



Please Check ONE

- **Resident Oncology Camper** (ages 8-18) **July 5-10, 2010**
- **Day Camper** (ages 4-10) **July 19-24, 2010**

Patient Camper FORM A
(Physician to complete: pgs 1 - 4)

PLEASE PRINT OR TYPE

I have examined

(Please print patient's name)

(Patient's date of birth)

Male / Female
(Circle one)

In my opinion, the above patient's condition (circle one) does / does not preclude his/her attendance at camp.

(Signature of treating physician)

Cancer diagnosis:

Primary site: _____

Date of initial diagnosis: Month/ _____ **Day/** _____ **Year/** _____

Date(s) and site(s) of recurrence: _____

Current status of disease: (circle one) **remission / active disease**

Therapy status: currently on therapy? (circle one) **yes / no**

Most recent chemotherapy and dates: _____

Does child have a central access line? If so, please specify:

Which treatment center is this child being treated at: _____

Labs to be drawn at camp (specify labs and dates):

Does patient have any other medical conditions of which we should be aware?

Please be specific)

Last blood counts:

Date: _____

Hemoglobin: _____

Wbc: _____

Platelet: _____

Anc: _____

Physician's name: (print or type) _____

Physician's signature: _____

Physician's Address:

Phone: _____ fax: _____

In case of an emergency please provide us with an emergency contact method for
you or the same for a designee: _____

Please return ALL forms to:

American Cancer Society:
C/o Camp Reach for the Sky
2655 Camino del Rio North, Suite 100
San Diego, CA 92108-1633
Fax: 619-296-0928

Camp-line phone number: 619-682-7427



Please Check ONE

- **Resident Oncology Camper** (ages 8-18) **July 5-10, 2010**
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Camper Information Form B
 (Parents To Complete pgs 5 – 12: forms B - F)

PLEASE PRINT OR TYPE

Date: _____

Camper's Name: _____ Nickname: _____

Date Of Birth: _____ Age: _____ Male / Female

Height: _____ Weight: _____

Parent Or Legal Guardian: _____

Home Address: _____

Street City State Zip

Parents E-Mail address: _____

Home Phone: () _____ Mother's Cell Phone: () _____

Secondary Home Phone: () _____ Father's Cell Phone: () _____

Additional Numbers: () _____

Second Parent, Legal Guardian Or Emergency Contact: _____

Relationship To Camper: _____

Home Phone: () _____ Alternate Phone: () _____

Cancer Diagnosis: _____

Date Of Diagnosis: Month/___ Day/___ Year/___

Allergies (Food And/Or Environment Ie. Bees): _____

Immunization History: (All Immunizations Must Be Up To Date.)

*****Please Include A Copy Of Your Child's Immunization Card*****

DPT Series _____	Last Tetanus Booster _____	Hepatitis B _____
Polio _____	Last Polio Booster _____	Varicella (ChickenPox) _____
Last Tb Test _____	MMR (Measles, Mumps, Rubella) _____	HIB _____
MMR Booster _____	Other _____	

Which treatment center is your child being treated at: _____

Parent Recommendations/Restrictions

- 1. Diet: _____
- 2. Swimming/Diving: _____
- 3. Activity Level: _____
- 4. Other: _____

Secondary Medical Conditions: Indicate With A Check (X) Any Of The Following Conditions Exhibited By Your Child. Please Provide Detailed Information About His/Her Limitations. Do Not Hesitate To Use An Additional Sheet To Provide More Information That Would Help Us Better Understand Your Child.

- Visual Impairments: _____
- Hearing Impairments: _____
- Seizures: _____
- Learning Disabilities: _____
- Asthma: _____
- Diabetes: _____
- Frequent Ear Infections: _____
- Heart Defect/Disease: _____
- Bedwetting: _____
- Prosthesis: _____
- Bleeding/Clotting Disorders: _____
- Sleepwalking: _____
- Others: _____

Special Activities-Of-Daily-Living Needs: Outline Any Assistance Needed By Your Child.

