



Camp YOLO Application Instructions

Camp YOLO, a program developed, funded and provided by The Periwinkle Foundation, is a weekend camp for teens treated at the renal, cardiac, HIV, hematology and oncology services at Texas Children's Hospital. Teens must be ages 13 to 18 to attend camp. A brother or sister (age 13 to 18) may attend camp **WITH** the patient. Cousins or friends may **NOT** substitute for a brother or sister.

Camp is free of charge to all campers.

Application

Please fill out the application and forms clearly and completely. It is extremely helpful if you provide a current work or home email address. The completion of this application does not guarantee your child will be accepted to Camp YOLO. Once this application is received in full, you will receive a letter letting you know whether your child has been accepted to camp or has been placed on the waitlist.

Please notify us if your address or phone number changes. Without up-to-date information your child may miss the opportunity to attend Camp YOLO.

The signature of a parent or guardian must be on the health form. A physical exam AND physician signature on the Health Form is also required for patients and siblings.

Waitlist

Please understand that over the past few camps, we have had a large increase in applications to attend camp and we will need to use a waitlist. There is also the possibility that a sibling will have to be waitlisted in order to accommodate a patient. A sibling may not attend without the patient.

Hot Line – Website- Mailing Address

If you have any questions or concerns, please call The Periwinkle Foundation offices at 713.807.0191.

Important Dates:

Application due: **March 5, 2010**

Camp YOLO : **Friday, April 23 - Sunday, April 25, 2010**

KEEP THIS INFORMATION - YOU WILL NEED IT LATER!!

Camp YOLO is a program of The Periwinkle Foundation, a 501(c)(3) organization which develops and provides programs that positively change the lives of children, young adults and families who are challenged by cancer and other life threatening illnesses and are cared for at Texas Children's Hospital.

Camp YOLO General Information

- Camp YOLO is provided free of charge for patients and siblings. The Periwinkle Foundation raises the necessary funding and runs Camp Periwinkle; Camp YOLO (teens 13 to 18); an arts and creative writing program in the Texas Children's Cancer Center which includes Making A Mark®; a Long Term Survivor Program; and a Family Camp.
- Approximately 100-120 teens will attend Camp YOLO this Spring. Campers are placed in cabins by age group. There are 10 to 12 teens in each cabin.
- A medical staff is on duty 24 hours a day. Other medical staff attending camp are available to drive patients back to Houston should a medical need arise. There is a hospital in nearby Brenham, Texas, as well.
- If your camper is accepted to camp and your plans change or he absolutely does not want to come, please call the Periwinkle office immediately! Other children are waiting for the opportunity to attend camp!
- The camp facility, Camp For All, is located 1.5 hours from Houston, outside of Burton, Texas. Your camper can ride the bus to and from Houston or you can drive him/her.
- Camp activities include ropes course, archery, canoeing, fishing, riding horses, petting farm, biking, arts and crafts, swimming, cooking, parties, and more.
- Each cabin has 3 to 4 counselors that are age 21 and older. The Head Counselor is an experienced Camp YOLO counselor. YOLO employs a rigorous screening process for all new counselors that includes a letter of reference, criminal background checks, and personal interviews.
- The cabins are air conditioned and the beds are comfortable. Food is not allowed in the cabins in order to keep the bugs out.
- Campers share one large bathroom with multiple showers and toilets. Each camper gets a cubby for his or her toiletries.
- Medical staff from Texas Children's Hospital reviews the camper applications and decides who will attend camp based on current treatment regimens, medical conditions, as well as previous camp attendance.
- Clothing, bedding, and toiletries are available for those families that need them. Once your child is accepted to camp, contact the social workers regarding your camper's needs.

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WHAT TO BRING? Camper and Counselor Clothing Rules and Optional Items

Please mark all personal items and clothing with your name in permanent ink. **Do not bring expensive clothes or shoes to camp. In fact, do not bring anything to camp you ever expect to see again.** There are no laundry facilities available, so bring enough clothes, especially underwear and socks. **NO OPEN TOED SHOES, THAT INCLUDES SANDALS!!**

CLOTHING RULES

- Closed toe shoes and socks will be worn at **all times** outside of the cabins
- No halter tops, bra tops, spaghetti straps, midriff tops or torn shirts
- Wear clothing free from inappropriate logos or wording
- NO clothes with information about tobacco, liquor, drugs, sex
- No tight short shorts or cut-offs
- No revealing hip huggers, low riders, or bare bellies
- No exposed underwear

Clothing List:

