



January 28 – 31, 2010

APPLICATION

Deadline for application is:

December 21, 2009

We WILL NOT admit a camper without this
COMPLETED form being in our possession

BEFORE arriving at camp.

CAMPERS MUST BE **11** TO **17** YEARS OF AGE



PORTLAND FIREFIGHTERS CHILDREN'S BURN FOUNDATION

380 CONGRESS STREET ♥ PORTLAND, MAINE ♥ 04101
Phone: 207.329.1276 Fax: 207.874.8410



PLEASE INCLUDE A CURRENT PHOTO!!!!!!

PLEASE PRINT OR TYPE

Name _____

Birth date: _____ Age: ____ Sex: _____ School Grade: _____
E-Mail Address: _____ Adult T-shirt size: _____

Home: _____
City: _____
State: _____ Zip: _____

Parents email: _____

Home Telephone: () _____ Other Phone: _____

Mother's Name: _____

Occupation: _____ Employer: _____
Work Phone () _____

Father's Name: _____

Occupation: _____ Employer: _____
Work Phone: () _____

BELOW MUST BE SIGNED BY PARENT BEFORE DOCTOR WILL TREAT

PARENT'S AUTHORIZATION In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director to secure proper medical and surgical treatment, including diagnostic tests for my child as named below.

Child's Name: _____

Print Parent or
Legal Guardian Name: _____

Parent's Signature: _____

Date: _____

EMERGENCY CONTACT INFORMATION

NOTE: This should be a person who will know your whereabouts at all times.

Name: _____ Phone () _____

Name: _____ Phone () _____

PCP Name: _____ Phone: () _____

Name of Camper's Health Insurance: _____

Phone No: () _____ Subscriber No: _____

Group No: _____

AGREEMENT AND RELEASE

In consideration of Portland Firefighters Children's Burn Foundation (hereafter called "Foundation"), undertaking a program of camping of therapeutic benefit for the health and welfare of: _____ (student's name) (hereafter called "Student") and activities incidental thereto, including transportation provided by the Foundation to and from Camden Snow Bowl at the request of the undersigned acting on behalf of all the Student's parents or guardians, the undersigned agrees, represents and certifies as follows:

1 The undersigned is a parent or legal guardian of the above named Student and has full and complete authority from all parents or legal guardians of the Student to execute this agreement on behalf of said parents or legal guardians.

2 It is recognized that the Student's participation in the camping experience mentioned above and related activities involves risk of bodily injury and property loss and damage incidental to such type of activities, and it is agreed that the risk of any such injury, loss and damage is assumed by the Student and all of the Student's parents or legal guardians.

3 The undersigned and all of the Student's parents or legal guardians individually and as such parents or guardians, hereby remise, release and forever discharge the owners and operators of The Camp and The Foundation and their respective officers, agents, employees and representatives, of and from all liability, claims or demands resulting from, participation in the above mentioned activities, including by way of illustration but not limitation, injury, loss or damage occurring during travel to and from the camp, activities held therein, overnights, and during meals, rest and waiting periods. The undersigned and all of the Student's parents or operators of The Camp and the Foundation and their respective officers, agents, employees and representatives, from and against any loss, damages or cost, including reasonable attorney's fees, that may be incurred as a result of any such action, claim or demand except for acts of their own negligence.

4 Camp Staff and the Foundation are hereby instructed and authorized to employ such emergency medical treatment as they see fit during the Student's participation in any of the above mentioned activities, if, in their sole judgment; the condition of the Student, because of injury, illness, or otherwise requires such emergency treatment, and the Foundation.

The Camp and their respective officers, agents, employees and representatives, are hereby released from any liability for all their decisions and actions, made and done in good faith, in administering such emergency medical treatment.

Dated at _____ this _____ day of
_____ 20 _____ City and State _____

Print Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Witness: _____

PLEASE BE SURE TO HAVE WITNESS SIGN THIS PAGE



PERMISSION TO CONTACT

I hereby grant permission for the release of my child's name, address, and phone number to other children who attend Winter Burn Camp. Campers may contact counselors through the foundation office and their letters will be forwarded.

