child like to do in his/her spare time? \_\_\_\_\_

Can your child swim (mark one)?	Where can your child swim (mark one)?
<input type="checkbox"/> Yes, my child knows how to swim <input type="checkbox"/> Yes, but with the assistance of a floatation device and/or personal assistance while in the water <input type="checkbox"/> No, my child does not know how to swim <input type="checkbox"/> Not at this time due to medical condition/treatment	<input type="checkbox"/> My child may swim in <b>BOTH</b> a treated pool and a lake <input type="checkbox"/> My child may swim in a treated pool ONLY

What is your child's T-Shirt Size (mark one): Child: \_\_Sm \_\_Med \_\_Lg **~OR~** Adult: \_\_Sm \_\_Med \_\_Lg \_\_XL

**\*\*\*The following Information is to be completed by a PARENT or LEGAL GUARDIAN ONLY. Please do not leave any area blank. If it does NOT apply to your child, please mark it N/A.**

**CAMPER HEALTH & WELLNESS INFORMATION:** **CAMPER NAME:** \_\_\_\_\_

Current diagnosis: \_\_\_\_\_ (if child is in remission or a Well Child, please note it)

Is your child in active treatment?  YES  NO

Is your child on maintenance therapy?  YES  NO

ALLERGIES (DO NOT LEAVE THIS BLANK. If there are NO allergies, mark it "N/A")		
My Child has <b>FOOD</b> allergies to (i.e., nuts, strawberries, dye, gluten, etc...):	My Child has <b>MEDICATION</b> allergies to (i.e., Ibuprofen, Penicillin, Sulfa, Tylenol, etc...):	My Child has <b>ENVIRONMENTAL</b> allergies to (i.e., plants, dust, pollen, bee sting, latex, tape, etc...):
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

Brief Camper Health History	
<p><b>**Please mark if your child has or has had any of the following:</b></p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Blood Disorder</p> <p><input type="checkbox"/> Chicken Pox</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Fainting spells</p> <p><input type="checkbox"/> Frequent Headaches</p> <p><input type="checkbox"/> High Blood Pressure</p> <p><input type="checkbox"/> Heart Condition</p> <p><input type="checkbox"/> Seizures</p> <p><input type="checkbox"/> Other: _____</p>	<p>Does your child have any special dietary needs or restrictions?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If you marked YES, please list any special dietary needs or restrictions here:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Does your child use any medical devices:</p> <p><input type="checkbox"/> Port</p> <p><input type="checkbox"/> Central Line</p> <p><input type="checkbox"/> G-Tube</p> <p><input type="checkbox"/> Drain</p> <p><input type="checkbox"/> Other: _____</p>	<p>Is your child immunized? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If you marked <b>NO</b>, please tell us why:</p> <p>_____</p> <p>_____</p> <p><b>** If your child has been exposed to ANY communicable disease (i.e., chicken pox, strep throat, measles, and mumps) 1-3 weeks prior to camp, please contact Andrea Rapanos at 702.735.8434.</b></p>
<p>Does your Child have mobility issues?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Sometimes</p> <p>If YES/Sometimes, please explain:</p> <p>_____</p>	<p>What is your child's current weight:</p> <p>_____ lbs.</p>
<p>Will your Child need bathroom/toileting assistance?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Only as requested</p>	
<p>Will your Child require the use of any Durable Medical Equipment (DME) while at Camp (i.e., Crutches, Walker, Wheelchair, Special Stroller)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Only when fatigued</p> <p>If you marked YES, please tell us what equipment he/she will be bringing to camp for use:</p> <p>_____</p>	

**\*\*\*The following information is to be completed by a PARENT or LEGAL GUARDIAN ONLY. Please do not leave any area blank. If it does NOT apply to your child, please mark it N/A.**

**CAMPER MENTAL HEALTH & WELLNESS INFORMATION:**

**CAMPER NAME:** \_\_\_\_\_

The requested information below is used to help our Camp Cartwheel Volunteer Staff & Medical Personnel have a better understanding of your child, his/her mental, emotional, and behavioral habits, preferences, and well-being. If you have any questions, please contact Andrea Rapanos at 702.735.8434 to discuss further.