- ___ 1 pillow
- ___ 1 single bed sheets
- ___ 1 blanket or sleeping bag
- ___ 1 pair of closed toe shoes (athletic shoes)
- ___ 2 pairs of long pants or jeans
- ___ 2 pair of shorts
- ___ 4 pairs of socks
- ___ something warm to sleep in
- ___ 3 T-shirts
- ___ 1 long sleeve shirt
- ___ 4 pairs of underwear
- ___ 1 light weight jacket
- ___ 1 towel
- ___ 1 washcloth
- ___ toothbrush/toothpaste/shampoo/soap
- ___ swimsuit/towel
- ___ sweatshirt

OPTIONAL ITEMS

Sunglasses
Flip flops or slippers for use in the showers
Rainwear or poncho
Favorite quiet time games, art supplies, books
Extra shoes
Flashlight and batteries

CAMPERS/COUNSELORS MAY NOT BRING

Large sums of money
Gum, candy, food, or drinks
Gun, knives, weapons
Expensive jewelry
Alcohol, drugs, or tobacco products
Cell phones



The Periwinkle Foundation Camper Checklist

Deadline: March 5, 2010

- Patient Application completed
- Sibling Application completed if applicable
- All sides of health form completed AND signed by a parent/guardian AND a physician. **A physical exam AND physician signature is also required for the brother/sister health form.**
- Release Form signed
- Transportation form completed
- Camper Health Insurance Information Form plus a copy of both sides of your insurance card and Contact Information
- Parent Information form
- Teen Contract
- Parent Medical Release form
- Post-Camp Contact Policy

IMPORTANT

Return all forms BEFORE March 5, 2010. Your child's place at camp may be lost if we do not have his/her medical forms by the stated dates.



APPLICATION DEADLINE: March 5, 2010

PATIENT

CAMP YOLO PATIENT APPLICATION

(Please print clearly. Use only black or blue ink)

Camper's Name _____ Friends call him/her _____

Address _____

City _____ State _____ Zip _____ County _____

Date of Birth _____ Sex _____ Grade in School (as of 1/10) _____

T-Shirt Size: Youth Large Small Medium Large X-Large XX-Large

Mother's Name _____ Address _____

City _____ State _____ Zip _____ County _____

Mother's e-mail _____

Home Phone(____) _____ Work Phone(____) _____

Cell Phone(____) _____ Pager Number(____) _____

Father's Name _____ Address _____

City _____ State _____ Zip _____ County _____

Father's e-mail _____

Home Phone(____) _____ Work Phone(____) _____

Cell Phone (____) _____ Pager Number (____) _____

Diagnosis _____ Date of Diagnosis _____

Has your child attended Camp YOLO before? Yes No If yes, how many times has he/she attended Camp YOLO? _____

Name of brother or sister who wishes to attend camp. _____

Signature of Parent or Guardian _____ Date _____

APPLICATIONS MUST BE COMPLETED AND RETURNED TO:

RECEIVED _____

The Periwinkle Foundation
Attn: Tahra Peterson
3000 Richmond Avenue, Suite 340
Houston, TX 77098

Camp YOLO is a program of The Periwinkle Foundation, a 501(c)(3) organization which develops and provides programs that positively change the lives of children, young adults and families who are challenged by cancer and other life threatening illnesses and are cared for at Texas Children's Hospital.

Camper's Name: _____

Health History for PATIENT

The following information must be filled in by the parent/guardian, or adult staff member. The intent of this information is to provide camp health care personnel with the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel before the start of camp or upon arrival at the bus to camp or to camp itself. Please provide complete information so that the camp can be aware of your camper's needs.

List all of the camper's known medical diagnoses or major medical problems _____

Allergies: List all known. Describe reaction and management of the reaction.

Medication allergies (list)

Food allergies (list)

Other allergies (list)

Include insect stings, hay fever, animal dander, etc.

Medications being taken

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medications to last the entire time at the camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. Identify any medications taken during the school year that participant does/may not take during the summer (e.g. Ritalin, Prozac). List dosage in milligrams.

☐ This person takes NO medications on a routine basis.

☐ This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____

Med #4 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____

Med #5 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____

Medical History (please check all that apply to child at the time he or she will be attending camp)

_____ Peritoneal dialysis

_____ Hemodialysis catheter

_____ External Central Line

_____ Port-a-cath

_____ Anticoagulation (coumadin, heparin, etc.) Medication: _____

_____ Pacemaker [() Abdominal, () chest]

Dependant on pacemaker? () yes or () no

_____ Oxygen Therapy

Last Name: _____

Current Weight _____

Description of any limitation or restrictions on camp activities _____

Description of any recent hospitalizations or surgeries _____

Please list any additional information for Health Care Staff at camp or special equipment required

General Questions (Explain "yes" answers below)

Has/does the participant:

