



8825 Aero Drive, Suite #200  
San Diego, Ca 92123  
Phone: (858) 541-2277  
FAX: (858) 541-7179

## CAMP BEYOND THE SCARS, Summer 2008

PARENT(S) OR GUARDIAN(S):

**WHEN:** AUGUST 4 - AUGUST 10, 2008 (MONDAY-SUNDAY)

**WHERE:** OAKBRIDGE in RAMONA, CA

**\*\*\*Deadline to return camper applications: June 20, 2008\*\*\***

- **Return application to: Burn Institute 8825 Aero Drive, Suite 200 San Diego, CA 92123**
- Please turn in your application as soon as possible. A couple of weeks prior to camp you will receive, a confirmation letter, a packing list, and a map or additional transportation information. Don't wait to send in your application. The sooner it is turned in the more successful our camp will be.
- Every effort is made to assist each child in attending camp. However, it is very important that your child has turned in their camp application ***returned by June 20, 2008***
- Please complete **all** requested information. Even if the information has been provided before, we need **all** information for this camp session. It will give all new volunteer camp counselors and staff the opportunity to become familiar with your child.
- The Burn Institute provides full sponsorship to attend *Camp Beyond the Scars* for **all burn-injured children** that reside in San Diego or Imperial counties. There is no cost to the children or their families for lodging, meals or activities.
- If you reside outside San Diego or Imperial County, please contact the Burn Institute for more information regarding sponsorship and/or transportation needs.\*
- **Parent(s) or guardian(s) must sign all consent forms.** Forms can be marked "no consent" as long as a parent or guardian has signed them.
- All information in this application is kept strictly confidential. The only people who view this application are Burn Institute and camp staff prior to camp. Otherwise, information will only be provided in the event of a medical emergency.
- The Burn Institute staff representative and camp leaders reserve the right to send your child home early in the event of problematic behavior. The Executive Director of the Burn Institute will be consulted prior to any final decision. This includes, but is not limited to, attitude difficulties, failure to adhere to safety rules, or serious illness. *Please note: every effort is made to evaluate each situation and find the correct solution before a decision is made.* If, in the interest of the camp, campers, and volunteers, it is deemed necessary to send your child home, **parent(s)/guardian(s) will be notified directly and will be responsible for transportation home.**

### **Sponsorship information:**

All burn-injured children who wish to attend *Camp Beyond the Scars* are welcome to apply. Every effort will be made to obtain resources to assist in their sponsorship and transportation needs.

### **Sibling of burn-injured child attending camp:**

A brother or sister may, under special circumstances, be permitted to attend camp. This decision will be determined on a case-by-case basis at the discretion of the Burn Institute Executive Director, in conjunction with the Support Services Coordinator and camp staff.

### **If you have any questions please contact**

**Dana Carnduff**

Community Outreach Specialist

858-541-2277 ext 14

[dcarnduff@burninstitute.org](mailto:dcarnduff@burninstitute.org)



Please mail or fax to: Burn Institute, 8825 Aero Drive, Suite 200, San Diego, CA 92123  
Fax: 858-541-7179

**CAMPER APPLICATION**

**(PLEASE PRINT)**

LAST NAME FIRST NAME NICKNAME DOB

MAILING ADDRESS CITY ST ZIP CODE

HOME PHONE CELL PHONE

PARENT/GUARDIAN CONTACT RELATION

HOME PHONE CELL PHONE WORK PHONE

T-SHIRT SIZE

**KNOWLEDGE, SKILLS AND ABILITIES:**

PLEASE CIRCLE ACTIVITIES BELOW THAT YOUR CHILD HAS EXPERIENCE AND INTEREST IN.

- SWIMMING      HIKING      PHOTOGRAPHY      BACK PACKING      STORY TELLING
- JEWELRY MAKING      COMPUTERS      DRAMA      ZOOLOGY      BOTANY
- HORSEBACK RIDING      COOKING      SINGING      HIKING      PARKS
- SKATEBOARDING      WOODWORK      ASTRONOMY      STORY TELLING      CANOEING
- ROCK CLIMBING      TIE DYEING      DANCING      MOUNTAIN BIKING      RAFTING
- MOUNTAIN BIKING      POTTERY      ARTS/CRAFTS      VIDEOGRAPHY      RAPPELLING

DOES YOUR CHILD PLAY A MUSICAL INSTRUMENT? Y / N

IF YES, WHAT TYPE? \_\_\_\_\_

DOES YOUR CHILD SPEAK A SECOND LANGUAGE? Y / N

IF YES, PLEASE INDICATE TYPE AND DESCRIBE ABILITIES: \_\_\_\_\_

DESCRIBE ANY SPECIAL KNOWLEDGE, SKILLS AND ABILITIES THAT YOUR CHILD POSSESS THAT ARE NOT LISTED ABOVE THAT YOU FEEL WOULD BENEFIT THE CAMP PROGRAM:

