

Camp Krazy Legs 2014



Camp Dates:

Sunday, July 6 – Friday, July 11

Camp Location:

Camp Twin Lakes, Rutledge, GA

CAMPER APPLICATION/FOLLOW UP PACKET

DEADLINE TO MAIL BACK DOCUMENTS

April 4, 2014

Please submit all forms on CampDocs or mail to:

1001 Johnson Ferry Road

Family Services

Attention: Camp Krazy Legs

Atlanta, Georgia 30342



Dedicated to All Better™

Camp Krazy Legs 2014



Dear Parent(s)/Guardian:

We are excited about another fun year of Camp Krazy Legs! Enclosed, you will find the Camp Krazy Legs medical form and waivers for 2014. **These must be completed in full, signed and returned by Friday, April 4th.** The medical form requires a physician's signature, so please plan accordingly. It is imperative that we know as much information about your child as possible so that we can safely serve him or her at camp; therefore, it is important that you fill out all questions as completely as possible.

Camp Krazy Legs asks for a donation of \$100 to cover cost for registration per camper. Please make checks payable to **Children's Healthcare of Atlanta** and enclose with your completed forms if you did not request a scholarship. Please reference "**Camp Krazy Legs**" in the memo line of the check. If you are not accepted into camp, your check will not be processed.

Please note that submission of application and these corresponding forms does not guarantee acceptance into camp. Once we have received your completed application, medical form and waivers, our Camper Selection Committee will review your submission and will determine acceptance into camp. The committee has exclusive authority to determine which applicants may attend camp. Spots may fill before the deadline. If so, we will move applicants to a waiting list and you will be notified if a spot becomes open. Upon acceptance into camp, you will receive a "Welcome to Camp" packet.

We are looking forward to another great summer!

It is preferred that these paper documents are uploaded into the CampDocs system yourself, but they may be mailed or emailed to the below contact.

Camp Krazy Legs
Family Services
1001 Johnson Ferry Road NE
Atlanta, Georgia 30342
404.785.4425
claire.aikens@choa.org

Sincerely,

Claire Aikens, CCLS
Director, Camp Carpe Diem



Camp Krazy Legs 2014



****Please include a picture of your child****

[Tape here]

Camp Crazy Legs 2014



All About Me: Please have your camper fill out the following sections

Name:

Nickname:

Hometown:

School

What grade will you be in next year?

What are your favorite subjects in school?

Activities and Interests

What are your hobbies?

What crafts do you enjoy?

What are your favorite games or sports?

What are your favorite books?

Camp Krazy Legs 2014

What songs do you like listening to?



Camp Corner

Have you ever been to camp before?

If so, where and when?

What would you like to do most at camp?

What is something you want to accomplish at camp this summer?

Is there anything new you would like to try at camp this summer?

Tell us something unique about you! This can include your favorite things, phrases, items, special talents, or things you do best.

Camp Crazy Legs 2014



EXHIBIT 2

CAMP TWIN LAKES

CAMP RELEASE FORM

This agreement must be read and signed for you/your child to be eligible to attend Camp Crazy Legs at Camp Twin Lakes.

Your/Your Child's Name: _____

I. PARTICIPATION CONSENT

I understand and certify that my/my child's participation in Camp Crazy Legs and its activities at Camp Twin Lakes is completely voluntary. I have familiarized myself with Camp Crazy Legs program and activities at Camp Twin Lakes in which I/my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements ropes course, swimming, archery, gardening, cooking, biking, sports, and boating. I acknowledge that although Camp Crazy Legs and Camp Twin Lakes have taken safety measures to minimize the risk of injury to camp participants, Camp Crazy Legs and Camp Twin Lakes cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for Camp Crazy Legs at Camp Twin Lakes. Further, I have received approval from a doctor authorizing me/my child to participate in the Camp Crazy Legs activities at Camp Twin Lakes. I also agree to inform Camp Crazy Legs of any activities in which I/my child may not participate. In case of medical and/or surgical emergency, I authorize Camp Crazy Legs and Children's medical staff to render to myself/my child/my additional family members or to arrange for myself/my child/my additional family members 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 to practice in the State of Georgia.

II. LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my

Camp Crazy Legs 2014



minor children, my heirs, executors, and administrators. I hereby release and forever discharge Camp Crazy Legs and Camp Twin Lakes, and any of their officers, directors, employees, partners, shareholders, board members, servants, agents and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance at Camp Crazy Legs at Camp Twin Lakes.

III. MEDIA RELEASE

I give Camp Crazy Legs and Camp Twin Lakes the right to interview and/or to take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my/my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. Camp Crazy Legs and Camp Twin Lakes shall have the right to use photographs or other images of me/my child in promotion, educational or fund-raising materials. I acknowledge that Camp Crazy Legs or Camp Twin Lakes shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Camp Crazy Legs and Camp Twin Lakes and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by Camp Crazy Legs and Camp Twin Lakes. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

IV. DISPUTES

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Atlanta, Fulton County, Georgia. The arbitration shall be administered by JAMS and conducted before a single arbitrator in accordance with the JAMS Rules. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.

X _____
Parent/Guardian/Self Signature

Date

Camp Crazy Legs 2014



PATIENT & FAMILY

CONSENT FORM AND WAIVER

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND/OR PUBLIC USE OF IMAGE (PHOTOGRAPH OR VIDEOTAPE) FOR MEDIA AND PUBLIC RELATIONS PURPOSES

I hereby give consent to Children's Healthcare of Atlanta Inc. (hereinafter "Children's") to take and use images (photographs or videotape) or sounds recordings of me and/or the minor patient or person named below for whom I am giving consent, and disclose confidential patient information about me and/or the minor patient or person, to or in any public media, including radio, television, internet or print, or in a Children's publication. I understand that the intended use of such images and confidential information is for advertising, marketing, fundraising or promotional purposes of Children's.