Permission is further granted for other children to correspond with and telephone my child. Any personal visits must first be approved by the undersigned.

Campers Name: _____

Parent/Guardian Name: _____

Parent or Legal Guardian Signature _____

Witness to your signature (anyone over 18) _____

Date _____

PHOTOGRAPHIC RELEASE

I hereby grant permission for the taking of photographs and/or the release of general information regarding

Camper's Name: _____

Date of Camp: _____

The photograph(s) and or general information may be used as needed in the administration of Fire & Ice Winter Burn Camp and/or may be published in, or used by, and the media or Portland Firefighters Children's Burn Foundation, publications, including newspapers, magazine, television, radio, pamphlets, brochures, report, etc.), without any liability on the part of the camp, the Portland Firefighters Children's Burn Foundation, their agents or employees.

Parent or Legal Guardian Signature Witness to Signature (anyone over 18)

SIGN: _____

Date: _____

WITNESS: _____

Date: _____



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Dear DOCTOR:

THESE 5 PAGES ARE TO BE COMPLETED BY A LICENSED M.D. AND RETURNED TO OUR OFFICE PRIOR TO CAMPER ARRIVING AT CAMP.

The child's Burn Surgeon, Pediatrician or Family Physician can complete this form with updated information. The form must be signed by physician and returned to:

Portland Firefighters Children's Burn Foundation
380 Congress Street
Portland, ME 04101

The purpose of this report is to ascertain whether the camper can:

- a) engage in strenuous activity at high altitudes;
- b) has been exposed or has a communicable disease that could be conveyed to others;
- c) has a medical, physical or emotional condition needing the special attention of the camp staff.

Physician Name: _____

Telephone: () _____

M.D. License # _____

Date: _____ Physician's Signature: _____

If the camper has had a physical examination in the past year, he or she does not need another physical unless there is a change in their health status. However, we must have a completed and signed form

Camper's Name: _____

Does the camper have any significant :		
Medical Condition	Yes	No
Physical Condition	Yes	No
Emotional Condition	Yes	No
Communicable Disease	Yes	No
Allergic Condition	Yes	No

If yes, to any of the above, please explain the condition/disease and treatment:

Are the camper's immunizations current? Yes _____ No _____

Date of last tetanus immunization _____

List any life threatening allergies (for example: Latex, peanuts, bees, horses, and/or medication allergies)

Antidote _____ and Dose _____

Antidote _____ and Dose _____

Antidote _____ and Dose _____

Does this patient have any heart problems or asthma that may be affected by high altitude or strenuous activity? Yes _____ No _____

If yes, please list:

Please list any specific dressing changes, frequency and/or specific types of dressings you would like to be done on your patient.(Please send specialty dressings with the patient) General dressing supplies will be provided.

Medication	Dose	Route	Times to be Given	Reason

List specific orders with frequency for Occupational and/or Physical Therapy:

This Physician's signature authorizes occupational therapy, physical therapy, any routine wound care, administration of prescribed medication (according to the bottle and/or written specifics) and administration of Over The Counter medications as outlined in The Children's Hospital Drug Formulary.

Examining Physician: _____ Please Print

Address: _____

City/State/Zip: _____

NON-BURN RELATED OPERATIONS AND/OR FRACTURES

Type_____ Date_____

Type_____ Date_____

Comments: _____

Does child have any of the following conditions: **Please Circle**

Bedwetting Diabetes Shortness of Breath Epilepsy Sleep walking Headaches
Asthma **Allergies:** Hay Fever Food Drug Other

If other is circled, list type and treatment:

Blood borne disease requiring specific precautions

List Precautions:

Has child been exposed to or had any infectious disease within the past four weeks? Yes No

