

Welcome to Camp Cartwheel 2023. 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 important information regarding Camp:

* **Camp Cartwheel will be held for one (1) session starting JUNE 21ST – JUNE 24TH! THAT’S RIGHT! JUNE! 😊**
* Because Camp is one (1) session, **SPACE IS LIMITED**. Camper spots will be awarded on a FIRST COME, FIRST SERVE basis only. So do NOT delay in getting applications into us.
* Campers ages 10 and up are invited to spend 3 nights at camp pending availability. We can accommodate a maximum of 85 campers for our overnight experience and priority will be given to our oldest campers or based on the discretion of NVCCF Director of Patient Programs. 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 Yearbook Signing Party** will be held on **Sunday, JUNE 25TH ,2023,** at the U.S. National Guard Las Vegas Readiness Center located at 4500 W. Silverado Ranch Blvd at 11:00am. You WILL need a parking pass from NVCCF to be let on the premesis.
* Our bus pick-up and drop off location will be at 4Wall Entertainment at 3165 W. Sunset Rd. You will need to have your children at the bus stop no later than 7:15 am for check-in. Pick-up will be at 5:15 pm each day for day campers.
* Please provide your child with appropriate attire for their day at camp. Each child will need shoes and socks, a bathing suit (a one piece or tankini with full coverage bottoms for the ladies, swim trunks for the boys), 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 them 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!
* Applications are due to **NVCCF via website by 5 pm Friday, March 10, 2023**.

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

Please make sure your e-mail address is PRINTED CLEARLY on the next page.

**CAMP CARTWHEEL**

For Office Use Only

Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Physical:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meds/Allergies: YES NO NVCCF Staffer Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper Application

**Mark One:** NVCCF Patient Sibling of Patient Child of TCP Participant

**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 who are attending Camp Cartwheel**

|  |  |  |
| --- | --- | --- |
| **Name of Sibling WHO WILL BE ATTENDING CAMP** | **Relation (brother/sister/step-sibling, etc…)** | **Age** |
|  |  |  |
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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 Nick Name**?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| --- | --- |
| **Can your child swim (mark one)?** | **Where can your child swim (mark one)?** |
|  Yes, my child knows how to swim  Yes, but with the assistance of a floatation device and/or personal assistance while in the water  No, my child does not know how to swim  Not at this time due to medical condition/treatment |  My child may swim in **BOTH** a treated pool and a lake 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.**

**CHILD’S HEALTH & WELLNESS INFORMATION:**

**CHILD’S LEGAL 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 FOOD allergies to (i.e., nuts, strawberries, dye, gluten, etc.):** | **My Child has MEDICATION allergies to (i.e., Ibuprofen, Penicillin, Sulfa, Tylenol, etc.):** | **My Child has ENVIRONMENTAL 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** |
| **\*\*Please mark if your child has or has had any of the following:****\_\_\_Asthma** **\_\_\_Blood Disorder** **\_\_\_Chicken Pox** **\_\_\_Diabetes** **\_\_\_Fainting spells** **\_\_\_Frequent Headaches****\_\_\_High Blood Pressure****\_\_\_Heart Condition****\_\_\_Seizures****\_\_\_Head Lice****\_\_\_Bed Bugs****Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Does your child have any special dietary needs or restrictions?** **YES NO****If you marked YES, please list any special dietary needs or restrictions here:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Does your child use any medical devices?****\_\_\_Port** **\_\_\_Central Line****\_\_\_G-Tube** **\_\_\_Drain****\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Is your child immunized? YES NO** **If you marked NO, please tell us why:** |
| **\*\* If your child has been exposed to ANY communicable disease (i.e., chicken pox, strep throat, measles, COVID, and mumps) 1-3 weeks prior to camp, please contact Andrea Rapanos at 702.735.8434.** |
| **Does your Child have mobility issues?** **YES NO Sometimes If YES/Sometimes, please explain:** | **What is your child’s current weight?****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs.** |
| **Will your Child need bathroom/toileting assistance?** |  **YES NO Only as requested** |
| **Will your Child require the use of any Durable Medical Equipment (DME) while at Camp (i.e., Crutches, Walker, Wheelchair, Special Stroller)?** |  **YES NO Only when fatigued****If you marked YES, please tell us what equipment he/she will be bringing to camp for use:** |

**\*\*\*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.**

**CHILD’S MENTAL HEALTH & WELLNESS INFORMATION: CHILD’S LEGAL 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)** |  |  **Current issue Past issue** |  **YES NO** |
| **Anxiety Disorder** |  |  **Current issue Past issue** |  **YES NO** |
| **ADHD** |  |  **Current issue Past issue** |  **YES NO** |
| **Oppositional Defiant Disorder** |  |  **Current issue Past issue** |  **YES NO** |
| **Bi-Polar Disorder** |  |  **Current issue Past issue** |  **YES NO** |
| **Schizophrenia** |  |  **Current issue Past issue** |  **YES NO** |
| **Self-Harm/Cutting** |  |  **Current issue Past issue** |  **YES NO** |
| **Post-Traumatic Stress Disorder (PTSD)** |  |  **Current issue Past issue** |  **YES NO** |
| **Suicidal Ideations** |  |  **Current issue Past issue** |  **YES NO** |
| **Suicidal Attempts** |  |  **Current issue Past issue** |  **YES NO** |
| **Anger Management/Aggressive Behavior** |  |  **Current issue Past issue** |  **YES NO** |
| **Autism/Asperger’s** |  |  **Current issue Past issue** |  **YES NO** |
| **Developmental Delay** |  |  **Current issue Past issue** |  **YES NO** |
| **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  **Current issue Past issue** |  **YES 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****: 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:\_\_\_\_\_\_\_\_\_\_\_\_**