	Yes	No
1- Ever been denied or restricted from participation in sports or other athletic activities within the past year?	_____	_____
2- Ever become ill from exercising in the heat?	_____	_____
3- Ever been hospitalized?	_____	_____
4- Ever had surgery?	_____	_____
5- Have frequent headaches?	_____	_____
6- Ever had a head injury?	_____	_____
7- Ever been knocked unconscious?	_____	_____
8- Wear glasses, contacts or protective eyewear?	_____	_____
9- Ever had frequent ear infections?	_____	_____
10- Ever passed out during or after exercise?	_____	_____
11- Ever been dizzy during or after exercise?	_____	_____
12- Ever had a seizure?	_____	_____
13- Ever had chest pain during or after exercise?	_____	_____
14- Ever had high blood pressure?	_____	_____
15- Ever been diagnosed with a heart murmur?	_____	_____
16- Ever had back problems?	_____	_____
17- Ever had problems with joints (e.g knees, ankles)?	_____	_____
18- Have an orthopedic appliance being brought to camp?	_____	_____
19- Have an skin problems (e.g. itching, rash, acne)?	_____	_____
20- Have diabetes?	_____	_____
21- Have asthma or marked trouble breathing during exercise?	_____	_____
22- Had mononucleosis in the past 12 months?	_____	_____
23- Had problems with diarrhea/constipation?	_____	_____
24- Have problems with sleepwalking?	_____	_____
25- If female, have an abnormal menstrual history?	_____	_____
26- Have a history of bed-wetting?	_____	_____
27- Ever had an eating disorder?	_____	_____
28- Ever had emotional difficulties for which professional help was sought?	_____	_____
29- Ever been pregnant or is the camper pregnant now?	_____	_____

*asthma meds should be included on med. list.

Please explain any "yes" answers, noting the number of the questions.

Use this space to provide any additional information about the participants' behavior and physical, emotional, or mental health about which the camp should be aware.

Name of Primary Medical Doctor _____

Address _____ Phone _____

Name of Family Dentist/orthodontist _____

Address _____ Phone _____

Name of Texas Children's Hospital Specialist who oversees child's care _____

Address _____ Phone _____

Attach immunization chart or documentation stating immunizations are not current due to medical reasons.

Which of the following has the participant had?

Measles Chicken Pox German measles Mumps Hepatitis A Hepatitis B Hepatitis C

Date of last Tetanus Shot: ____/____/____ (attach documentation of tetanus immunizations)

IMPORTANT: *THE FOLLOWING INFORMATION MUST BE SIGNED AND COMPLETE FOR ATTENDANCE*****

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

◆ I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

◆ I hereby give permission to disclose the diagnosis and treatment of my child to any and all relevant camp personnel.

➔ _____
Signature of parent/guardian or adult staffer

➔ _____
Printed Name *Date*

◆ I also understand and agree to abide by any restrictions placed on my participation in camp activities.

➔ _____
Signature of minor or adult staffer *Date*

**If for religious reasons you cannot sign this, contact the camp for a legal waiver, which must be signed for attendance.*

I have reviewed this application in its entirety. The medical history and medications are correct as listed. This patient was examined by me on ____/____/____ and may participate in camp activities with the above noted limitations and restrictions (if any).

➔ _____
Signature of Physician

Printed Name of Physician

CAMP YOLO/THE PERIWINKLE FOUNDATION/CAMP FOR ALL RELEASE FORM

This agreement must be read and signed for or by all participants who attend The Periwinkle Foundation's Camp YOLO held at Camp For All.

Name: _____
(Camper or Counselor)

MEDIA RELEASE

I give The Periwinkle Foundation and Camp For All the right to interview and/or take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my/my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. The Periwinkle Foundation and Camp For All shall have the right to use photographs or other images of me/my child in promotion, educational or fund-raising materials. I acknowledge that The Periwinkle Foundation and Camp For All shall have all rights of copyright in and to such photographs and videotapes and may use such copyrights fully. I also hereby release The Periwinkle Foundation and Camp For All and its officers, agents, and employees from all liability connected with the taking and use of these materials as is authorized by The Periwinkle Foundation and Camp For All. In addition, I waive all rights, interests or claims for payments in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of myself/the minor whose name is mentioned above.

PARTICIPATION CONSENT

I understand and certify that my/my child's participation in Camp YOLO and its activities at Camp For All is completely voluntary. I have familiarized myself with The Periwinkle Foundation's program and activities at Camp For All in which I/my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements rope course, swimming, archery, riflery, and canoeing. I acknowledge that although Periwinkle and Camp For All have taken safety measures to minimize the risk of injury to camp participants, Periwinkle and Camp For All cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for Camp YOLO at Camp For All. Further, I have received approval from a doctor authorizing me/my child to participate in the Camp YOLO activities at Camp For All. I also agree to inform Periwinkle of any activities in which I/my child may not participate.

LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing these risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge The Periwinkle Foundation and Camp For All, and any of their officers, directors, employees, and agents from all claims, causes of action or damages arising out of any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance at Camp YOLO at Camp For All.

(Please turn over)

TRANSPORTATION RELEASE

I, the undersigned, hereby release The Periwinkle Foundation and Camp YOLO, as well as its directors, officers, administrators, employees or other agents from all liability or damages for any and all injuries arising from the negligence of any of the above while traveling to and from camp activities via provided transportation including, but not limited to, buses and private cars.

X _____
Parent/Guardian/Self

Date



The Periwinkle Foundation Transportation Information Form

Camp YOLO begins on Friday, April 23.

Camper's Name _____

- ____ 1. I will ride the bus **FROM** Houston to Camp YOLO on April 23rd. I will be at the bus between 5:00 p.m. and 5:30 p.m. at The Meyer Building, 1919 S. Braeswood, corner of Greenbriar and S. Braeswood.
- ____ 2. I will be driven by my parent or guardian **TO** Camp YOLO, which is held at the Camp For All facility near Burton, Texas between 7 p.m. and 8 p.m. (Please do not come early) on April 23rd.

Camp YOLO ends on Sunday, April 25.

Camper's Name _____

- ____ 1. I will ride the bus **TO** Houston from Camp YOLO. Buses will arrive in Houston between 12 noon and 1:00 p.m. on April 25th.
- ____ 2. I will be picked up **AT** Camp YOLO, which is held at the Camp For All facility near Burton, Texas between 9:00 a.m. and 10:00 a.m. on April 25th.

Any camper still at camp when the buses are ready to leave for Houston will be put on the bus.

It takes approximately 1 ½ hours to drive from Houston to Camp YOLO.



Camp YOLO
Camper Health Insurance Information and Contact
Information

Should an emergency situation arise while your child is at Camp YOLO, we need to have the following health insurance and personal information for each camper:

Please attach a copy of both sides of your (your parents') health insurance card.

Camper's full name: _____

Name insurance is under: (Parent/guardian) _____

Name of insurance provider _____

Business name if applicable _____

Member # _____ Group # _____

Insurance services phone number _____
Area Code Number

IF YOUR CHILD BECOMES ILL, HAS AN ACCIDENT OR IS VERY HOMESICK DURING THE WEEKEND, WE WILL NEED TO REACH YOU OR YOUR DESIGNATED GUARDIAN. WE KNOW THAT SOME PARENTS PLAN TO TRAVEL OUT OF TOWN DURING THE WEEKEND OF CAMP. WE NEED TO KNOW WHO TO CONTACT IN CASE OF AN EMERGENCY.

PERSON TO CALL IN AN EMERGENCY (Parent or designated guardian):

NAME (PRINT)

RELATIONSHIP TO CHILD

PRIMARY TELEPHONE NUMBER

SECONDARY TELEPHONE NUMBER

PLEASE GIVE US AN ALTERNATE NUMBER SUCH AS A NEIGHBOR OR CLOSE RELATIVE TO HELP US IN CONTACTING YOU OR YOUR DESIGNATED GUARDIAN.

NAME (PRINT)

RELATIONSHIP

TELEPHONE NUMBER



Parent Information Sheet

Parent or Guardian: Please review and fill out the following information.

1. My child will have a wheelchair during Camp YOLO.

_____ Yes _____ No

2. My child will have refrigerated medicine at Camp YOLO.

_____ Yes _____ No

3. My child will have narcotic medicines at Camp YOLO.

_____ Yes _____ No

4. My child will have a dialysis machine with them at Camp YOLO.

_____ Yes _____ No

5. My child needs special assistance with everyday activities such as getting dressed or eating.

_____ Yes _____ No

Please explain: _____

6. My child needs special assistance with taking his or her medication.

_____ Yes _____ No

Please explain: _____

Please list anything else you think we need to know about your child:



The Periwinkle Foundation Camp YOLO – Teen Contract

RESPECT

Because your actions are a reflection of Camp YOLO, you agree to these rules and to respect other campers, counselors and staff.

1. **ABSOLUTELY NO**
Tobacco Products (cigarettes, cigars, snuff, chewing tobacco).
2. **ABSOLUTELY NO**
Alcoholic Beverages or Illegal Drugs.
3. **ABSOLUTELY NO**
Firearms, Knives, or other Weapons.
4. **ABSOLUTELY NO**
Cell phones.

Camp YOLO staff have the responsibility and right to search your personal property if there is reason to believe you are in possession of the above.

