



Camp UKANDU Patient/Survivor Registration Packet

UNTIL THERE'S A CURE, THERE'S CAMP.



Sunday, June 18th - Saturday, June 24th, 2017

Applications due: Friday, May 12th 2017

Completed packets can be turned into your hospital social worker, emailed to jhickox@campukandu.org, or mailed to:

Camp UKANDU
601 SW 2nd, Suite 2300
Portland, OR 97204

For further information, please review the available informational packet, www.campukandu.org, or contact Ukandu's Executive Director, Jason Hickox (aka Thumper) | Ph: 503-276-2178

PATIENT/SURVIVOR ELIGIBILITY GUIDELINES



Please check the applicable boxes for the child registering for Camp:

€ They are currently between 8 and 18 years of age (high school graduation in or after 2017)

AND meet one of the following:

- € They have a diagnosis of cancer (diagnosed at any age)
- € They have had a bone marrow or stem cell transplant for any diagnosis
- € *If you child does not meet one of the categories above and you would like them to be considered for Camp UKANDU (for example, has received chemotherapy for a diagnosis other than cancer) you can request a review by the Camp Director and Medical Team.

Space is limited so priority will FIRST be given to:

- € Children diagnosed with cancer who are on active cancer therapy (there is no limit to number of years a child may attend camp during treatment)
- € Children diagnosed with cancer who are off therapy (may attend up to 3 years of camp after therapy is complete)
- € Children who have had a bone marrow/stem cell transplant (may attend up to 3 years of camp after therapy is complete)

*If a camper has already attended Camp UKANDU for the allowable time, noted above, but they would like to attend again, please feel free to complete an application and they will be placed on the WAIT LIST.

Child's Full Name: _____

First

Middle

Last

Gender: Male Female Date of birth: ____ / ____ / ____ Age: _____ Grade: _____

Ethnicity (optional): _____

Sweatshirt Size: Y-S Y-M Y-L A-S A-M A-L A-XL A-XXL A-XXXL A-XXXXL

Address: _____

Street

City

State

Zip

County

Name of Parent/Legal Guardian: _____

Preferred phone: _____ Email address: _____

Other phone: _____ Other Phone: _____

Name of Parent/Legal Guardian: _____

Preferred phone: _____ Email address: _____

Other phone: _____ Other Phone: _____

Designated emergency contact person:

Name: _____ Emergency Number: _____

Relationship: _____

Your child's type of cancer: _____

Date of cancer diagnosis (Month/Year): _____

Is your child still receiving cancer treatment? Yes No

If Yes, please indicate: Chemotherapy Radiation Bone Marrow/Stem Cell Transplant

If No, when was your child's therapy discontinued (Month/Year)? _____

Is there an eligible sibling that is registering for Camp? Yes No

If Yes, Sibling's Name | Age | Gender: _____

****Please include a current, close up, photo of your child.
This photo will be kept with our camper files and will be used by our
Medical staff and management team to quickly and easily identify your child.***

Child's Full Name: _____
First Middle Last

2017 Camp UKANDU Health History Form

Treatment Center: Randall @ Legacy Emanuel Doernbecher @ OHSU Other

If Other, please name: _____

Answers to the following questions are **REQUIRED** to be eligible.

ALLERGIES (*If none, please write NONE)

Allergies to any food (which food): _____

Hay Fever: _____

Plants (type): _____

Insect Stings (type): _____

Medication(s) you are allergic to: _____

Other: _____

Please indicate for each allergy above:

When an allergic reaction occurs, what happens? _____

What do you do in an allergic reaction situation? _____

IMMUNIZATIONS

Vaccine:	Date: Mo/Yr	None:
Tetanus (most recent)	____ / ____	<input type="checkbox"/>

OTHER CONDITIONS

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Ostomy | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Chronic or recurring |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Prosthesis | <input type="checkbox"/> illness/condition |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Headaches | <input type="checkbox"/> other than cancer: |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Skin Problem | _____ |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Asthma | |

Please explain any boxes checked (Feel free to attach an additional page if necessary):

Child's Full Name: _____

First

Middle

Last

SPECIAL ACTIVITIES-OF-DAILY-LIVING NEEDS

Indicate if any assistance is needed by your child and explain.

Dressing: _____

Eating: _____

Toileting: _____

Walking from place to place (Balance/Endurance): _____

Needs wheelchair Assistance: _____

Has an orthopedic appliance being brought to camp: _____

Has glasses and/or protective eye wear: _____

MENTAL, EMOTIONAL, AND SOCIAL HEALTH

If your child is worried, sad, upset, etc. What helps them calm? _____

During the past 12 months, have there been mental/emotional health concerns? Yes No

If YES, please explain: _____

Has the camper had a significant life event that continues to affect the camper's life? (For example: history of abuse, death of loved one, family change, adoption, foster care, new sibling, surviving a disaster, etc.).

