

Hello!

I would like to tell you about Camp Hopetáke. Camp Hopetáke is a week long summer camp for children aged 5 to 17 who have survived a burn injury. The camp is fully funded by the Tampa General Hospital Foundation and Tampa Fire/Rescue Local 754. It is free for our campers. Our goal is to provide a safe and supportive environment for these children. We are eager for camp to begin and have been planning for the best activities that any camp has to offer!

Our camp is located on the campus of the University of South Florida. The camper's will be dropped off at and picked-up directly at this location. I will provide maps and directions in the camp acceptance package. We are going to have a great and adventurous week at camp this year!

If you have any questions, please feel free to contact me by email at ncouse@tgh.org or via the Camp Hopetáke voicemail (813)844-3381. Please leave a detailed message and return phone numbers and I will return your call as soon as possible.

Thank You,

Niccole Keyhani BSN, RN

Camp Hopetake Coordinator



Camp Hopetáke

A good camping experience has many educational and psychological benefits, as well as overall enjoyment. To ensure that each camper will have the very best camping experience possible, we ask that you, both parents and campers, share with us some of your goals for camp, as well as required background information.

It is vital that you fill out these forms **CAREFULLY AND COMPLETELY**. This enables our staff to become more acquainted with each camper before their arrival and to make program plans to meet the specific needs of the campers attending Camp Hopetáke. Since this information changes as the camper grows and develops over the years, we ask that you complete all requested information with each new camp application.

Camp will be held from **June 3-9** this year! However, please return the application as soon as possible!!! Camper space is limited and is on a first-come, first-served basis. Applications must be received by **March 31st**. Please utilize the enclosed checklist to ensure all application forms are completed and enclosed.

Due to an increased interest in Camp Hopetáke and the limited amount of spaces available, applications will be reviewed for completion and considerations made as to which applicants are most appropriate to attend camp. Camp Hopetáke screens each application thoroughly and a phone interview may be necessary for new applicants. Failure to thoroughly complete your application may result in the inability to attend camp. Our ultimate goal is to provide a safe and enjoyable environment for the campers. You will be notified in writing regarding the status of your application within 1 month after the application deadline.

A physical and an up-to-date immunization record are required from your pediatrician, so call and make an appointment early. These are necessary to ensure your child's health and safety and are required annually. They must be dated within the last calendar year and enclosed with your application.

Please mail the completed application to this address:

P.O. Box 1289
Tampa, FL 33601
Attn: Niccole Keyhani, Clinical Outreach Coordinator, TGH Burn Center

CAMP HOPETÁKE

Health History and Information Form

(Please fill out forms completely, leaving no spaces blank.)

Camper Name _____ Gender _____

Date of Birth ___/___/___ T-Shirt size _____ Age _____

Home Address _____

City _____ State _____ Zip _____

Social Security Number of Camper _____

Custodial Parent/Legal Guardian—Mandatory Fill Out Completely

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____

Second Parent/Legal Guardian/Emergency Contact Person

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____

Third Emergency Contact Person

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____

Insurance Information

Carrier or Plan Name_____

Group Number_____ ID Number_____

Name of Insured_____

Physician Information

Name of Primary Physician_____

Address_____

Phone_____

Name of Dentist_____

Address_____

Phone_____

Name of any Specialist treating your child

Name_____

Address_____

Phone_____

ALLERGIES

Medication Allergies _____

Describe Reaction _____

Food Allergies _____

Describe Reaction _____

Other Allergies (bee stings, hay fever, etc.)