DISCIPLINE MAY INCLUDE:

- Phone Call to Parent
- Being Sent Home
- Restriction from future Camp YOLO and programs of The Periwinkle Foundation
- Contacting the Police Department

- Since camp is a place to make new friends, foul language and verbal abuse toward another person are unacceptable. Hazing, harassment or harmful practical jokes will not be tolerated.
- Girls are not allowed in the boy's cabins and boys are not allowed in the girl's cabins. Only limited physical contact is acceptable.
- You may not leave camp unless on planned activities with counselors.
- Attire should be modest. No clothing/items that advertises alcohol or tobacco. No clothing/items that may offend ethnic, minority, religious or other groups. You must wear your nametag.
- Do not damage camp property (including littering) or the property of others. This includes taking or using someone else's property without their knowledge.
- No fighting or any abuse of another individual such as biting or shoving. This includes verbal.
- Campers are required to be in their cabins by the designated times.
- The use of personal radios, ipods, mp3, CD players is limited to the campers' cabin areas. No music with explicit lyrics allowed at camp.
- Campers may bring a camera to camp, but your photographs may not be posted on the internet or distributed publicly such as MySpace or Facebook.
- Parents or Guardians must take full responsibility for any post camp contact between their camper(s) and Camp YOLO staff. The Periwinkle Foundation is not responsible for post camp contact between campers and Camp YOLO, even if sanctioned by the parent, unless the contact is part of an activity sponsored and supervised by The Periwinkle Foundation.

Camper's signature

Date

Parent's or Guardian's signature

Date



The Periwinkle Foundation
MEDICAL RELEASE FORM
Camp YOLO
April 23-25, 2010

Camper Name: _____

Section A:

Narcotic medications will be collected at camp check-in and administered by the health center staff. Please indicate what narcotic medications your son/daughter will have at Camp YOLO, for what symptoms are they to be administered.

Section B:

If your son/daughter will be taking medications while at camp please indicate:

- I understand and agree my son/daughter will administer their own medications (except for narcotic medications)
- I request the health staff at Camp YOLO administer my son/daughter's medications

Please list any medical equipment that your son/daughter will have with them at Camp YOLO (i.e. electric wheelchair, BiPAP, dialysis, etc) _____

Parent signature: _____

**The Periwinkle Foundation
Camp YOLO
Post-Camp Contact Policy**

Because your camper's safety is our primary concern and The Periwinkle Foundation has no way to supervise post camp contact between campers and Camp YOLO staff, we discourage post camp contact between campers and Camp YOLO staff, whether in person, via phone, text message, AIM, e-mail, social networking site or other Internet venue. **If a camper initiates such contact, the official Periwinkle policy is for the counselor not to respond unless the camper's parent is fully aware of the exchange and gives express permission for such contact. Parents must take full responsibility for any post camp contact between their camper and Camp YOLO staff.** The Periwinkle Foundation is not responsible for post camp contact between campers and Camp YOLO staff, even if sanctioned by the parent, unless the contact is part of an activity sponsored and supervised by The Periwinkle Foundation.

By signing below, I certify that I have read The Periwinkle Foundation Post-Camp Contact Policy and will take full responsibility for any post camp contact between my camper and Camp YOLO staff.

Parent/Guardian's Signature: _____

Printed Name: _____

Date: _____



APPLICATION DEADLINE: March 5, 2010

SIBLING

CAMP YOLO BROTHER/SISTER APPLICATION

(Please print clearly. Use only black or blue ink.)

Camper's Name _____ Friends call him/her _____

Address _____

City _____ State _____ Zip _____ County _____

Date of Birth _____ Sex _____ Grade in School (as of 1/10) _____

T-Shirt Size: Youth Large Small Medium Large X-Large XX-Large

Mother's Name _____ Address _____

City _____ State _____ Zip _____ County _____

Mother's e-mail _____

Home Phone(____) _____ Work Phone(____) _____

Cell Phone(____) _____ Pager Number(____) _____

Father's Name _____ Address _____

City _____ State _____ Zip _____ County _____

Father's e-mail _____

Home Phone(____) _____ Work Phone(____) _____

Cell Phone (____) _____ Pager Number (____) _____

Name of brother or sister who is a patient: _____

Has your child attended Camp YOLO before? Yes No If yes, how many times has he/she attended Camp YOLO? _____

Signature of Parent or Guardian _____ Date _____

APPLICATIONS MUST BE COMPLETED AND RETURNED TO:

The Periwinkle Foundation
Attn: Tahra Peterson
3000 Richmond Avenue, Suite 340
Houston, TX 77098

Camp YOLO is a program of The Periwinkle Foundation, a 501(c)(3) organization which develops and provides programs that positively change the lives of children, young adults and families who are challenged by cancer and other life threatening illnesses and are cared for at Texas Children's Hospital.

Camper's Name: _____

Health History for SIBLING

The following information must be filled in by the parent/guardian, or adult staff member. The intent of this information is to provide camp health care personnel with the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel before the start of camp or upon arrival at the bus to camp or to camp itself. Please provide complete information so that the camp can be aware of your camper's needs.