**GENERAL INFORMATION:**

HOW OLD WAS YOUR CHILD WHEN HE/SHE WAS INJURED? \_\_\_\_\_

WHEN DID IT OCCUR? (MO/YR) \_\_\_\_\_

WHAT WAS THE CAUSE OF THE INJURY?  
\_\_\_\_\_

WHAT PARTS OF THE BODY WERE INJURED?  
\_\_\_\_\_

TBSA%: \_\_\_\_\_

IS YOUR CHILD CURRENTLY WEARING PRESSURE GARMENTS? Y / N

SPLINTS? Y / N

OTHER: \_\_\_\_\_

ARE THERE ANY PHYSICAL RESTRICTIONS OR NEEDS, BURN RELATED OR OTHER? Y / N

DOES YOUR CHILD HAVE ANY SPECIAL DIETARY NEEDS OR CONCERNS? Y / N  
If yes, please explain: \_\_\_\_\_

IS YOUR CHILD CURRENTLY INVOLVED IN PHYSICAL THERAPY? Y / N  
If yes, please explain: \_\_\_\_\_

IS YOUR CHILD CURRENTLY INVOLVED IN OCCUPATIONAL THERAPY? Y / N  
If yes, please explain: \_\_\_\_\_

IS YOUR CHILD CURRENTLY INVOLVED IN COUNSELING OR THERAPY? Y / N  
If yes, please explain: \_\_\_\_\_

HAS YOUR CHILD BEEN EXPOSED TO ANY TYPE OF INFECTIOUS DISEASES? Y / N  
If yes, please explain: \_\_\_\_\_

DOES YOUR CHILD HAVE A HISTORY OF OR ANY CONCERNS REGARDING ANY OF THE FOLLOWING?

\_\_\_ HEADACHES    \_\_\_ SLEEPWALKING    \_\_\_ BREATHING DIFFICULTY    \_\_\_ HEART PROBLEMS

\_\_\_ CONSTIPATION    \_\_\_ HOMESICKNESS    \_\_\_ STOMACH PROBLEMS    \_\_\_ DIABETES

\_\_\_ FAINTING    \_\_\_ NOSE BLEEDS    \_\_\_ SEIZURES

DOES YOUR CHILD HAVE ANY FEARS REGARDING THE FOLLOWING?

\_\_\_ ANIMALS                      \_\_\_ BEING ALONE                      \_\_\_ FIRE

\_\_\_ DARK                              \_\_\_ HEIGHTS                              \_\_\_ WATER

WHAT IS YOUR CHILD'S SWIMMING ABILITY? \_\_\_\_\_

**PERSONAL HEALTH HISTORY:**

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS THAT WOULD HAMPER HIS/HER ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS DURING CAMP, WITH OR WITHOUT REASONABLE ACCOMODATION? Y / N

If yes, please describe: \_\_\_\_\_

IS YOUR CHILD CURRENTLY TAKING ANY MEDICATION AT THIS TIME? Y / N

If yes, please list: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES? Y / N

If yes, please list: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY RECENT NON-BURN RELATED INJURIES? Y / N

If yes, please list: \_\_\_\_\_

**MEDICATION CURRENTLY TAKING: (PLEASE PRINT)**

NAME OF MEDICATION DOSE PURPOSE

NAME OF MEDICATION DOSE PURPOSE

NAME OF MEDICATION DOSE PURPOSE

NAME OF MEDICATION DOSE PURPOSE

NAME OF MEDICATION DOSE PURPOSE

NAME OF MEDICATION DOSE PURPOSE

**EMERGENCY CONTACT INFORMATION: (PLEASE PRINT)**

NAME PHONE SECONDARY PHONE

NAME PHONE SECONDARY PHONE

NAME PHONE SECONDARY PHONE



**CONSENT AND RELEASE FOR PHOTO/VIDEO/PUBLICITY RELEASE:**

THE UNDERSIGNED DOES HEREBY AUTHORIZE THE BURN INSTITUTE TO USE PHOTGRAPHS/VIDEO/ AND/OR LIKELINESS OF (PLEASE PRINT CHILD'S NAME) \_\_\_\_\_ TAKEN DURING CAMP BEYOND THE SCARS. THIS INCLUDES ANY/ALL CAMP PROGRAMS AND ACTIVITIES UNDERTAKEN THROUGHTOUT THE WEEK.

I, THE UNDERSIGNED PARENT/LEGAL GUARDIAN OF THE ABOVE NAMED CHILD, PERMIT THE BURN INSTITUTE TO USE AND PUBLISH PHOTOGRAPHS AND/OR VIDEO FOR PUBLICITY PURPOSES INCLUDING BURN INSTITUTE LITERATURE. I ALSO GIVE PERMISSION FOR THE BURN INSTITUTE TO RELEASE SUCH PHOTOGRAPHS AND/OR VIDEO TO THE NEWS MEDIA. THE UNDERSIGNED PARENT/LEGAL GUARDIAN ALSO AUTHORIZES THE NEWS MEDIA TO VIDEO AND/OR CONDUCT INTERVIEWS FOR PUBLICATION/AIRING TO ITS LISTENERS/READERS.