- Dressing: _____
- Eating: _____
- Bathroom: _____
- Walking From Place To Place: _____
- Needs Wheelchair Assistance (Describe): _____

For Female Campers:

Has Child Ever Menstruated? Yes / No
If Not, Has She Been Told About It? Yes / No
Any Special Considerations? _____

Personality Issues/Parental Concerns/Campers Fears:

Has Camper Ever Been To Camp Before? Yes / No Overnight Camp? Yes / No

How Many Years Has Your Camper Attended Camp: _____

T-Shirt Size: (Size Checked Is What Your Camper Will Receive If Available)

Child Medium Large
Adult Small Medium Large X-Large Xx-Large Xxx-Large

Transportation: please check one box

My child will be riding the bus to and from camp. Camper will be picked up at bus drop off site.

! IMPORTANT ! If you are planning to pick up your child from the campsite (either early or on departure day) instead of the bus drop off, please complete the following information:

I will be picking my child up on _____ / _____ @ _____
day of week date time of day

- Parent or guardian of camper must sign out with the camp director or camp administrator prior to leaving campsite.

Signature: _____

Date: _____

Please mail your campers completed packet of forms to:

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C/o Camp Reach for the Sky
2655 Camino del Rio North, Suite 100
San Diego, CA 92108-1633
Fax: 619-296-0928

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(Form D)
Publicity Permission Release & Consent Form

I, _____, on behalf of myself and minor child, hereby authorize the American Cancer Society, California Division, Inc., its employees, agents, successors in interest, assigns, licensors, contractors, and/or affiliates (hereinafter collectively referred to as "ACS") to use, in whole or in part, any and all information supplied by me in producing or causing to be produced a work or works ("The Works") containing scenes, shots, events, or interviews, in which the undersigned, or the undersigned's minor child, may perform, participate, be portrayed, or appear recognizably. Such authorization shall include, without limitation, the use of any picture(s), voice(s), signature(s) photograph(s), life story and/or medical information (hereinafter collectively referred to as "the Information").

The Works may be used with or without using my name or by using my initials; or with or without using the name of the minor child or his/her initials. I understand that the publication or other use of the Information is not subject to my inspection or approval. The Information may be used in various forms of media, including print, video, or audio.

I, on behalf of minor child, and myself agree that I/we will not be compensated for the use of the Information. Any picture or photograph supplied to and/or taken by ACS shall be and remain the property of ACS.

RELEASE OF LIABILITY: I, on behalf of myself and the minor child listed below, (hereinafter collectively referred to as "Releasers") hereby release, discharge, and hold harmless ACS against any claims, damages, causes of action, losses, expenses and/or costs, (including attorneys fees) and any other liabilities arising out of or related to ACS' use, distribution, reproduction, and public display of: (a) the Works; (b) creation of and use, distribution, reproduction, and public display of derivative works; and (c) any Information. Releasers further release, discharge, and hold harmless ACS against any claims, damages, causes of action, losses, expenses and/or costs (including attorneys fees) and any other liabilities arising out of or related to ACS' failure to use, distribute, reproduce, publicly display, or create any Works, derivative works, or Information.

Releasers represent that all information submitted by them is true and accurate. Releasers also state that they have the authority to use and submit all of the materials and information that they have given or will give to ACS. Releasers represent that at least one of them is at least eighteen years of age. A minor Releasers represents that s/he understands that if s/he is less than eighteen years of age that his/her parent or guardian must sign this release and waiver of liability. Releasers represent that neither of them have given any person or entity, other than ACS, the exclusive right to use any of the Information.

Dated this _____ Day of _____

Print Full Legal Name _____

Legal Signature _____

Parent or Guardian Consent

I, _____ (signature) the undersigned, being the parent and/or guardian of the above named minor), do hereby consent to the above authorization and general release.

Dated this _____ Day of _____, 200____.