List all of the camper's known medical diagnoses or major medical problems: _____

Allergies: List all known. Describe reaction and management of the reaction.

Medication allergies (list)

Food allergies (list)

Other allergies (list)

Include insect stings, hay fever, animal dander, etc.

Medications being taken

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medications to last the entire time at the camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. Identify any medications taken during the school year that participant does/may not take during the summer (e.g. Ritalin, Prozac). List dosage in milligrams.

€ This person takes NO medications on a routine basis.

€ This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____

Med #4 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____

Med #5 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____

Medical History (please check all that apply to child at the time he or she will be attending camp)

_____ Peritoneal dialysis

_____ Hemodialysis catheter

_____ External Central Line

_____ Port-a-cath

_____ Anticoagulation (coumadin, heparin, etc.) Medication: _____

_____ Pacemaker [() Abdominal, () chest]

Dependant on pacemaker? () yes or () no

_____ Oxygen Therapy

Last Name: _____

Current Weight _____

Description of any limitation or restrictions on camp activities _____

Description of any recent hospitalizations or surgeries _____

Please list any additional information for Health Care Staff at camp or special equipment required

General Questions (Explain "yes" answers below)

Has/does the participant:

	Yes	No
1- Ever been denied or restricted from participation in sports or other athletic activities within the past year?	_____	_____
2- Ever become ill from exercising in the heat?	_____	_____
3- Ever been hospitalized?	_____	_____
4- Ever had surgery?	_____	_____
5- Have frequent headaches?	_____	_____
6- Ever had a head injury?	_____	_____
7- Ever been knocked unconscious?	_____	_____
8- Wear glasses, contacts or protective eyewear?	_____	_____
9- Ever had frequent ear infections?	_____	_____
10- Ever passed out during or after exercise?	_____	_____
11- Ever been dizzy during or after exercise?	_____	_____
12- Ever had a seizure?	_____	_____
13- Ever had chest pain during or after exercise?	_____	_____
14- Ever had high blood pressure?	_____	_____
15- Ever been diagnosed with a heart murmur?	_____	_____
16- Ever had back problems?	_____	_____
17- Ever had problems with joints (e.g knees, ankles)?	_____	_____
18- Have an orthopedic appliance being brought to camp?	_____	_____
19- Have an skin problems (e.g. itching, rash, acne)?	_____	_____
20- Have diabetes?	_____	_____
21- Have asthma or marked trouble breathing during exercise?	_____	_____ *asthma meds should be included on med. list.
22- Had mononucleosis in the past 12 months?	_____	_____
23- Had problems with diarrhea/constipation?	_____	_____
24- Have problems with sleepwalking?	_____	_____
25- If female, have an abnormal menstrual history?	_____	_____
26- Have a history of bed-wetting?	_____	_____
27- Ever had an eating disorder?	_____	_____
28- Ever had emotional difficulties for which professional help was sought?	_____	_____
29- Ever been pregnant or is the camper pregnant now?	_____	_____

Please explain any "yes" answers, noting the number of the questions.

Use this space to provide any additional information about the participants' behavior and physical, emotional, or mental health about which the camp should be aware.

Name of Primary Medical Doctor _____

Address _____ Phone _____

Name of Family Dentist/orthodontist _____

Address _____ Phone _____

Name of Texas Children's Hospital Specialist who oversees child's care _____

Address _____ Phone _____

Attach immunization chart or documentation stating immunizations are not current due to medical reasons.

Which of the following has the participant had?

Measles Chicken Pox German measles Mumps Hepatitis A Hepatitis B Hepatitis C

Date of last Tetanus Shot: ____/____/____ (attach documentation of tetanus immunizations)

IMPORTANT: *THE FOLLOWING INFORMATION MUST BE SIGNED AND COMPLETE FOR ATTENDANCE*****

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

◆ I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

◆ I hereby give permission to disclose the diagnosis and treatment of my child to any and all relevant camp personnel.

➔ _____

Signature of parent/guardian or adult staffer

➔ _____

Printed Name

Date

◆ I also understand and agree to abide by any restrictions placed on my participation in camp activities.

➔ _____

Signature of minor or adult staffer

Date

**If for religious reasons you cannot sign this, contact the camp for a legal waiver, which must be signed for attendance.*

I have reviewed this application in its entirety. The medical history and medications are correct as listed. This patient was examined by me on ____/____/____ and may participate in camp activities with the above noted limitations and restrictions (if any).

➔ _____

Signature of Physician

Printed Name of Physician

CAMP YOLO/THE PERIWINKLE FOUNDATION/CAMP FOR ALL RELEASE FORM

This agreement must be read and signed for or by all participants who attend The Periwinkle Foundation's Camp YOLO held at Camp For All.