List All _____

Describe reaction _____

MEDICATIONS

Medications Camper is currently taking:

Med #1 Name _____ Dosage _____

How Often _____ Reason for taking _____

Med #2 Name _____ Dosage _____

How Often _____ Reason for taking _____

Med #3 Name _____ Dosage _____

How Often _____ Reason for taking _____

Treatments or Dressings _____

Custodial Parent/Legal Guardian Authorizations:

This health history is correct and complete to the best of my knowledge, and the person herein described in this Health History and Information Form has permission to engage in all camp activities except as noted. I hereby give permission to Camp Hopetáke to provide routine healthcare, administer prescribed medications, and arrange for emergency medical treatment including x-rays and necessary tests. I agree to the release of any records necessary for insurance purposes. I give permission to Camp Hopetáke to arrange for EMS transport of my child for emergency medical care. In the event I cannot be reached in an emergency, I hereby give permission to the Camp Director and the physician selected by the camp to secure and provide emergency treatment, including hospitalization, for the person named above in this form as the camper.

Signature of Custodial Parent/Legal Guardian _____

Date ___/___/___

CAMP HOPETAKE

Waiver and Release Agreement

Please read carefully before signing.

Initial or Complete Highlighted Areas.

This is a release of liability and waiver of certain rights.

This form **MUST** be complete for acceptance into camp.

The application will be returned if not complete.

_____ In consideration for my being permitted to participate in the activities of **CAMP HOPETAKE**, I agree to the following Waiver and Release:

_____ I acknowledge that there are certain inherent risks associated with camp activities.

_____ I UNDERSTAND THAT THESE RISKS INCLUDE BUT ARE NOT LIMITED TO:

1. Contracting a communicable disease
2. Sustaining an injury during play and other camp activities.
3. Potential for the participant to act in a negligent manner that may contribute to sustaining an injury or causing the injury of others.
4. Swimming injuries.
5. Temperature extremes.
6. Insect bites.
7. Sustaining an injury during transport to and from Camp activities on site and off in the event of a motor vehicle collision.
8. Hazards related to inclement weather.

I understand that all possible precautions will be taken to prevent any injury and that all foreseeable safety precautions will be taken. I understand that I have responsibilities. My participation is purely voluntary. No one is forcing me to participate and I elect to allow my child to participate in spite of the risks.

_____ Lastly, I, for myself, my heirs, successors, executors, and subrogates hereby **KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS TAMPA GENERAL HOSPITAL, TAMPA FIRE AND RESCUE, THE CITY OF TAMPA, THE UNIVERSITY OF SOUTH FLORIDA, THE STATE OF FLORIDA BOARD OF GOVERNORS AND THE UNIVERSITY OF SOUTH FLORIDA BOARD OF TRUSTEES**, their directors, officers, agents, employees, and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorney's fees) which are related to, arise out of, or are in any way connected with my participation in this activity including but not limited to, **NEGLIGENCE** of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, or death to me or my property as a result of my engaging in these activities or the use of the services provided. I, for myself, my heirs, my successors, executors, and subrogates, further agree not to **sue TAMPA GENERAL HOSPITAL, TAMPA FIRE RESCUE, THE CITY OF TAMPA, THE UNIVERSITY OF SOUTH FLORIDA, THE STATE OF FLORIDA BOARD OF GOVERNORS AND THE UNIVERSITY OF SOUTH FLORIDA BOARD OF TRUSTEES** as a result of any injury, paralysis, or death suffered in connection with my participation in the activities of **CAMP HOPETAKE**.

As the legal guardian of **_____**, minor participant in Camp Hopetake, I agree to allow him/her to participate in all the activities of **CAMP HOPETAKE** and agree to all waivers and releases on behalf of said minor.

_____ I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT.

This form must be notarized.