Does your child have a mental health history?  YES  NO

If you marked YES, please mark the appropriate box below:

Diagnosis	Date	Current or Past issue?	Is your child in active therapy?
Depression (Mild or Major)		<input type="checkbox"/> Current issue <input type="checkbox"/> Past issue	<input type="checkbox"/> YES <input type="checkbox"/> NO
Anxiety Disorder		<input type="checkbox"/> Current issue <input type="checkbox"/> Past issue	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADHD		<input type="checkbox"/> Current issue <input type="checkbox"/> Past issue	<input type="checkbox"/> YES <input type="checkbox"/> NO
Oppositional Defiant Disorder		<input type="checkbox"/> Current issue <input type="checkbox"/> Past issue	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bi-Polar Disorder		<input type="checkbox"/> Current issue <input type="checkbox"/> Past issue	<input type="checkbox"/> YES <input type="checkbox"/> NO
Schizophrenia		<input type="checkbox"/> Current issue <input type="checkbox"/> Past issue	<input type="checkbox"/> YES <input type="checkbox"/> NO
Self-Harm/Cutting		<input type="checkbox"/> Current issue <input type="checkbox"/> Past issue	<input type="checkbox"/> YES <input type="checkbox"/> NO
Post-Traumatic Stress Disorder (PTSD)		<input type="checkbox"/> Current issue <input type="checkbox"/> Past issue	<input type="checkbox"/> YES <input type="checkbox"/> NO
Suicidal Ideations		<input type="checkbox"/> Current issue <input type="checkbox"/> Past issue	<input type="checkbox"/> YES <input type="checkbox"/> NO
Suicidal Attempts		<input type="checkbox"/> Current issue <input type="checkbox"/> Past issue	<input type="checkbox"/> YES <input type="checkbox"/> NO
Anger Management/Aggressive Behavior		<input type="checkbox"/> Current issue <input type="checkbox"/> Past issue	<input type="checkbox"/> YES <input type="checkbox"/> NO
Autism/Asperger's		<input type="checkbox"/> Current issue <input type="checkbox"/> Past issue	<input type="checkbox"/> YES <input type="checkbox"/> NO
Developmental Delay		<input type="checkbox"/> Current issue <input type="checkbox"/> Past issue	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other: _____		<input type="checkbox"/> Current issue <input type="checkbox"/> Past issue	<input type="checkbox"/> YES <input type="checkbox"/> NO

Does your child have any peculiarities or unusual habits?

\_\_\_\_\_

If so, what do you and/or your child do to accommodate or soothe those habits so your child is comfortable?

\_\_\_\_\_

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

\_\_\_\_\_

**NOTICE**

**\*\*Be advised:** The Nevada Childhood Cancer Foundation has a **ZERO TOLERANCE** policy for abuse – physical, verbal, mental, emotional - and bullying of any kind. If at any time during Camp Cartwheel your child's behavior violates our Standards of Conduct, it **will** result in the **immediate** dismissal of your child from Camp.

I have read and/or had the statement above read to me and understand the potential consequences thereof:

Parent/Guardian Initials: \_\_\_\_\_

Camper Initials: \_\_\_\_\_



## CAMP CARTWHEEL PHYSICAL

**To the Physician:** Your cooperation is needed in supplying the pertinent information about this applicant for attendance at Camp Cartwheel. 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's Name: \_\_\_\_\_ Date: \_\_\_\_\_