Name: _____
(Camper or Counselor)

MEDIA RELEASE

I give The Periwinkle Foundation and Camp For All the right to interview and/or take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my/my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. The Periwinkle Foundation and Camp For All shall have the right to use photographs or other images of me/my child in promotion, educational or fund-raising materials. I acknowledge that The Periwinkle Foundation and Camp For All shall have all rights of copyright in and to such photographs and videotapes and may use such copyrights fully. I also hereby release The Periwinkle Foundation and Camp For All and its officers, agents, and employees from all liability connected with the taking and use of these materials as is authorized by The Periwinkle Foundation and Camp For All. In addition, I waive all rights, interests or claims for payments in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of myself/the minor whose name is mentioned above.

PARTICIPATION CONSENT

I understand and certify that my/my child's participation in Camp YOLO and its activities at Camp For All is completely voluntary. I have familiarized myself with The Periwinkle Foundation's program and activities at Camp For All in which I/my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements rope course, swimming, archery, riflery, and canoeing. I acknowledge that although Periwinkle and Camp For All have taken safety measures to minimize the risk of injury to camp participants, Periwinkle and Camp For All cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for Camp YOLO at Camp For All. Further, I have received approval from a doctor authorizing me/my child to participate in the Camp YOLO activities at Camp For All. I also agree to inform Periwinkle of any activities in which I/my child may not participate.

LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing these risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge The Periwinkle Foundation and Camp For All, and any of their officers, directors, employees, and agents from all claims, causes of action or damages arising out of any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance at Camp YOLO at Camp For All.

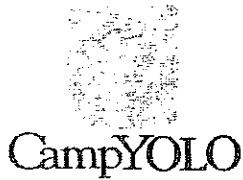
(Please turn over)

TRANSPORTATION RELEASE

I, the undersigned, hereby release The Periwinkle Foundation and Camp YOLO, as well as its directors, officers, administrators, employees or other agents from all liability or damages for any and all injuries arising from the negligence of any of the above while traveling to and from camp activities via provided transportation including, but not limited to, buses and private cars.

X _____
Parent/Guardian/Self

Date



The Periwinkle Foundation Transportation Information Form

Camp YOLO begins on Friday, April 23.

Camper's Name _____

- ____1. I will ride the bus **FROM** Houston to Camp YOLO on April 23rd. I will be at the bus between 5:00 p.m. and 5:30 p.m. at The Meyer Building, 1919 S. Braeswood, corner of Greenbriar and S. Braeswood.

- ____2. I will be driven by my parent or guardian **TO** Camp YOLO, which is held at the Camp For All facility near Burton, Texas between 7 p.m. and 8 p.m. (Please do not come early) on April 23rd.

Camp YOLO ends on Sunday, April 25.

Camper's Name _____

- ____1. I will ride the bus **TO** Houston from Camp YOLO. Buses will arrive in Houston between 12 noon and 1:00 p.m. on April 25th.

- ____2. I will be picked up **AT** Camp YOLO, which is held at the Camp For All facility near Burton, Texas between 9:00 a.m. and 10:00 a.m. on April 25th.

Any camper still at camp when the buses are ready to leave for Houston will be put on the bus.

It takes approximately 1 ½ hours to drive from Houston to Camp YOLO.

CampYOLO

**Camp YOLO
Camper Health Insurance Information and Contact
Information**

Should an emergency situation arise while your child is at Camp YOLO, we need to have the following health insurance and personal information for each camper:

Please attach a copy of both sides of your (your parents') health insurance card.

Camper's full name: _____

Name insurance is under: (Parent/guardian) _____

Name of insurance provider _____

Business name if applicable _____

Member # _____ Group # _____

Insurance services phone number _____
Area Code Number

IF YOUR CHILD BECOMES ILL, HAS AN ACCIDENT OR IS VERY HOMESICK DURING THE WEEKEND, WE WILL NEED TO REACH YOU OR YOUR DESIGNATED GUARDIAN. WE KNOW THAT SOME PARENTS PLAN TO TRAVEL OUT OF TOWN DURING THE WEEKEND OF CAMP. WE NEED TO KNOW WHO TO CONTACT IN CASE OF AN EMERGENCY.

PERSON TO CALL IN AN EMERGENCY (Parent or designated guardian):

NAME (PRINT)

RELATIONSHIP TO CHILD

PRIMARY TELEPHONE NUMBER

SECONDARY TELEPHONE NUMBER

PLEASE GIVE US AN ALTERNATE NUMBER SUCH AS A NEIGHBOR OR CLOSE RELATIVE TO HELP US IN CONTACTING YOU OR YOUR DESIGNATED GUARDIAN.

