



CA

Deadline for application is:

ASAP: Please contact us to let us know you are attending!

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

**BEFORE** arriving at camp.

**WE WILL ACCEPT A PHYSICAL FORM  
FROM ANOTHER BURN SURVIVORS CAMP**

# Fire & Ice Burn Survivors Winter Camp

PLEASE PRINT OR TYPE

CAMPER: \_\_\_\_\_ Nickname: \_\_\_\_\_

**DRUG ALLERGIES:** \_\_\_\_\_

**FOOD ALLERGIES:** \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

## 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/or surgical treatment, including diagnostic tests for my child as named above.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

NOT THE PARENT OR GUARDIAN:

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

Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## INSURANCE INFORMATION

PCP Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name of Camper's Health Insurance: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_

Subscriber No: \_\_\_\_\_ Group No: \_\_\_\_\_

Rental Info: Height \_\_\_\_ ft. \_\_\_\_ in. Weight \_\_\_\_ Shoe size: \_\_\_\_\_

Level: Beg. Inter. Adv. Ski: \_\_\_\_ Snowboard: \_\_\_\_ Reg./Goofy

Adult T-shirt size: S M L XL XXL

Home: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents email: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Other Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

# Fire & Ice Burn Survivors Winter Camp

## 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 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 Fire & Ice Winter Camp and The Foundation and their respective officers, agents, employees, volunteers 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 Fire & Ice Winter Camp and the Foundation and their respective officers, agents, employees, volunteers 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, volunteers 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 \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Signature of Parent or Legal Guardian:

\_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE BE CERTAIN TO HAVE WITNESS SIGN THIS PAGE**

# Fire & Ice Burn Survivors Winter Camp

## **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: \_\_\_\_\_ January 15 through 19, 2015 \_\_\_\_\_

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.

SIGN: \_\_\_\_\_  
Parent or Legal Guardian Signature

Date: \_\_\_\_\_

WITNESS: \_\_\_\_\_  
Witness to Signature (anyone over 18)

Date: \_\_\_\_\_

# Fire & Ice Burn Survivors Winter Camp

Dear DOCTOR:

THESE 4 PAGES ARE TO BE COMPLETED BY A LICENSED PHYSICIAN OR RECOGNIZED EQUIVALENT AND RETURNED TO OUR OFFICE PRIOR TO CAMPER ARRIVING AT CAMP.

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

**Portland Firefighters Burn Foundation  
Fire & Ice Camp  
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

Fire & Ice Burn Survivors Winter Camp

Are the camper's immunizations current? Yes \_\_\_\_\_ No \_\_\_\_\_ Please attach forms.

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 strenuous activity?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list:

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.

Examining Physician: \_\_\_\_\_ Please Print

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fire & Ice Burn Survivors Winter Camp  
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 Variety of friends

Large circle of acquaintances

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?

# Fire & Ice Burn Survivors Winter Camp

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

Shy /timid

angry

self confident

Sad /withdrawn

a leader among friends

Follower of others

aggressive

Enthusiastic/happy

Cooperative /helpful

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 \_\_\_\_\_



**Fire & Ice Burn Survivors Winter Camp**  
**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:

## Fire & Ice Burn Survivors Winter Camp

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

Please list any medications your child will require during their stay at camp. And indicate if we will need to provide any PT or OT session for your child.

Medication	Dose	Route
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Times to be Given	Reason
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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 (i.e.: amputations, low endurance, recent surgeries, etc.) that may affect his or her participation in camp activities? Yes No

If yes, explain: \_\_\_\_\_

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.

# Fire & Ice Burn Survivors Winter Camp

## FOR THE CAMPER

<b><u>Read these statements. Please check the answer that suits you most:</u></b>	YES	NO
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?

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