Yes No If YES, please explain: _____

OTHER ACTIVITIES

Any restrictions on activity level? Yes No If YES, please explain: _____

Any dietary modifications? Yes No If YES, please explain: _____

If YES, What are some food suggestions? _____

Does your child need assistance in the shallow end of a pool? Yes No If YES, please explain:

AS NEEDED MEDICATIONS

The following list of medications for headaches, colds, bumps, sunburns and scratches are stocked at camp in the Med Hut. All medications are provided by camp Doctors or Nurses. **Please CHECK any of the below medications that your child should NOT receive.**

Acetaminophen (Tylenol®) Cough Syrups Throat lozenges

Ibuprofen (Advil®, Motrin®) Diphenhydramine (Benadryl®) Sunscreen

Stomach Medicine (TUMS, Miralax) Allergy Medicines (Zyrtec, Claratin, etc.) Cold Medicines

Child's Full Name: _____
 First Middle Last

2017 Camp UKANDU Medication Schedule

If your child is no longer on treatment or taking ANY medication, please initial here _____
 Please complete to the best of your ability. List **ALL** Medications, Herbal Supplements, and Vitamins. Add additional pages if needed. We understand the details may change prior to camp.

Medication	Frequency	Time	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Sample Mercaptopurine 50 mg Take 2 ½ tablets every day at bedtime	Breakfast								
	Lunch								
	Dinner								
	Bedtime		X	X	X	X	X	X	
	Breakfast								
	Lunch								
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Child's Full Name: _____
First Middle Last

MEDICATIONS CONTINUED

Are there any special routines when medications are given? Yes No

If YES, Please describe: _____

Are there any special foods or liquids given with medications? Yes No

If YES, Please describe: _____

HEALTH INSURANCE INFORMATION

Check one: My child has medical insurance My child does NOT have medical insurance

Insurance Company: _____ Policy #: _____

Unless your child does not have insurance, we must have a copy of the *front and back* your child's medical insurance card in order for him/her to be eligible to attend camp.

*Please staple a copy this form

.....
ONLY COMPLETE THIS NEXT SECTION OF THIS PAGE IF YOUR CHILD IS NOT COVERED BY MEDICAL INSURANCE.

I hereby acknowledge that my child or ward, _____ (Name of camp participant, herein after referred to a "Camp Participant") is not currently covered by medical insurance. As the parent or guardian of "Camp Participant", I agree to and understand that I am solely responsible for any and all costs for medical services and/or and transportation costs incurred during the time that "Camp Participant" attends Camp UKANDU.

I also agree to and understand that neither the YMCA of Columbia-Willamette, Camp UKANDU, nor its employees, agents or volunteers assume any liability whatsoever for any medical services and costs and /or transportation costs incurred by "Camp Participant" during his or her participation at Camp UKANDU. I do hereby agree to indemnify and hold harmless Camp UKANDU and any Camp UKANDU employee, agent, volunteer or designated chaperone and the YMCA of Columbia-Willamette, and YMCA Camp Collins from any and all liability, damage, loss, claims or demands and actions of any nature whatsoever, including attorneys' fees, which arise out of or are in any way connected with the provision of such emergency medical services.

Parent/Guardian's Name (Please Print)

Parent/Guardian's Signature Date

Child's Full Name: _____
First Middle Last

2017 Camp UKANDU Adult Authorization for Pick-up

*Campers must be picked up from Camp Collins on Saturday, June 24th, 2017 by 11:30 am. Campers will **ONLY** be released to adults identified below. Authorized adults will be required to show valid ID upon pick-up.*

My child (camper's full name): _____

Person(s) Authorized for pick up:

Name (as it appears on ID): _____

Address: _____

City

State

Zip

Phone Number(s): _____

Relationship to Camper: _____

Name (as it appears on ID): _____

Address: _____

City

State

Zip

Phone Number(s): _____

Relationship to Camper: _____

Name (as it appears on ID): _____

Address: _____

City

State

Zip

Phone Number(s): _____

Relationship to Camper: _____

Parent/Guardian Signature

Date

Parent/Guardian Name Printed

Child's Full Name: _____
First Middle Last

2017 Camp UKANDU Camper Participation Consent Form

I hereby request and consent that my child or ward, _____, be permitted to participate in: CAMP UKANDU on the following dates: June 18 - June 24, 2017.

I agree to and understand the following: (please initial)

_____ My child or ward may be accompanied and transported by Camp UKANDU officials however, neither the YMCA of Columbia-Willamette, YMCA Camp Collins, nor its employees, agents, or volunteers, assume any liability whatsoever by such accompaniment or transportation.