DATE

SIGNATURE OF LEGAL GUARDIAN

PRINT NAME OF LEGAL GUARDIAN

PRINT NAME OF MINOR

Mailing Address

City State ZIP

Phone Number

DATE

Witness

Notary Signature_____

Date_____

Camp Hopetáke

Camp Rules

1. All youths visiting the USF Campus and participating in Camp Hopetáke will be under adult supervision at all times.
2. Alcohol, tobacco, illegal substances, lighters, matches, weapons, sharp objects are NOT permitted at Camp Hopetake. Camp Directors reserve the right to search camper belongings if such items are reported or are suspected to be present.
3. Campers are not allowed to arrange for friends to meet them at Camp destinations. Camp Hopetáke counselors will not allow friends to accompany campers during these trips.
4. The use of foul language is not permitted by any camper.
5. Cell phone and portable device usage is a privilege. It will be at the discretion of camp supervisors. Cell phone privileges may be limited. We want to encourage camp interaction and participation. If cell phones/portable devices disrupt a camper's participation, it is at the discretion of counselor's to retain the device during activities.
6. Campers will respect each other's belongings.
7. Misbehavior will result in supervised time-out and/or loss of activity privileges. Continued and ongoing behavior problems will result in dismissal from camp at the Camp Director's discretion. Parents will have 3 hours to come and pick them up.
8. Campers may be sent home for behavior problems or illness. Parents must be available to pick up ill or dismissed campers within 3 hours from notification by Camp Director.
9. ALL CAMPERS WILL HAVE A GREAT TIME AT CAMP HOPETÁKE!!!!

Parent/Legal Guardian Signature: _____

Campers Signature: _____

Date: ____/____/____

Code of Conduct Agreement for Campers and their Parent/Legal Guardian

I will:

- Participate fully in the program
- Be responsible for my own behavior
- Respect the rights and expectations of others
- Follow all scheduled times, including curfew and wake-up
- Dress appropriately for all settings and events as directed

I will not:

- Endanger the life, safety, health, or well-being of others
- Leave the camp premises without counselor supervision and coordinator permission
- Disobey directives, policies, rules, and regulations from camp staff or counselors
- Be disrespectful or direct racial, profane, or vulgar language or obscene gestures
- Wear offensively worded or graphic clothing
- Take or use camp property, counselor property or camper property without permission
- Bully or take unfair advantage of anyone
- Engage in sexual harassment. (Unwelcome sexual advance or conduct including lewd remarks, touches or request for sexual favors that have the effect of intimidating individuals or disrupting the camp environment will not be tolerate.)
- Engage in sexual acts
- Engage in gambling
- Sell, give, deliver, possess, use or be under the influence of drugs, alcohol or tobacco products.
- This includes the misuse of prescription and over the counter medications.
- Participate in hazing
- Possess dangerous or unauthorized materials such as explosives, firearms, weapons or dangerous instruments to be used as a weapon
- Violate local, state or federal laws
- Intentionally damage camp facilities including graffiti (you will be billed for damages)
- Use electronic equipment including but not limited to: cell phones, CD players, MP3 players, iPods, video games, computers, radios, televisions or devices that record video when not authorized.

It is not possible to anticipate every possible situation that may arise. In the absence of a particular policy, COMMON SENSE AND COURTESY SHALL PREVAIL.

Infractions of the Code of Conduct must be reported promptly by anyone observing them to the Coordinators. The disciplinary committee, which consists of the two camp coordinators and the CampDirector, will bear final responsibility for disciplinary action. Penalties may include any or all of the following:

- Sending the camper home. Parent must pick up child within 3 hours.
- Being assessed the cost of damages and repairs in the event of damage/destruction of property.
- Being released to the nearest law enforcement agency and/or proper authorities

____ I have read, understand, and agree to this Code of Conduct

Camper Name - Print

Camper Signature

Date

____ I have read and understand the Code of Conduct and have discussed it with my child. I agree to him/her receiving appropriate disciplinary action should they breach it.

Parent/Guardian - Print

Parent/Guardian - Signature

Date

Camp Hopetáke

Photograph Consent and Information Release Form

I hereby grant permission for the taking of photographs and/or the release of general information regarding:

Camper: _____ Date of Birth: _____

Parent/Legal Guardian Names: _____

Address: _____

City and State: _____

Telephone Numbers: _____

The photograph(s) and/or general information may be used as needed in the administration of Camp Hopetáke and/or may be published in, or used by, the media or hospital/firefighter publications (including newspapers, magazines, television, radio, pamphlets, brochures, reports, websites (to include social networking sites such as Facebook), and fundraising efforts, etc.) without any liability on Tampa General Hospital and Tampa Firefighters Local 754, its agents or employees.