I understand that confidential information to be disclosed may include information about the patient's treatment at Children's obtained from interviews of the family, physicians and hospital personnel, or from the patient's medical records, including photographs, x-rays, videotapes and results of diagnostic studies, and I hereby waive the right to or interest in the confidentiality of this patient information or images taken and disclosed to the public, as contemplated in this release.

I acknowledge that this consent and authorization for release of confidential information is being made solely for the benefit of Children's and without any expectation of compensation or other benefit to the minor patient or person or the family thereof. To the extent that any benefit accrues or might accrue to Children's from the use of images or disclosure of information, I hereby and forever waive any interest in or claim to such benefits.

I hereby release and forever discharge Children's (including without limitation all corporate affiliates and officers, directors, trustees, employees, medical staff members and agents) from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness arising out of, related to, or in any way connected with the use of images or disclosure of the information and materials described herein, and I hereby waive all rights and interest in and to such information and materials.

I have been informed that once this information is disclosed it may no longer be protected by federal privacy regulations. I have been informed that this authorization is voluntary and is subject to revocation at any time, except to the extent that action has been taken in reliance thereon, by notifying Children's in writing at: Marketing and Public Relations Department, 1699 Tullie Circle NE, Atlanta, Georgia 30329.

Name of Minor Patient or Person (please print)

Date of Birth of Minor Patient or Person

Name of Consenting Individual, Parent or Guardian

Relationship to Minor Patient or Person

Signature of Consenting Individual, Parent or Guardian

Date

Street Address

City

State

Zip

Home Phone

Work Phone

Camp Krazy Legs 2014



Children's
Healthcare of Atlanta

Immunization History

Provide the month and year for each immunization. Starred (*) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are preferable; please attach to this form.

Camper's name: _____ Date of birth: _____

Immunization	Dose 1 Month / Year	Dose 2 Month / Year	Dose 3 Month / Year	Dose 4 Month / Year	Dose 5 Month / Year	Most Recent Dose Month / Year
Diphtheria, tetanus, pertussis * (DTaP) or (TdaP)						
Tetanus booster (dT) or (TdaP)*						
Mumps, measles, rubella (MMR)*						
Haemophilus influenza type B (HIB)						
Polio (IPV)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella* (chicken pox) Or Had chicken pox Y / N Date:						
Meningococcal meningitis (MCV4)						

If your camper **has not** been fully immunized, please sign the following statement:

I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian _____

Date _____

Relationship to Camper _____

Camp Crazy Legs 2014



Children'sSM
Healthcare of Atlanta

Camper Physician Medical Form
To be completed by a licensed physician

This examination must be performed within 12 months of camp.

Child's name: _____ Date of Birth: _____

Parent/Guardian: _____

Phone: _____ Cell: _____

Child's Home Address: _____

Child's Sex: M _____ F: _____ Age: _____ Ht: _____ Wt: _____

B/P: _____

Explain below using code: S -Satisfactory NS- Not Satisfactory
Eyes _____ Ears _____ Nose _____ Throat _____ Heart _____ Lungs _____ Abdomen _____ Skin _____
Extremities _____

Abnormal Findings: _____

Allergies:

- No known allergies
- To foods (list): _____
- To medications (list): _____
- To the environment (insect stings, hay fever, etc.-list): _____
- Other allergies (list): _____

List allergies with previous reactions:

Diet, Nutrition:

- Eats a regular diet.
- Has a medically prescribed meal or dietary restrictions: **(describe below)**
- Other _____

Camp Krazy Legs 2014



Children's
Healthcare of Atlanta

Camp Physician Medical Form Continued

The camper is undergoing treatment at this time for the following conditions: (describe below)

- None.
- Other _____

Medication:

- No daily medications.
- Will take the following prescribed medication(s) while at camp: (name, dose, frequency, describe below)

Other treatments/ therapies to be continued at camp: (describe below)

- None needed.
- Treatments at camp: _____

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illnesses and injury.

Medical personnel: Cross out those items the camper should not be given:

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Detxtromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimite)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% Cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Camp Crazy Legs 2014



Children's
Healthcare of Atlanta

Camp Physician Medical Form Continued

Do you feel that the camper will require limitations or restrictions to activity while at camp?

- No
 Yes

If you answered "Yes" to the question above, what do you recommend? (Describe below-attach additional information if needed) _____

"I have reviewed the camper's health history, and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above)."

Physician Signature: _____ Date: _____

Physician Name Printed: _____ Date: _____

Office address: _____

_____ Phone: _____

Parent/Guardian Authorization for Health Care:

"This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status."

Parent/Guardian signature: _____ Date: _____

Some questions and content used on this Children's Healthcare of Atlanta form were derived from American Camp Association resources

Camp Crazy Legs 2014



Before you send these forms back, please be sure you are mailing:

- All About Me completed by the camper with picture attached
- Exhibit 2- Camp Consent and Release Form
- Children's Healthcare of Atlanta Consent Form and Waiver
- Immunization History or a copy of Immunization Record
- Camp Physician Medical Form-**signed by the child's physician**
- Copy of child's insurance card (to be used in case of emergency)

DEADLINE TO MAIL BACK DOCUMENTS

April 4, 2014

Please submit all forms on CampDocs or scan/fax/mail to the below:

1001 Johnson Ferry Road
Family Services
Attn: Camp Crazy Legs
Atlanta, GA 30342

404-785-2214 fax

Claire.Aikens@choa.org

404-785-4425 office

Thank you to the following for helping make Camp Crazy Legs!