If yes, explain: _____

Does child have dietary restrictions of which we should be aware? Yes No

If yes, explain: _____

Does child presently wear pressure garments? Yes No

If yes, which garments are worn: _____

How many sets of garments will he or she bring to camp? _____

Schedule for Use: _____

Does child presently wear splints or orthopedic devices? Yes No

If yes, please explain:

Does child presently receive Occupational Therapy? Yes No

If yes, frequency: _____

Name of OT: _____ Telephone () _____

Does child presently receive Physical Therapy? Yes No If yes, frequency:

Name of Physical Therapist: _____ Telephone () _____

Does child have any physical limitations (ie: amputations, low endurance, recent surgeries, etc.) which may affect his or her participation in camp activities? Yes No

If yes, explain:



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FOR THE PARENTS

To what extent is your child accustomed to being away from home?

Is he/she enthusiastic about attending camp?

What experience has your child had at a camp: Happy Unhappy Please explain:

With whom does your child live? _____

Is either parent deceased? No Yes

If yes, which parent, date of death and was death associated with your child's burn injury (such as a house fire in which others were injured or killed)?

Are parents separated or divorced?

Date _____ Age of Camper when this happened _____

Has your child had any special problems associated with academic performance or behavior? YES NO

If yes, please explain:

How can we be most helpful to your child at camp?

Does your child have: please circle

one special friend

difficulty making friends

not one particular friend but a large circle of acquaintances

a variety of friends

Have friendship patterns or interactions with peers changed since the burn injury? Please explain:

How would you describe your child's adjustment to his/her injury?

Has this changed since the burn injury?

Below, please CIRCLE the appropriate comments to indicate your general feeling about your child's personality.

Shy /timid	a leader among friends	self confident
Follower of others	Enthusiastic/happy	angry
Cooperative /helpful	aggressive	Sad /withdrawn

In addition, please share with us if your child is currently dealing with any special life issues such as divorce, a recent death, peer or school pressure, a learning disability, or alcohol, drug or cigarette use.

Is there anything else that you feel would be helpful for us to know about your child?

Has your child ever had professional counseling?

If so, approximate dates and duration of treatment: _____

Was counseling beneficial? _____

Focus of treatment _____

Thank you.

This information will help acquaint us with your child prior to camp and will assist us in providing a positive camping experience for him/her.

NOTE: If your child is currently or has previously received counseling or psychotherapy, a brief summary statement from his or her therapist indicating treatment issues as well as issues relevant to camp is REQUIRED as part of the application process. This need not be lengthy. Its intended use is to guide and assist us in providing for your child a camp experience that will build on counseling goals. Your therapist's report can be included with the camp application material.

Please give a detailed description of how your son or daughter was burned including type of burn (flame, electrical, scald, etc.); location (where burn occurred) and events surrounding the time of the injury.

Date of Child's Injury: _____ Age of Child When Burned _____

Percent of burn and areas involved _____

Name of Hospital Providing Burn Care:

Date of Discharge: _____ Name of Burn Surgeon: _____

Has your child had burn related reconstructive surgery in the past six months? Yes No

If yes, please describe type of surgery: _____

Date of surgery: _____ Name of Surgeon: _____

Please make us aware of special nursing care that will be needed at camp or are there special medical/surgical issues of which we need to be aware?

Explain: _____

Is your child scheduled for surgery following camp? Yes No

If yes, would you expect the anticipation of surgery to be a particular problem for him/ her while at camp?

Please explain: _____

FOR THE CAMPER

Here are some statements. Please check the answer that suits you most:

I can talk openly to others about my burns.

When people on the street look at me, I feel uneasy.

I often think of the time I was in the hospital and it upsets me.

I try to think as little as possible about how I look.

I do not know what to say when asked about my scars.

I am just like all the other kids in my class.

I would like to be able to talk more about my burn scars.

What are the things that excite you about camp?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

When you think about coming to camp, are there things that worry you?

What would you like to accomplish at Winter Camp?

Would you prefer to: Ski Snowboard Both

What skill level are you?	Never	Beginner	Intermediate	Advanced
Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snowboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