Parent or Legal Guardian Signature: _____

Date: ____/____/____

Notice!!!
No more cell-phones at camp



If you wish for your child to bring his/her cell phone to camp, please be aware that their assigned counselor will maintain position of the cell phone.

Campers may use their cell phones to check in with their parents each night and then will be returned to their counselors for safe-keeping.

CAMPER QUESTIONNAIRE

Please draw or tell us something about your school. Explain what happens there. Tell us something about your teacher and the other students in your class.

Please draw or tell us something about your friends. Who are they? What are their names? What activities do you and your friends like the most?

CAMPER QUESTIONNAIRE

What are your hobbies?

What do you hope to do or learn at Camp Hopetáke this summer?

PARENT QUESTIONNAIRE

How was your child burned? Please be specific

Is your child accustomed to being away from home? Yes No

Is your child excited to come to camp? Yes No

Has your child had a happy or unhappy experience at camp? Please Explain.

With whom does your child live?

Are the camper's parents separated or divorced? Yes or No

Has your child had any special problems associated with academic performance or behavior? If yes—please explain.

Rehabilitation Needs:

Does your child wear pressure garments? Yes No

If yes—Please instruct on which body areas are affected and the recommended schedule for wearing their garments.

How many sets of garments will be brought to camp?

Does your child wear splints or orthopedic devices? Yes No

If yes—please explain

Does your child presently receive Occupational Therapy? Yes No

Does your child presently receive Physical Therapy? Yes No

Does your child have any limitations in their strength or range of motion? Yes No

Does your child have?

_____ One special friend

_____ A variety of friends, but no one particular friend

_____ Both a close friend and a large circle of acquaintances

_____ Difficulty making friends

How would you describe your child's adjustment to their burn injury?

List any activities/programs your child is involved in such as sports, scouting organizations, dance, etc. Has this changed since their burn injury?

How can we be of help to your child while at camp?

Please make an appropriate selection below:

Has your camper ever had or Does this apply to your camper	Yes	No
Any recent injuries/illness?		
Have a chronic illness/condition?		
Ever been hospitalized?		
Ever had surgery?		
Have frequent headaches?		
Ever had a head injury?		
Ever knocked unconscious?		
Wear glasses, contacts, and/or hearing aids?		
Have frequent ear infections?		
Ever passed out during exercise?		
Ever had Seizures?		
Ever had chest pain during exercise?		
Ever had high blood pressure?		
Ever been diagnosed with a heart condition?		
Ever had back problems?		
Ever had problems with their joints?		
Have any orthodontic appliances?		
Have diabetes?		
Have asthma?		
Had mononucleosis in the past 12 months?		
Had problems with diarrhea/constipation?		
Have problems with sleepwalking or other sleep disorders?		
Females—any abnormal menstrual history?		
Have a history of bed-wetting?		
Ever had an eating disorder?		
Ever had emotional difficulties for which you sought professional help?		
Do you wear pressure garments? If so, how many sets?		

Please take a moment and explain in detail any "yes" responses from above questionnaire:

ADDITIONAL REQUIRED FORMS

The following 2 forms MUST be included in your application packet!!!

- 1. Yellow Physical Form from your Primary Care Physician**
- 2. Blue Immunization Record from you Primary Care Physician**

Camp Hopetáke

APPLICATION PACKET CHECKLIST

All of the following forms must be included to make a complete application packet. Failure to complete all required forms may result in the inability to attend camp. Call your pediatrician now for an appointment if needed for these forms.

- Health History Form
- Yellow Physical Form from Primary Physician
- Blue Immunization Record from Primary Physician
- Parent Questionnaire
- Camper Questionnaire
- Camp Rules Form
- Photography Consent Form
- Waiver Agreement—**THIS MUST BE NOTARIZED**

Most banks and mail service stores (such as UPS Stores) have notary services. There is usually a small fee associated with the service.

