



April 1, 2016

Dear Campers and Families,

I am very excited for MHA Summer Camp 2016. My name is Luke Saulsberry, and I am the new Camp Director. I am thrilled that you have chosen to attend MHA Summer Camp this year because I know firsthand all of the benefits from attending. I attended my first MHA Summer Camp in 1991 at the age of seven and cherish all of my experiences as a camper, a counselor and now a camp director. We are feverishly working so camp will once again be a week you will not forget. I can't wait to meet and re-meet all of you, but first I have a couple of reminders as well as some things to know:

1. Camp this year will be held from **Monday**, August 1st thru **Friday**, August 5th.
2. Please have applications in by the deadline of June 1st. I am very grateful to the many donors that allow us to keep our camp fee to a minimal \$50. MHA signs contracts and pays for services based on the number of campers on June 1st. Late submissions make it difficult to keep the camp fee at \$50.
3. Camp will once again be held at Lake Doniphan Conference and Retreat Center. Information and directions to Lake Doniphan can be found at www.lakedoniphan.com.
4. I hope every camper will be able to stay the entire week, however, circumstances arise both medical and behavioral, which many not allow the camper to stay. These decisions are made for the safety of the camper and/or the safety of our other campers. Please ensure there is a parent/guardian who can be contacted and pick up your camper if needed. If this will be a challenge, please let me know as soon as possible to discuss a strategy to ensure your child's safety.

MHA Summer Camp is going to be great and I am totally stoked! Please make sure to complete all the forms included in this packet. If you have questions please feel free to contact me!

Sincerely,

Luke Saulsberry
MHA Summer Camp Director
mhacampdirector@gmail.com

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

Please return the application packet NO LATER than June 1, 2016 to:

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



MHA WILDERNESS CAMP – 2016

CAMP FORM CHECKLIST

Make sure 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 Dobniphon Release Form
- Camp Activity Exclusion Form
- Off Site Teen Night Bowling
(Campers 13 and Older)
- Photo/Media Release Form

IT IS VERY IMPORTANT THAT ALL INDICATED FORMS ARE COMPLETED AND RETURNED. INCOMPLETE FORMS MAY RESULT IN A DELAY OF YOUR APPLICATION BEING PROCESSED.



MHA WILDERNESS CAMP – 2016
August 1st – August 5th

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 8/1/16 at 12:00 noon:

Pick up from camp on 8/5/16 at 12:00 noon:

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

- 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



MHA WILDERNESS CAMP – 2016

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)

Health 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 _____



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): _____

Signature of Parent or Guardian

Date



MHA WILDERNESS CAMP – 2016

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)



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



MHA WILDERNESS CAMP – 2016

Personal Behavior Contract

We are glad you have chosen to attend Wilderness 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 Wilderness 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 July 30, 2013 at 12:00 noon.
9. Campers are to depart/check-out from camp August 3, 2013 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 Wilderness 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



MHA SUMMER CAMP – 2016

AGREEMENT, CONSENT, WAIVER AND RELEASE FORM

CAMPER NAME: _____

PROGRAM: MHA Summer Camp 2016

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



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 must 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. _____



MHA SUMMER CAMP – 2016

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.

- | | | |
|---|--|--|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Obstacle Course | <input type="checkbox"/> On-Site Camping |
| <input type="checkbox"/> Sports and Games | <input type="checkbox"/> Hiking | <input type="checkbox"/> Astronomy |
| <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Frisbee Golf | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Golf | |
- Other _____
(PLEASE EXPLAIN)

Parent/Guardian Signature

Date

THIS FORM MUST BE FULLY COMPLETED AND RETURNED WITH APPLICATION



MHA WILDERNESS CAMP – 2016

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 Wilderness Camp 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 Wilderness 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): _____



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



MHA WILDERNESS CAMP – 2016 Camper Packing List

REQUIRED PERSONAL ITEMS

- Toothbrush and Toothpaste
- Soap
- Shampoo
- Deodorant
- Lotion
- Comb or Hairbrush
- Chapstick or Lip Balm (SPF 15)
- Pajamas/Sleeping Clothes
- 4-5 Pair of Shorts
- 2-3 Pair Long Pants or Sweats (Jeans)
- 5 Pair Underwear
- 5 Pair Socks
- TENNIS SHOES!
- Belt (if needed)
- 5 T-Shirts
- 2 Long Sleeve Shirts
- Sweatshirt
- RAINCOAT OR PONCHO!
- Sunscreen (Minimum SPF15)
- Sunglasses
- Hat or Cap for Sun Protection
- Swimsuit (GIRLS MUST WEAR ONE-PIECE SUITS OR A NON-WHITE T-SHIRT OVER TWO-PIECE SUITS.)
- Water Footwear
- Swim Goggles, Ear Plugs, Nose Plugs (If Needed)
- Large Beach Towel
- 2 Bath Towels and Wash Cloths (For Showering)
- Flashlight with Fresh Batteries
- Favorite Sleeping Bag and Pillow
- Bike Helmet (Campers at least 13 and if they plan to ride a mountain bike.)

OPTIONAL PERSONAL ITEMS

- Fishing Pole and Gear
- Books for Rest Time or Nighttime

MEDICAL SUPPLIES

- FACTOR CONCENTRATES**
 - Bring enough scheduled doses for the week plus one extra dose.
 - Bring your emergency dose if you do not routinely infuse.
- If you use **NOVO7**, please bring mixing supplies.
- STIMATE NASAL SPRAY OR DDAVP INJECTION**
- ALL OTHER MEDICATIONS** you take, including vitamins, allergy medications, etc.

REMINDERS

- ❖ **Electronic Devices** (electronic games, CD players, Ipods, etc.) **ARE NOT ALLOWED at CAMP!** All devices will be removed from the cabins and kept in the Health Center until the end of the week.
- ❖ **NO CELL PHONES** are allowed at camp!
- ❖ MHA and Wilderness Camp are not responsible for lost or stolen electronic devices, including cell phones.
- ❖ Label ALL articles of clothing and personal items with Camper's Name. This will make it easier for staff members and counselors to keep track of misplaced items. Midwest Hemophilia Association is not responsible for any lost or stolen items. Please keep this in mind when packing your personal items.

PARENTS PLEASE NOTE: ALL CAMPERS MUST HAVE AT LEAST ONE PAIR OF TENNIS SHOES THAT CAN BE WORN FOR OUTSIDE ACTIVITIES. THIS MEANS CLOSED TOES AND HEELS.