Midwest Hemophilia Association

April 1, 2015

Dear Campers and Families,

Here it is! The camper application for MHA Summer Camp 2015. I can't wait to see all of your smiling faces this summer! Camp this year will be held from **Monday**, August 3rd thru **Friday**, August 7th.
I wanted to draw your attention to a couple of things this year:

1. Camp is at a new location this year, Lake Doniphan Retreat and Conference Center. Since we are new to them, we may not have flexibility to take late applications. Please have applications in by the deadline of June 1st. Information on new site can be found at www.lakedoniphan.com.
2. We are very grateful to the many donors that have allowed us to stay at a $50 camp fee.
3. While we hope every camper will be able to stay the whole week, please ensure that there is a parent or responsible person who can be reached by camp staff if your child cannot stay at camp for medical or behavioral reasons. If this will be a challenge, please let us know as soon as possible to discuss a strategy to ensure your child's safety.
4. ***Please note that for the first time, this year's camp will run from Monday at noon to Friday and noon.***

We believe MHA Summer Camp is going to be better than ever this year. Please complete all forms included in this packet. If you have questions don't hesitate to email or call me.

Sincerely,

Andrew Wilson
Wilderness Camp Director
camp@midwesthemophilia.org
(816) 234-3870

ALL CAMPERS MUST TURN IN ALL FORMS BY THE JUNE 1ST DEADLINE!

Please return the application packet NO LATER than June 1, 2015 to:

Midwest Hemophilia Association
Attn: Debbie Nelson
P.O. Box 412866
Kansas City, MO 64141

Midwest Hemophilia Association

MHA SUMMER CAMP – 2015
***MONDAY*, August 3rd to *FRIDAY*, August 7th**

CAMPER APPLICATION
(ALL INFORMATION MUST BE FILLED IN TO BE CONSIDERED COMPLETE)

Name:_____ Birth Date:_____ Age:_____ Gender:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Parents or Guardian:_____

Address:_____
(IF DIFFERENT FROM ABOVE)

Phone #'s: Home ( ) _____ Work ( ) _____ Cell ( ) _____

Email Address:_____

Emergency Contact Name:_____ Relationship:_____

Phone: ( ) _____ 2nd Phone: ( ) _____

TRANSPORTATION

Arrive/check-in at camp on 8/3/15 at 12:00 noon:

☐ I will bring my child to camp
☐ My child will ride with _____

Pick up from camp on 8/7/15 at 12:00 noon:

☐ I will pick up my child
☐ My child will ride with _____

My child will ride the bus from: ☐ Wichita ☐ Kansas City ☐ Springfield

*Please note that buses at this time will pick campers up in Wichita and Kansas City. A Springfield bus will be added if there are enough campers from that area who need transportation.

How many will need box lunches on Saturday when picking up your child from camp? Please do not include campers in your count.

_____

Camper's T-Shirt Size: (Circle One)

Youth: S M LG
Adult: S M LG XL XX

THIS FORM MUST BE FULLY COMPLETED AND RETURNED WITH APPLICATION

Midwest Hemophilia Association

MHA SUMMER CAMP – 2015

CAMPER PHYSICAL EXAMINATION FORM

(ALL INFORMATION MUST BE COMPLETED BY *PHYSICIAN*)

Child's Name: _____

Bleeding Disorder Diagnosis: _____

Physician Name: _____

Address: _____

Phone Number: (_____) _____

Physical Examination

Date of Examination (MUST BE WITHIN PREVIOUS 12 MONTHS OF CAMP DATE): _____

Height:	Weight:	Pulse:	RR:	BP:

	Normal	Abnormal		Normal	Abnormal
Head and Neck			GI/GU		
Eyes and Ears			Skin		
Nose and Throat			CNS		
Chest			Orthopedic		
Heart			Extremities		
Abdomen			Psychological		

Please describe any abnormality: _____

Allergies: (INCLUDE FOOD/MEDICATIONS/ENVIRONMENT/BEE STINGS)

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Midwest Hemophilia Association

