

World's Coolest Teen Camp Application ***Please complete EVERYTHING***

Family Last Name _____ How many will be attending teen camp? _____
Street _____ Family E-mail _____
City _____ State _____ Zip _____ Phone (_____) _____
Parent(s)/Guardian(s) living at above address (full names please) _____
Cell Ph. (_____) _____

Please list name, sex, and birthdates of all immediate family members ATTENDING camp. Patient and siblings only!!

Patient: _____ M F DOB _____ Shirt Size: _____

Name _____ M F DOB _____ Shirt Size : _____

Name _____ M F DOB _____ Shirt Size: _____

Name _____ M F DOB _____ Shirt Size: _____

Person to contact in case of emergency _____ Home Phone (_____) _____

Relationship to child _____ Business Phone (_____) _____

IMPORTANT CAMPER INFORMATION:

Is this your first event with Orange County Foundation for Oncology Children & Families? YES NO (Circle one)

Describe any physical handicaps and special needs in your family _____

Does anyone use any special equipment such as a walker, crutches, wheelchair, or prosthesis? _____

Describe _____

Is there anything we should know that would make your child's experience more enjoyable? _____

Additional information counselor needs to know _____

If anyone on this application requires a vegetarian diet, list names here _____

PATIENT/CAMPER MEDICAL INFORMATION Please include any medical needs for siblings on the next sheet.

Patient / Camper's name: _____ Date of Birth _____ Allergies _____

Medical diagnosis _____ Date diagnosed _____

Date of last therapy _____

List current medications your child is taking at home _____

Does child have a central catheter (broviac)? Yes ___ No ___

Do we have your permission to give any over-the-counter medications to your child if our nurse deems it necessary? Yes ___ No ___

List any over-the-counter drug exceptions to this permission (if any): _____

Do we have permission to apply sunscreen on your child? Yes ___ No ___

Notes

*The children get sunburned easily.

*Parents are responsible for supplying sunscreen for their own children.

Dietary restrictions and/or special diet _____

Most recent blood count (must be taken within four weeks of camp if patient is currently on treatment)

Date _____ H/H _____ WBC _____

Diff _____ Platelets _____

Physician _____ Hospital _____ Phone (_____) _____

(We must have your doctor's name, hospital, and phone number on this application!)

FOR THIS APPLICATION TO BE COMPLETE, THIS ENTIRE APPLICATION MUST BE FILLED OUT & SIGNED!!

Mail completed form to: OCFOCF c/o Marisol Martinez 167 S. Nebraska St. Lake Elsinore Ca 92530 or scan and email to greatestcamp123@gmail.com

SIBLING CAMPER MEDICAL INFORMATION AND MEDICAL PERMISSION* one must be filled out for each camper**

Sibling Camper's name: _____ Date of Birth _____ Allergies _____

Medical diagnosis (if this applies) _____ Date diagnosed _____

List current medications your child will be taking at camp: _____

Do we have your permission to give any over-the-counter medications to your child if our nurse deems it necessary? Yes ___ No ___

List any over-the-counter drug exceptions to this permission (if any): _____

SIBLING CAMPER MEDICAL INFORMATION AND MEDICAL PERMISSION* one must be filled out for each camper**

Sibling Camper's name: _____ Date of Birth _____ Allergies _____

Medical diagnosis (if this applies) _____ Date diagnosed _____

List current medications your child will be taking at camp: _____

Do we have your permission to give any over-the-counter medications to your child if our nurse deems it necessary? Yes ___ No ___

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Sibling Camper's name: _____ Date of Birth _____ Allergies _____

Medical diagnosis (if this applies) _____ Date diagnosed _____

List current medications your child will be taking at camp: _____

Do we have your permission to give any over-the-counter medications to your child if our nurse deems it necessary? Yes ___ No ___

List any over-the-counter drug exceptions to this permission (if any): _____

Parent Permission & Emergency Medical Form

I request that my child(ren), _____
be permitted to attend the Orange County Foundation for Oncology Children and Families event (Teen Camp) held on
April 5-7, 2019.

Should any illness or accident occur to him/her on the trip, I will not hold liable the Orange County Foundation for
Oncology Children and Families, Inc. (OCFOCF), its officers, directors, or volunteer staff for medical aid rendered. My
son/daughter may receive necessary first aid. He/she may receive medical attention by a duly licensed physician. He/she
may be admitted to a hospital in case of an emergency. I authorize OCF-OCF to arrange for or provide any necessary
related transportation to the nearest medical facility for urgent or emergency treatment if indicated. I authorize the use of
the following generic over-the-counter medications as directed by the labels provided by the manufacturer for my child:
analgesics, decongestants, antihistamines, cough suppressants and or/expectorants, throat lozenges or spray, anti-
nausea/diarrhea, antacids, antibiotic ointment, hydrocortisone cream, lip treatment, antiseptic, and wound cleanser with the
exception of _____. The authorization is given pursuant to section 25.8 of the Civil Code of California and
remains effective only for the event and dates listed above. Parents will be contacted immediately if possible.

Parent/Guardian Signature _____ Parent/Guardian Name _____

Date _____ Relationship to Patient _____ Patient's Name _____

Conditions of Enrollment

The following conditions and agreements must be signed by the parent or legal guardian of the aforementioned minors. Your signature below indicates the following:

1. The Orange County Foundation for Oncology Children and Families (OCFOCF) and Irvine Ranch Outdoor Education Center have absolute permission to use the image of any person listed on your camp application in print and/or film for any lawful purpose whatsoever.
2. **OCFOCF and Irvine Ranch Outdoor Education Center accept no responsibility for the loss, damage, or theft of your property.**
3. **OCFOCF's and Irvine Ranch Outdoor Education Center health and accident insurance program presents secondary coverage for campers. Any and all claims for health and accident insurance must be submitted to the family's insurance company.**
4. **If you have health and accident insurance, please list here:**
Name of Insurance Company _____
Policy Number _____ Certificate Number _____
CCS Number _____ Medical Number _____
5. **All information listed on this application is correct as far as I know, and the child(ren) herein described have permission to engage in all prescribed activities, except as noted by me.**

OCFOCF understands that special bonds form at camp, and that there are times when our campers get together with other campers and/or OCFOCF staff outside of official OCFOCF events. I acknowledge that any contact arranged between members of my family and OCFOCF's staff, volunteers, counselors or agents, outside of official OCFOCF activities, is considered voluntary and is the responsibility of the undersigned as parents/guardians.

I understand and will cooperate with the camp agreements listed below, especially #4.

Parents must complete and sign this form for child(ren) to attend camp.

Parent/Guardian Signature _____ Parent/Guardian Name _____

Date _____ Relationship to Patient _____ Patient's Name _____

Please read the following camp agreements:

1. Teen Camp is for patients, sibling only. Do not invite friends and neighbors to camp.
2. **ABSOLUTELY NO ALCOHOLIC BEVERAGES, NO SMOKING OR ILLEGAL DRUGS ARE ALLOWED AT CAMP.** Also, knives, firearms, and radios are not permitted at camp.
3. The World's Coolest Camp is a process, not an event & we pay camp for the entire weekend. It begins Friday evening at 5pm and ends Sunday morning at 10:30 am. We assume that everyone is staying for the ENTIRE weekend.

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