_____ I agree that neither Camp UKANDU, its employees, agents, or volunteers associated with Camp UKANDU shall be held responsible for any injuries or damages that occur during the time my child is in attendance at or is participating in Camp UKANDU. I do hereby hold harmless Camp UKANDU, its employees, agents, and volunteers, the YMCA of Columbia-Willamette, and YMCA Camp Collins against any and all liability, damage, loss, claims or demands which arise out of or are in any way connected with my child or ward's attendance at or participation in Camp UKANDU.

_____ I hereby authorize any Camp UKANDU employee, agent, volunteer, or designated chaperone to consent to emergency medical treatment as necessary for the health and safety of my child or ward. I further agree that no Camp UKANDU employee, agent, volunteer, or designated chaperone will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I also authorize the treating medical institution and/or medical providers to hospitalize and administer the appropriate treatment deemed medically necessary for my child. I do hereby agree to indemnify and hold harmless Camp UKANDU and any Camp UKANDU employee, agent, volunteer, or designated chaperone and the YMCA of Columbia-Willamette, and YMCA Camp Collins from any and all liability, damage, loss, claims, or demands and actions of any nature whatsoever, including attorneys' fees, which arise out of or are in any way connected with the provision of such emergency medical services.

_____ I specifically authorize the release of the medical records, if such records exist, for use by the medical staff at Camp UKANDU. This information may also be provided to the staff at an emergency care center during the week of attendance. This authorization may be revoked at any time. However, authorization must be active to allow participation of the child at Camp UKANDU. Consent for the release of medical records will expire following the completion of Camp UKANDU 2017.

_____ I grant permission for my child or ward to appear in person or in voice, video or photographic presentation for radio, television, print, or media campaign(s) resulting from participation at Camp UKANDU.

The nature of the Camp UKANDU Application has been reviewed by me, and I hereby give my approval.

I have read this document, I understand its contents, and I agree to its terms.

Participant Name Date

Parent/Guardian Signature Date

Parent/Guardian Name Printed



Agreement to Participate Programmed Activities YMCA CAMP COLLINS

Participants Name: _____ Birth Date: _____ Age: _____

Address: _____ Phone: _____

Organization you are participating with: _____

Health insurance Co. _____ Policy #: _____

Doctors Name: _____ Phone: _____

In case of emergency call: _____ Phone: _____

YMCA Camp Collins program areas may include, but are not limited to, Challenge Course, Climbing Tower, Aquatics, Horseback Riding, Sports and Games, Archery, Arts and Crafts, Hiking/Nature activities and evening programs such as Campfires. Our program areas are designed to meet a wide range of physical abilities and we make reasonable accommodations to serve a diverse population. Activities may include sitting, walking, running, swimming, wading, jumping, throwing, use of archery equipment (bows and arrows), riding horses, and contact with craft supplies (paint, glue, dye and potentially hot liquids such as wax). When utilizing the Challenge Course activities may also include participating in group initiatives on low (2-3 ft. off of the ground) and high (25-40 ft off the ground) elements, and climbing and traversing on cables, logs and ropes while attached to a belay (rope) system.

As a participant you are the best judge of your physical abilities and that of your dependent children. There is a significant element of risk involved in any adventure, sport or activity associated with the outdoors. If you or your dependent children have a health condition, chronic illness or injury that might be aggravated by doing these activities you should not participate in these activities without first consulting a physician. Participation in camp activities is voluntary and participants are able to choose their level of involvement in all activities. In agreeing to participate you assume all liability for any physical injuries and/or emotional distress suffered by you and/or your dependent children.

RELEASE and WAIVER of LIABILITY and HOLD HARMLESS AGREEMENT

IN CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN YMCA CAMP COLLINS PROGRAMMED ACTIVITIES, I AGREE TO THE FOLLOWING: I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children that might arise directly or indirectly as a result of, and or participation in YMCA Camp Collins program areas or activities. I hereby expressly release, discharge and hold harmless from any liability, losses, causes of action, expenses and/or claims for damages whatsoever the YMCA of Columbia-Willamette, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Directors of the YMCA of Columbia-Willamette, except for injuries caused intentionally or by willful misconduct by such parties. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors and assigns. I understand the risks involved in participation of outdoor recreational activities, and I am fully aware that there may be hazards and risks unknown to me, and I am physically able to participate in all the program areas listed above. I understand that I am responsible to pay my own medical and emergency expenses in the event of accident or illness regardless of whether I have authorized such expense. Furthermore, I am fully aware that the risks, known and unknown, can cause injury, property damage, illness, mental or emotional trauma, disability or death. This waiver and release will be construed broadly to provide a waiver and release to the maximum extent permissible under applicable law. Any provisions found to be void or unenforceable shall be modified or deleted to the minimum extent necessary to make then enforceable, and shall not effect the enforceability of any other provisions.

I HAVE READ THIS AGREEMENT AND RELEASE, I UNDERSTAND IT, AND I SIGN IT VOLUNTARILY

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian (if under 18): _____ Date: _____