List ALL medications: (INCLUDE ORAL, INTRAVENOUS, INTRANASAL, AND OVER THE COUNTER MEDICATIONS)

Medication	Dose	Frequency	Duration	Route	Indication

Does the patient have a Central Venous Access device: ☐Port ☐PICC ☐CVL

If yes, when was device inserted?_____

List any activity limitations:

_____

_____

_____

_____

Qualified for camp due to diagnosis of a bleeding disorder? ☐**Yes** ☐**No**

Medically released to attend Camp Wilderness? ☐**Yes** ☐**No**

Behaviorally and psychologically appropriate for camp attendance? ☐**Yes** ☐**No**

If "No" to any of the above, please elaborate:

_____

_____

_____

_____

_____

_____

Physician's Signature Date

THIS FORM MUST BE FULLY COMPLETED AND RETURNED WITH APPLICATION

Midwest Hemophilia Association

MHA SUMMER CAMP – 2015

PARENT PROVIDED MEDICAL INFORMATION

(ALL INFORMATION MUST BE FILLED IN TO BE CONSIDERED COMPLETE)

Camper's Name: _____ Date of Birth: _____

Current Weight: _____ Current Height: _____ Age: _____ Gender: _____

Primary Care Physician: _____ Phone #: (_____) _____

Are you followed by a Hemophilia Treatment Center (HTC): ☐ Yes ☐ No

Name of HTC: _____ Phone #: (_____) _____

In Case of Emergency and Parents Cannot be Reached, Notify:

Name: _____ Relationship: _____

Phone #: _____ Cell #: _____

Insurance Information: (ATTACH A COPY OF INSURANCE CARD TO BE USED IN CASE OF EMERGENCY)

Heath Insurance: _____ Policy/Group #: _____

ID#/Insurer's SSN: _____

Bleeding Disorder Diagnosis:

☐ Factor VIII ☐ Factor IX ☐ vWD ☐ Other_____ Severity: ☐ Mild ☐ Moderate ☐ Severe

Inhibitor: ☐ Yes ☐ No Most Recent Inhibitor Titer/Date: _____

Where are infusions usually done: (Circle One) Home Clinic Hospital ER Other_____

Who does the infusion: (Circle One) Camper Parent Other_____

Name of Factor Product/Dose & Frequency: _____

Factor Provider Company, Contact & Phone #: _____

What is the usual dose for treating: Joints_____ Soft Tissue Bleeds_____

Does the camper have a: ☐ Port ☐ CVL ☐ PICC ☐ Other_____

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Midwest Hemophilia Association

Are there any target joints? ☐Yes ☐No If yes, please list:_____

_____

The MHA and the Kansas City HTC agree that children with moderate to severe Hemophilia and other bleeding disorders should be treated with regular, scheduled infusions of factor (prophylaxis) while at camp, so that they can fully enjoy all camp activities without fear of bleeding episodes.

Parent Permission: ☐**Yes** ☐**No** **Parent Initial**_____

Does your child know how to self-infuse? ☐**Yes** ☐**No** ☐**has begun to learn**

If your child does not currently self-infuse, may we have permission to help your child practice this skill while at camp?
☐**Yes** ☐**No** **Parent Initial**_____

What is your child's usual infusion schedule?_____

Immunizations: (PLEASE SUPPLY MOST CURRENT DATES OR ENCLOSE A COPY OF VACCINATION RECORD)

Polio Vaccine _____ Rubella Vaccine _____

Measles Vaccine _____ Mumps Vaccine _____

DPT Booster _____ Other _____

Other Medications Your Child Needs:

(PLEASE BRING ALL MEDICATIONS IN THE PHARMACY BOTTLE/ORIGINAL CONTAINER; INCLUDING OVER THE COUNTER MEDICATIONS)

Name of Medication **Dose** **Schedule**

_____

_____

_____

_____

Does Your Child Have Special Dietary Needs? (PLEASE DESCRIBE)_____

_____

_____

_____

Recent Hospitalizations/ Injuries or Illness (last 3 months):_____

_____

_____

Does Your Child Have a Latex Allergy? ☐Yes ☐No

_____

Signature of Parent or Guardian Date

THIS FORM MUST BE FULLY COMPLETED AND RETURNED WITH APPLICATION

Midwest Hemophilia Association

MHA SUMMER CAMP – 2015

Personal Behavior Contract

We are glad you have chosen to attend MHA Summer Camp this year! Camp life offers many unique opportunities and experiences for you and your fellow campers. We hope you make new friends, learn a lot, and have a great time!