NAME (PRINT)

RELATIONSHIP

TELEPHONE NUMBER

Parent Information Sheet

CampYOLO

Parent or Guardian: Please review and fill out the following information.

1. My child will have a wheelchair during Camp YOLO.

_____ Yes _____ No

2. My child will have refrigerated medicine at Camp YOLO.

_____ Yes _____ No

3. My child will have narcotic medicines at Camp YOLO.

_____ Yes _____ No

4. My child will have a dialysis machine with them at Camp YOLO.

_____ Yes _____ No

5. My child needs special assistance with everyday activities such as getting dressed or eating.

_____ Yes _____ No

Please explain: _____

6. My child needs special assistance with taking his or her medication.

_____ Yes _____ No

Please explain: _____

Please list anything else you think we need to know about your child:

**The Periwinkle Foundation
Camp YOLO – Teen Contract**

CampYOLO

RESPECT

Because your actions are a reflection of Camp YOLO, you agree to these rules and to respect other campers, counselors and staff.

1. **ABSOLUTELY NO**
Tobacco Products (cigarettes, cigars, snuff, chewing tobacco).
2. **ABSOLUTELY NO**
Alcoholic Beverages or Illegal Drugs.
3. **ABSOLUTELY NO**
Firearms, Knives, or other Weapons.
4. **ABSOLUTELY NO**
Cell phones.

Camp YOLO staff have the responsibility and right to search your personal property if there is reason to believe you are in possession of the above.

DISCIPLINE MAY INCLUDE:

- Phone Call to Parent
- Being Sent Home
- Restriction from future Camp YOLO and programs of The Periwinkle Foundation
- Contacting the Police Department

- Since camp is a place to make new friends, foul language and verbal abuse toward another person are unacceptable. Hazing, harassment or harmful practical jokes will not be tolerated.
- Girls are not allowed in the boy's cabins and boys are not allowed in the girl's cabins. Only limited physical contact is acceptable.
- You may not leave camp unless on planned activities with counselors.
- Attire should be modest. No clothing/items that advertises alcohol or tobacco. No clothing/items that may offend ethnic, minority, religious or other groups. You must wear your nametag.
- Do not damage camp property (including littering) or the property of others. This includes taking or using someone else's property without their knowledge.
- No fighting or any abuse of another individual such as biting or shoving. This includes verbal.
- Campers are required to be in their cabins by the designated times.
- The use of personal radios, ipods, mp3, CD players is limited to the campers' cabin areas. No music with explicit lyrics allowed at camp.
- Campers may bring a camera to camp, but your photographs may not be posted on the internet or distributed publicly such as MySpace or Facebook.
- Parents or Guardians must take full responsibility for any post camp contact between their camper(s) and Camp YOLO staff. The Periwinkle Foundation is not responsible for post camp contact between campers and Camp YOLO, even if sanctioned by the parent, unless the contact is part of an activity sponsored and supervised by The Periwinkle Foundation.

Camper's signature

Date

Parent's or Guardian's signature

Date

The Periwinkle Foundation MEDICAL RELEASE FORM

CampYOLO

Camp YOLO
April 23-25, 2010

Camper Name: _____

Section A:

Narcotic medications will be collected at camp check-in and administered by the health center staff. Please indicate what narcotic medications your son/daughter will have at Camp YOLO, for what symptoms are they to be administered.

Section B:

If your son/daughter will be taking medications while at camp please indicate:

- I understand and agree my son/daughter will administer their own medications (except for narcotic medications)
- I request the health staff at Camp YOLO administer my son/daughter's medications

Please list any medical equipment that your son/daughter will have with them at Camp YOLO (i.e. electric wheelchair, BiPAP, dialysis, etc) _____

Parent signature: _____

**The Periwinkle Foundation
Camp YOLO
Post-Camp Contact Policy**

Because your camper's safety is our primary concern and The Periwinkle Foundation has no way to supervise post camp contact between campers and Camp YOLO staff, we discourage post camp contact between campers and Camp YOLO staff, whether in person, via phone, text message, AIM, e-mail, social networking site or other Internet venue. **If a camper initiates such contact, the official Periwinkle policy is for the counselor not to respond unless the camper's parent is fully aware of the exchange and gives express permission for such contact. Parents must take full responsibility for any post camp contact between their camper and Camp YOLO staff.** The Periwinkle Foundation is not responsible for post camp contact between campers and Camp YOLO staff, even if sanctioned by the parent, unless the contact is part of an activity sponsored and supervised by The Periwinkle Foundation.

By signing below, I certify that I have read The Periwinkle Foundation Post-Camp Contact Policy and will take full responsibility for any post camp contact between my camper and Camp YOLO staff.

Parent/Guardian's Signature: _____

Printed Name: _____

Date: _____