(Form E)
RELEASE AND WAIVER OF LIABILITY

IN CONSIDERATION OF _____
[Name of minor]

(Hereinafter collectively "minor child") being permitted to attend Camp Reach for the Sky and participate in all camp events and activities, including but not limited to: swimming, hiking, wall climbing, challenge courses, arts & crafts, field activities and campfires: (hereinafter collectively referred to as "Camp"), the undersigned hereby releases, waives, discharges and covenants not to sue the American Cancer Society, California Division, Inc., or any of its affiliates, members of its Board of Directors, employees, agents, contractors, or volunteers, and all other camp personnel whether volunteers or paid staff, (hereinafter referred to as "Releasees") for any and all liability, claims, demands, damages, causes of action, losses, or expenses (including attorneys fees and expenses) to the undersigned or to the minor child, on account of physical, mental, or emotional injury, or death of the person of the minor child or to the property of the minor child, *whether such injury or death be caused by the negligence, gross negligence of the Releasees or otherwise, while the minor child participates in Camp or during the time the minor child is being transported to or from Camp, if such transportation is by or under the control of Releasees.*

Notwithstanding any other provision of this Release and Waiver, the undersigned also releases the American Cancer Society, California Div., Inc. (hereafter "ACS"), but no other Releasee, from any liability whatsoever arising from any injury, damage, or death to the minor child where said injury, damage, or death is the result of, or arises from any intentional or criminal conduct upon the part of an ACS employee, agent, volunteer, camp counselor, or any other camp personnel.

The undersigned hereby assumes full responsibility for and risk of bodily injury to or death of the minor child due to the negligence or gross negligence of Releasees and also releases ACS, but no other Releasee, from any and all liability for the intentional or criminal acts of its volunteers, agents, and/or employees while the minor child participates in or travels to and from the Event.

The undersigned further expressly agrees that the foregoing release and waiver is intended to be as broad and inclusive as is permitted by the law of the State of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has read and voluntarily signs the Release and Waiver of Liability, and further agrees that no oral representations, statement or inducement apart from the foregoing have been made, and that this Agreement may only be modified by a written document signed by the undersigned and a duly authorized representative of American Cancer Society, California Division, Inc.

Signature: _____
(Parent or Legal Guardian)

Date: _____



(Form F)
**AUTHORIZATION FOR THIRD-PARTY TO CONSENT TO
TREATMENT OF MINOR LACKING CAPACITY TO CONSENT**

(I)(We), the undersigned, parent(s)/person having legal custody/legal guardianship of _____, a minor, do hereby authorize Camp Reach for the Sky medical staff as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of Camp Reach for the Sky (hereinafter "Camp"), or any hospital, whether such diagnosis or treatment is rendered at the office of said physician, said hospital, or at the campsite of the Camp.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which in his/her best judgment is deemed advisable.

This authorization is given pursuant to the provisions of Section 6901-6903 and 6910 of the California Family Code.

(I)(We) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of the California Family Code cited above, to surrender physical custody of such minor to (my)(our) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until February 23, 2011 unless sooner revoked in writing delivered to said agent(s).

(I)(We) the undersigned to hereby release, waive, discharge, and covenant not to sue the American Cancer Society, California Division Inc. (its affiliates, Board of Directors, officers, agents, employees, and volunteers) for any and all liability, claims, demands, damages, causes of action, losses, or expenses (including attorneys fees, costs, and expenses) to the undersigned or to the minor child arising from or related to any medical care given to the minor child pursuant to this authorization, or arising out of or related to a decision to take the minor child to a particular hospital or other health care facility.

Parents/legal guardian/person having legal custody must assume responsibility for any medical costs as a result of participating in Camp through adequate insurance. The American Cancer Society, California Division, Inc. will not be responsible for any medical costs incurred.

(I)(We) understand that in the event of accident or illness my (our) medical insurance will be the first provider of coverage.

Name of Insurance Company: _____ Policy Number: _____

Date Parent/Legal Guardian/Person Having Legal Custody

Parent/Legal Guardian/Person Having Legal Custody

Address: _____

Phone/Home: () _____ Alternate number: () _____

Signature: _____

If signed by other than parent, indicate relationship: _____

NOTE: ALL BLANKS IN THIS PACKET MUST BE FILLED IN

Please mail your campers completed packet of forms to:

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San Diego, CA 92108-1633
Fax: 619-296-0928

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