At MHA Summer Camp we expect campers and volunteers to encourage, support, and show respect toward one another. Each person at camp has a responsibility to make camp life positive and enjoyable. We expect all campers to follow the behavior expectations outlined below.

Behavior Expectations

1. Campers will treat everyone in the camp community with respect at all times and show respect for others' personal belongings, privacy and feelings.
2. Campers will remain with their counselors, follow directions, and abide by camp rules.
3. Campers will not be involved with smoking, alcohol use, illegal drugs, weapons, vandalism, theft, or any other illegal behavior.
4. Campers will use appropriate language; profanity will not be tolerated.
5. Campers will remain in camp unless on an escorted approved camp activity or for a medical emergency that requires transportation to an outside medical facility.
6. Campers will respect the camp facility and its equipment. Campers will be responsible for all damage due to negligence or intentional vandalism.
7. Campers will sleep in their assigned cabins each night.
8. Campers are to arrive/check-in at camp **MONDAY**, August 3, 2015 at 12:00 noon.
9. Campers are to depart/check-out from camp **FRIDAY**, August 7, 2015 at 12:00 noon.

Consequences

If a camper chooses not to follow the previously listed behavioral expectations, the following consequences may be issued depending on the severity of the situation.

1. Counselors will discuss the behavior with the camper.
2. Camper will be given a "time out" or not allowed to participate in a subsequent activity.
3. Camp Director will be notified and address the behavior with the camper.
4. Parents/Guardian will be contacted by the child and/or camp staff to discuss behavior.
5. Camper will be dismissed from camp. Parent/Guardian will need to pick up the camper.

I have read and understand the MHA Summer Camp Personal Behavior Contract and have discussed it with my child. I agree to support the behaviors and consequences listed above.

_____ _____

Parent/Guardian Signature Date

_____ _____

Camper Signature Date

THIS FORM MUST BE FULLY COMPLETED AND RETURNED WITH APPLICATION

PARTICIPANT INFORMATION FORM & RELEASE OF LIABILITY

www.tuckerleadership.org
816-415-5079
William Jewell College
500 College Hill, Box 2003
Liberty, MO 64068

DISCLOSURE –*Tucker Leadership Lab (TLL) program involves a variety of activities that often include warm-ups, games, group initiative problems, high and low challenge ropes course elements, and other rigorous physical activities. Although the level of participation in the TLL program activity is at all times completely up to the individual's choice, there is a risk of physical injury which must be assumed by each participant.*

TLL policy for participation in all programs requires that every participant provide certain health/medical Information to the instructors conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Participants must complete the form and return it to TLL to participate in any activities.

PARTICIPANT INFORMATION

Name _____ Age _____ Sex M F

Organization/School _____ Birth date ___ / ___ / ___

Address _____ City _____ State ____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Currently a high school student? YES NO Expected high school graduation year: _____

Please have the Office of Admissions contact me at the above address. I would like to know more about:
_____ Nonprofit Leadership ____ Pryor Leadership Studies ____ Other: _____

RELEASE OF LIABILITY –*The undersigned understands that parts of the TLL program may be physically, mentally or emotionally demanding. The undersigned affirms that the participant's health is good, and that the participant is not under a physician's care for any undisclosed condition that bears upon his or her fitness to participate in TLL activities. The undersigned releases TLL, William Jewell College, its employees, agents, representatives, officers and its Board of Trustees and invitees from any and all liability, claims or causes of action for loss of or damage to property or any injury to the participant arising from participation in TLL activities.*

_____ _____
Participant's Signature (if at least 18 years old) Date

_____ _____
Parent or Guardian's Signature (if participant is under 18 years old or has a guardian) Date

_____ _____
Emergency Contact Emergency Phone Number(s)

Please continue to the back page.
Participants must complete the medical screening form in order to participate.
The Medical Screening Form is provided on the back of this form or as an attachment.