All of Child's Medical Diagnosis: \_\_\_\_\_

Onset of Diagnosis: \_\_\_\_\_ Is Child in Active Treatment?  YES  NO

Current course of treatment: \_\_\_\_\_

Last course of treatment: \_\_\_\_\_ Date: \_\_\_\_\_

Date therapy discontinued: \_\_\_\_\_

Drugs administered: \_\_\_\_\_

Recent operations or Serious illness: \_\_\_\_\_

Describe any physical disability and/or physical limitations involving any camp activity (i.e., canoeing, climbing, running, swimming, jumping, etc...):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May this child be allowed to swim in the camp lake?  YES  NO

If NO, may this child be allowed to swim in the camp swimming pool (the pool is chemically treated)?  YES  NO

Convulsions/Seizures (type & frequency): \_\_\_\_\_

Allergies (including food, medications, environmental): \_\_\_\_\_

Impaired hearing: \_\_\_\_\_ Impaired Vision: \_\_\_\_\_

Neurological deficit/Muscular Problems: \_\_\_\_\_

Cardiac Abnormalities: \_\_\_\_\_

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: \_\_\_\_\_

Recent contact with a contagious disease?  YES  NO If yes, please describe: \_\_\_\_\_

**\*\*Please note: Labs are only required for a critically ill child who is in active chemotherapy or immunotherapy\*\***

Date	Recent Blood Count (within 4 weeks of Camp)	Date	Recent Blood Count (within 4 weeks of Camp)
H/H:		Platelets:	
WBC:		EOS:	
DIFF:		MONOS:	
SEGS:		Other Lab Abnormalities:	
BANDS:			



## CAMP CARTWHEEL PHYSICAL

**To the Physician:** Your cooperation is needed in supplying the pertinent information about this applicant for attendance at Camp Cartwheel. 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.

Camper's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**MEDICATIONS: (To be completed by parent/guardian and REVIEWED by physician)**

If the child requires medication(s) at camp, please complete the following table. ALL medications (both prescription and over-the-counter meds) to be administered during Camp Cartwheel should be clearly labeled bottles with the child's name, drug name, dose amount, when it is to be taken, and put in a clear plastic Ziplock bag with your child's name on it. ALL medications will be turned in to and logged by our Medical Staff at the time of check-in on the first day of camp. Our Camp Medical staff will store and administer the medications as directed. **DO NOT SEND MEDICATIONS OF ANY KIND IN YOUR CHILD'S BACKPACK.**

Will the child need to take medication while at camp?     YES     NO    If YES, please list below:

**LIST OF MEDICATIONS NEEDED AT CAMP (TO BE COMPLETED BY PARENT(S) AND REVIEWED BY PHYSICIAN):**

Name of Medication	Dose	Frequency (how often your child needs to take this medicine)	Time of dosing (Are they AM meds or PM meds, taken with food, etc...)

Child's preferred method for taking his/her medicine? \_\_\_\_\_

**PHYSICIAN'S STATEMENT:** I have examined the named child who is physically able to engage in camp activities, except for physical limitations and restrictions as noted on this physical. I hereby verify the information contained herein regarding all health matters, medications, and immunizations.

Physician's Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Hospital/Doctor Office Affiliation: \_\_\_\_\_

Office phone number: \_\_\_\_\_



# 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, (NVCCF 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. NVCCF 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 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. NVCCF 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. NVCCF 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/guardian who must pick camper up at Torino Ranch within 1 hour.

**Parent/Guardian's Initials** \_\_\_\_\_ **Parent/Guardian's Initials** \_\_\_\_\_

9. NVCCF 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/Guardian Name: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CONSENT FOR PHOTOGRAPHS, RECORDING, FILM AND/OR PUBLICATION IN PRINT AND ELECTRONIC (WEB/SOCIAL MEDIA) FORUMS

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, volunteers, and members of the public for educational, public relations, foundation advertisements and charitable purposes and that such dissemination may be accomplished in any manner whether print, electronic, and/or web-based media to include all social media platforms. 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, volunteers, 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, social media platforms, 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): \_\_\_\_\_





## WHAT TO BRING TO CAMP

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\***