

MIDWEST CHILDREN'S BURN CAMP

Camper's Name: _____ Date of Birth: _____
Name Camper Prefers to be Called: _____ Boy: ____ Girl: ____
Camper's S.S.#: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone () _____ Parent Work Phone () _____
Parent Cell Phone () _____ Camper Cell Phone (If Applicable) () _____
Camper's Email Address: _____
Parent's Email Address: _____
Camper's Shirt Size S M L XL (**All shirts are adult size**) Is camper on Facebook? Yes No
Camper lives with: Both Parents Mother Father Foster Parents Grandparents Other: _____
Name of Parent/Guardian: _____
Address and Phone Number of Parent/Guardian, if different than above () _____

School where child attends: _____

If there is an emergency at camp and we are unable to reach you immediately, please give us the names and phone numbers of two other people who we can contact. (This information is necessary. Your child will not be allowed to attend Midwest Children's Burn Camp unless this information is complete.)

Name: _____ Phone () _____ Relation to child: _____
Name: _____ Phone () _____ Relation to child: _____

Does your child have a Primary Care Physician? Yes No If yes, please provide the doctor's name and number.

Name: _____ Phone () _____

Has your child been recently exposed to any communicable diseases? Yes No If yes, please specify which diseases and when he/she was exposed: _____

Please list any allergies (Including medications, food, latex, etc.) _____

Please list any chronic illnesses your child has: _____

Does your child take any medications? Yes No If yes, please tell us what the medications are, the dosage amount and when taken: _____

IMPORTANT: Please send any medications for your child in a plastic Ziploc bag with his/her name on the outside of the bag. **Do not pack medications inside the camper's luggage.** All medications will be collected when the children arrive and will be administered by the camp nurse. This is to prevent any of the campers from misplacing or breaking their medication, or taking them incorrectly. No exceptions will be allowed unless pre-arranged with the camp nurse.

Burn Injury Date: _____ % Body Surface: _____ Hospital: _____ Length of Stay: _____
Area of body burned: _____ Are there scars on the face or hands? Yes No
Cause of burn: _____

Does your child wear pressure garments? Yes No If yes, please list which pieces will be worn at camp: _____

NOTE: Please label inside your child's garments with a permanent marker. We want each child to return home with all his/her own garments!

Does your child use a wheelchair? Yes No Does your child have any prosthetic devices? Yes No

Will your child have wound dressing changes? Yes No If yes, please send enough dressing supplies to last 7 days. There will be a Registered Nurse on duty to help with dressing changes, but you must send the necessary supplies.

Does your child ever wet the bed? Yes No (We ask this so we will be prepared to deal with the situation quickly, confidentially and with respect for the child's feelings.)

Does your child have any physical or mental limitations? Yes No Please include any condition, no matter how insignificant you may think it is. If your child does have limitations, please let us know how we can best accommodate his/her special needs _____

Does your child have any particular fears or nervous habits that we should be aware of? Yes No If yes, what are they? _____

Does your child know how to swim? Yes No Describe their swimming ability: _____

Please list any other problems that we should know about or any activities in which you do not wish your child to participate: _____

Will your child require any other specific type of help that we should know about while at camp? _____

Is there anything of significance (good or bad) that has happened recently that would cause your child to have mood swings or "out of character" reactions that we should know about? (For example: death, separation, birth, move, etc.) _____

I certify that I am the legal parent/guardian of this child, and that all of the information given on this application is correct and true. I also understand that while my child attends Midwest Children's Burn Camp, I am responsible for letting the Burns Recovered know how to reach me in an emergency. If there is an emergency, or if it becomes necessary for my child to be removed from camp because of ongoing unacceptable behavior, and I, or any of the other emergency contacts I listed cannot be reached within 24 hours, the staff of Burns Recovered may call Child Protective Services.

Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

NOTE: Please return this and all other forms to the address below by May 1, 2016

**Burns Recovered
11710 Administration Dr., Suite 2B
St. Louis, MO 63146**