MEDICAL SCREENING FORM

www.tuckerleadership.org
816-415-5079
William Jewell College
500 College Hill, Box 2003
Liberty, MO 64068

Participant's Name _____ Date _____

All medical information is held in confidence.

Check ✓	Topic	Description
❑ Yes ❑ No	Medical Device (hearing aide, prosthetic, bone brace, etc.)	
❑ Yes ❑ No	Past injuries ❑ Back ❑ Shoulder ❑ Knee ❑ Neck ❑ Ankle ❑ Other _____	
❑ Yes ❑ No	Pregnant	
❑ Yes ❑ No	Smoker	
❑ Yes ❑ No	Diagnosed with high blood pressure	
❑ Yes ❑ No	Diabetic ❑ Requiring medication	
❑ Yes ❑ No	Seizures	
❑ Yes ❑ No	Experienced heart attack or heart condition	

❑ Yes ❑ No — Current medications: prescribed, over-the-counter, inhaler or psychiatric

Medication	Taken For	Side Effects

❑ Yes ❑ No — Allergies: food, medicine or environmental

Allergy	Reaction	Medication Required

❑ Yes ❑ No — Other medical condition (mental, physical or emotional) that may influence your participation in the Tucker Leadership Lab event.

PHOTO/MEDIA RELEASE

I, _____, grant TLL and persons acting for or through them the right to use, reproduce, assign, and/or distribute photographs, files, videotapes, and sound recordings of the applicant for use in materials they may create.

_____ _____

Signature (Parent/guardian's signature if participant is not 18 years old) Date

If you have any questions regarding the release form, medical screening form, or the event in which you are participating, please contact the Tucker Leadership Lab office at 816.415.5079 or info@tuckerleadership.org

Midwest Hemophilia Association

MHA SUMMER CAMP – 2015

CAMP ACTIVITY EXCLUSION FORM

Explanation of Camp Activity Policy

Each camper will be given the opportunity to participate in daily camp activities. Examples of the daily activities are listed below. Some campers may be given the opportunity for a day trip, which is an excursion off camp property that the camper signs up for at camp. Parents or guardians may indicate exclusions below if they do not want their child to participate in certain events.

THIS FORM MUST BE COMPLETED FOR EACH CAMPER AND RETURNED TO MHA WITH THE APPLICATION PACKET.

Camper's Name: _____

Camper's Date of Birth: _____

Initial here if your child has **NO EXCLUSIONS:** _____

I, the undersigned, have signed the liability release section of the camper application that allows full participation in all camp activities and day trips. I have checked the following activities that my camper **may not** participate in.

- ☐ Arts and Crafts
- ☐ Archery
- ☐ Sports and Games
- ☐ Mountain Biking
- ☐ Photography
- ☐ Baseball/Softball
- ☐ Obstacle Course
- ☐ Hiking
- ☐ Frisbee Golf
- ☐ Swimming
- ☐ On-Site Camping
- ☐ Astronomy
- ☐ Fishing

☐ Other _____
(PLEASE EXPLAIN)

_____ _____
Parent/Guardian Signature Date

THIS FORM MUST BE FULLY COMPLETED AND RETURNED WITH APPLICATION

Midwest Hemophilia Association

MHA SUMMER CAMP – 2015

OFF CAMP SITE TEEN BOWLING

Participant Information Form and Release of Liability

FOR 13 AND OLDER CAMPERS ONLY

DISCLOSURE

The Midwest Hemophilia Association will provide buses for transportation, from Lake Doniphan facilities to a bowling facility in Excelsior Springs, Missouri, for campers (13 years and older) and their adult counselors, to participate in a bowling activity. Participation in the bowling activity may include stretching/warm-ups, games, group initiative problems, and other physical activities. Although the level of participation in the bowling program activity is at all times completely up to the individual's choice, there is a risk of physical injury which must be assumed by each participant.