**Nevada Childhood Cancer Foundation’s CAMP CARTWHEEL PHYSICAL**

**To the Physician (PAGE 1/2):** 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**

HEENTN 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:** |  |

**Nevada Childhood Cancer Foundation’s CAMP CARTWHEEL PHYSICAL**

**To the Physician (PAGE 2/2):** 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**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **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.)** |
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**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 GENERAL STANDING ORDERS**

With the exception of all documented allergies noted in the child’s physical and allergy page, the following medications will be given, at the discretion of the onsite nurse, and with parental permission, as directed on the labeling instructions:

* Acetaminophen (Tylenol) 325 mg tabs
* Acetaminophen (Tylenol) 500 mg tabs
* Acetaminophen Liquid (Tylenol) 160mg/5ml
* Ibuprofen (Advil) 200mg tabs
* Ibuprofen Liquid (Advil) 100mg/5ml
* Diphenhydramine (Benadryl) 25mg tabs
* Diphenhydramine Liquid (Benadryl) 12.5mg/5ml
* Dextromethorphan (Delsym) 15mg/5ml
* Ranitidine (Zantac) 10mg tabs
* Calcium Carbonate chewable (TUMS)
* Cetirizine (Zyrtec) 10mg tabs
* Phenylephrine HCL (Suphedrine PE) 10mg tabs
* Guaifensin Liquid 100mg/ml
* Cough Drops (generic)
* Polyethylene Glycol (Miralax)
* Psyllium fiber (Metamucil)
* Phenol spray (Chloraseptic spray)
* Meclizine HCL (Bonine) 25mg tab
* Triple Antibiotic Ointment (Neosporin)
* Hydrocortisone cream 1%
* Tolnaftate cream 1%
* Imodium
* Magnesium Citrate

With the exception of any documented allergies, I give permission to the on-site medical staff to render these medications to my child as deemed necessary during their stay at Camp Cartwheel.

Child’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 child’s application for participation at Nevada Childhood Cancer Foundation’s 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 to this application**

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 three-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 2 hours**.

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

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**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 and/or my child 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 including print, film, and all social media platforms (i.e., Facebook, Instagram, Twitter, etc.). 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, volunteers 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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**WHAT TO BRING TO CAMP**

Campers ages 10 and up will have the opportunity to spend the entire 4 nights and 5 days 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 NVCCF 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.

When packing for your child, please keep in mind that temperatures on the mountain can drop significantly at night. 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 that should also have your child’s name on it.

**Clothing**

* 3 pairs of pants/jeans/sweats
* 3 pairs of shorts
* 3 t-shirts
* 3 pairs of socks
* 3 pairs of underwear
* 2 pair of pajamas
* 1 light jacket, sweatshirt, or hoodie
* 1 bathing suit and pool towel
* 1 pair of tennis shoes or sneakers
* 1 hat for sun protection

**Personal Items**

* Body soap and shampoo
* Comb or brush
* 1 washcloth
* 1 bath towel
* Toothbrush and toothpaste
* Chapstick
* Lotion and sunscreen and a **hat**! (Yes, that was put there twice to remind you 😊)

**Bedding**

* 1 sleeping bag (if sending blankets instead, remember that temps can drop into mid 40’s at night)
* 1 pillow with pillowcase

**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\***

**SIX QUESTIONS TO ASK YOURSELF BEFORE TURNING IN THIS APPLICATION**

**AKA: Is this application complete? (No, this is not 1 of 6)**

Well let’s explore that, shall we? 😊

1. Have I printed clearly on this application all required information and not left anything blank that will warrant an email from the Director? If your answer is YES, proceed to the next question. If your answer is NO, please review & correct this application.
2. Have I attached a current and completed physical for my child to attend camp? If the answer is YES, proceed to the next question. If your answer is NO, schedule an appointment with your child’s doctor as all physical’s must be current and not the one that was used the year before.
3. Have I attached a copy of my Photo I.D.? If your answer is YES, proceed to the next question. If your answer is NO, please make a copy and attach it to this application BEFORE turning it in.
4. Have I attached a copy of my child’s health insurance card? If your answer is YES, proceed to the next question. If your answer is NO, please have a copy made and attach it to this application BEFORE turning it in. If your child is without health insurance, please make sure the Director is aware.

1. Have I attached a copy of my child’s immunization record? If your answer is YES, proceed to the next question. If your answer is NO, please have a copy made and attach it to this application BEFORE turning it in.
2. How much wood could a Woodchuck chuck if a Woodchuck could chuck wood? If you actually answered this question, give yourself a high five! If you’re still scratching your head and asking Google, well, give yourself a high five for effort! 😊