MHA policy for participation in all programs requires that every participant provide certain health/medical information to the camp medical staff and volunteers conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Participants must complete the form and return it to MHA prior to participating in any activities.

PARTICIPANT INFORMATION

Name:_____ Age:_____

Date of Birth:_____

Parent's Home Phone:_____

Parent's Work Phone:_____

Parent's Cell Phone:_____

RELEASE OF LIABILITY

The undersigned understands that parts of the MHA Summer Camp program may be physically, mentally or emotionally demanding. The undersigned affirms that the participant's health is good, and that the participant is not under a physician's care for any undisclosed conditions that bears upon his or her fitness to participate in bowling activities. The undersigned understands that each participant must assume the risk of injury that could result from any of these activities. The undersigned releases Midwest Hemophilia Association and its employees, agents, counselors, volunteers, medical staff and representatives, officers and its Board of Directors and invitees from any and all liability, claims or causes of action for loss of or damage to property or any injury to the participant arising from participation in the off- site camp bowling activity and bus transportation.

_____ _____

Parent/Legal Guardian Signature Date

Emergency Contact Person:_____ Emergency Phone Number(s):_____

THIS FORM MUST BE FULLY COMPLETED AND RETURNED WITH APPLICATION FOR CAMPERS 13 AND OLDER

Midwest Hemophilia Association

MHA SUMMER CAMP – 2015

AGREEMENT, CONSENT, WAIVER AND RELEASE FORM

CAMPER NAME:_____

PROGRAM: **MHA Summer Camp 2015**

Please read this information completely before signing. Its effect is to release the Midwest Hemophilia Association (MHA) and Lake Doniphan Retreat and Conference Center from any liability resulting from your participation in the program activity named above and waives all claims for damages or losses against the MHA and Camp Wilderness. With the understanding that the MHA will make every reasonable effort to prevent accidents, injuries, or other mishaps, I acknowledge the following:

In consideration of MHA making arrangements for and permitting and assisting me in participating in the above named program activities, I exercise my own free choice to participate voluntarily in activities, understand and assume all associated risks, and promise to take due care during such participation. I hereby release and discharge, indemnify and hold harmless the MHA and Lake Doniphan Retreat and Conference Center, and their member officers, agents, employees and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, costs and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any loss and/or bodily injury and/or disability, arising from my participation in the above names program.

I understand that infusion therapy will be provided as needed at camp. I understand that treatment for routine illness and acute bleeding episodes (DDAVP and concentrates) will be supervised by the medical/nursing staff. I understand it will be necessary for me to send factor concentrate and/or DDAVP to camp with my child. If a diagnostic procedure, hospitalization, or other specialized therapy is needed, the cost of such care is my responsibility. I give my authorization for the medical staff to administer medical care and administer routine medications to my child.

I agree to allow my child to participate in the educational portion of camp including general hemophilia/bleeding disorder information, home infusion therapy, and possibly HIV/AIDS discussion.

The undersigned gives permission for the applicant to ride in vehicles operated or leased by the MHA and Doniphan Conference and Retreat Center.

The undersigned recognizes the right of the Camp Director, in his/her absolute discretion, to terminate a camper's stay at any time due to disciplinary or medical actions which might jeopardize the camper's or other's health and safety at camp or camp property. **The undersigned further agrees to pick up the camper immediately upon being notified of such termination.** (PARENTS: PLEASE DISCUSS THE BEHAVIORAL CONTRACT WITH YOUR CHILD)

I understand and acknowledge the following:

- **That the MHA Summer Camp is medically based program sponsored by the Midwest Hemophilia Association.**
- **That camp is conducted by volunteers.**
- **That the information submitted on registration forms may contain health information about my child.**
- **That the protected health information can be used and disclosed to healthcare organizations for the purpose of treatment, healthcare operations and payment for medical treatment while my child attends camp.**
- **That all camp volunteers of the Midwest Hemophilia Association may have access to all information contained in the healthcare record or camp registration forms in order to conduct the camp program.**

I understand that I am solely responsible for any costs arising out of any bodily injury and/or disability or property damage sustained through my/my child's participation in normal or unusual acts associated with the above named program.

THIS FORM MUST BE FULLY COMPLETED AND RETURNED WITH APPLICATION

Midwest Hemophilia Association

I believe that my child is in good health, and affirm that their participation in the above named program activities will in no way aggravate any condition(s) present. If in doubt, I will seek further medical advice.

The undersigned, in case of emergency and in the event the undersigned cannot be reached by telephone, does hereby give permission for medical treatment by a physician or hospital selected by the medical staff, camp directors, camp volunteers, MHA volunteers and others. Such permission shall include any and all medical treatment which is necessary or desirable in the absolute discretion of any such physician or hospital. This medical care shall include, but is not limited to examinations, treatments, immunizations, injections, anesthesia, surgery, and other procedures, etc.

I have had sufficient time to review and seek explanations of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After care deliberation, I voluntarily give my consent and agree to this Release, Assumption of Risk and Waiver.

I witness whereof I have hereunto executed this **Agreement, Consent, & Release** on this date:

_____ _____

Parent/Legal Guardian Signature Date

If someone other than the undersigned is to pick up the applicant at the end of the camp session, such person much present **written** authorization from the undersigned.

I do hereby authorize (NAME, ADDRESS, PHONE)_____ to pick up the camper.

Please list anyone in particular you do NOT want to pick up your child. _____

_____

THIS FORM MUST BE FULLY COMPLETED AND RETURNED WITH APPLICATION

Midwest Hemophilia Association

PHOTO/MEDIA RELEASE

I hereby grant to Midwest Hemophilia Association (the "Association") permission and the irrevocable right to use, reuse, publish and/or republish any and all recordings or reproductions of my voice and/or my image the Association may have or may acquire in the future, regardless of the means of recording and storage of the sound or images including, but not limited to, photographs, videotapes, sound recordings, film and electronic media of any kind or nature, for any and all purposes whatsoever, including, by way of illustration only, newsletters and other publications, promotions, advertising and other trade purposes. I further grant to the Association permission and the irrevocable right to use my name in conjunction with any use of such materials.

I hereby affirm and represent to the Association that I am the parent/legal guardian of _____ a minor of the age of _____ as of the date of the execution of this Release (the "minor"), and that I have the legal authority to grant the permission and rights contemplated by this Release on behalf of that Minor to the Association. In my capacity as parent/legal guardian of the Minor, I hereby grant to the Association permission and the irrevocable right to use any and all recordings or reproductions of the Minor's voice and/or image, as contemplated in the preceding paragraph, for any and all purposes as contemplated in the preceding paragraph, and I specifically grant to the Association permission and the irrevocable right to use my name and/or the Minor's name in conjunction with any use of such materials.

Nothing in this Release shall be construed to allow the Association to make any public use of any confidential medical or pharmaceutical records of mine or of the Minor.

I affirm and represent that I am of legal age, that I am the parent/legal guardian of any minor named herein, and that I have read and fully understand the content and purpose of this Release.

Date Signed: _____, 20_____

_____

Signature of Parent or Legal Guardian

THIS FORM MUST BE FULLY COMPLETED AND RETURNED WITH APPLICATION

Midwest Hemophilia Association

MHA SUMMER CAMP – 2015

CAMP FORM CHECKLIST

Make sure each form that ALL indicated forms are enclosed in the envelope along with Your $50 registration fee before it is mailed.

☐ MHA Summer Camp Application

☐ Parent Provided Medical Information (2-sided)

☐ Camper Physical Examination Form (2-sided)
(Completed by Physician)

☐ MHA Personal Behavior Contract

☐ MHA/Lake Doniphan Release Form

☐ Camp Activity Exclusion Form

☐ Off Site Teen Night Bowling
(Campers 13 and Older)

☐ Photo/Media Release Form

☐ Tucker Leadership Release Form
(Campers 13 and Older)

IT IS VERY IMPORTANT THAT ALL INDICATED FORMS ARE COMPLETED AND RETURNED.

INCOMPLETE FORMS MAY RESULT IN A DELAY OF YOUR APPLICATION BEING PROCESSED.