THE UNDERSIGNED HEREBY AGREES TO HOLD HARMLESS THE BURN INSTITUTE, ITS OFFICERS, AGENTS, AND EMPLOYEES, FROM ANY LIABILTIY RESULTING FROM OR ARISING IN CONNECTION WITH THE TAKING, PUBLICATION AND RELEASE OF THE PHOTOGRAPHS OR VIDEO OF THE UNDERSIGNED PURSUANT TO THIS AGREEMENT.

**CONSENT**            I **DO** AUTHORIZE THE BURN INSTITUTE TO USE PHOTOGRAPHS, VIDEOS AND/OR INTERVIEWS OF MY CHILD TO FURTHER THEIR EFFORTS TO PROMOTE PUBLIC AWARENESS AND SUPPORT.

**NO CONSENT**        I **DO NOT** WISH MY CHILD TO BE PHOTOGRAPHED, VIDEOTAPED OR INTERVIEWED

**CONSENT AND RELEASE FOR ARTWORK:**

THE UNDERSIGNED DOES HEREBY AUTHORIZE THE BURN INSTITUTE TO USE ARTWORK CREATED/SUBMITTED BY (PLEASE PRINT CHILD'S NAME) \_\_\_\_\_ DURING CAMP BEYOND THE SCARS. THIS INCLUDES ANY/ALL CAMP PROGRAMS AND ACTIVITIES UNDERTAKEN THROUGHTOUT THE WEEK.

I, THE UNDERSIGNED PARENT/LEGAL GUARDIAN OF THE ABOVE NAMED CHILD, PERMIT THE BURN INSTITUTE TO USE AND PUBLISH ARTWORK CREATED/SUBMITTED BY MY CHILD IN CONJUNCTION WITH THE BURN INSTITUTE PUBLICATIONS, ACTIVITIES, AND/OR FUNDRAISING.

THE UNDERSIGNED HEREBY AGREES TO HOLD HARMLESS THE BURN INSTITUTE, ITS OFFICERS, AGENTS, AND EMPLOYEES, FROM ANY LIABILTIY RESULTING FROM OR ARISING IN CONJUNCTION WITH THE PUBLICATION AND/OR USE OF SUBMITTED MATERIALS OF THE UNDERSIGNED PURSUIT TO THIS AGREEMENT.

**CONSENT**            I **DO** AUTHORIZE THE BURN INSTITUTE TO USE ARTWORK CREATED/SUBMITTED BY MY CHILD TO FURTHER THEIR EFFORTS TO PROMOTE PUBLIC AWARENESS AND SUPPORT.

**NO CONSENT**        I **DO NOT** WISH MY CHILD'S ARTWORK TO BE SHARED.

OFFICE NOTES: EVENT: DATES:	MEDIA TYPE:
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## **CAMPER BEHAVIORAL AGREEMENT**

Every camper has the right to a happy and safe camp experience. Camp Beyond the Scars' goal is to encourage each camper to develop new skills and establish a greater appreciation of his/her capabilities. Additionally, we provide a community setting whereby campers are given the confidence to explore different and make new friends. Every volunteer wants to be here for the campers and is dedicated to their needs. Every experience is a learning experience and is the responsibility of counselors and staff is to provide a well-rounded program to each campers.

### **Behavioral Expectations**

Camp Beyond the Scars strives to create a safe and stimulating environment for all campers - an environment where sensitivity, respect for others, and cooperation are valued.

### **Acceptable Behavior**

We have developed and maintain "Acceptable Behavior Guidelines" for all campers.

- ✓ Campers will be expected to show respect and courtesy towards others and their property.
- ✓ Campers will be expected to choose appropriate behaviors and language while encouraging others to do the same.
- ✓ Campers will be expected to think beforehand about the results of their actions and how they might affect others.
- ✓ Campers will be expected to solve disagreements by listening, discussing and compromising.

### **Unacceptable Behavior**

We have developed and maintain "Unacceptable Behavior" for campers with the intent this be a guide for general behavior.

- ✓ Campers will not be allowed to threaten, bully or harass any other camper or staff members.
- ✓ Campers will not be allowed to bring radios, cell phones, or other electronic devices to camp.
- ✓ Campers will not be allowed to use profanity at camp.
- ✓ Campers will not be allowed to smoke or possess tobacco products at any time.
- ✓ Campers will not be allowed to possess alcohol and/or illicit drugs at camp.
- ✓ Campers will not be allowed to act in a manner that exhibits racist or sexist activities or humor.

### **Consequences for Inappropriate Behavior**

If a counselor is unable, through discussion with a camper, to solve any behavioral problem(s), the counselor will refer the camper to the Lead Counselor where the following procedure will be implemented.

1. First time – One on one discussion with counselor. Counselor will document behavior by submitting a Camper Behavior Action Report Form.
2. Second time – One on one discussion with counselor. Restriction from activity. Counselor will document behavior by submitting a Camper Behavior Action Report Form.
3. Third time - A conference (via phone) with the camper, parent(s)/guardian(s), Camp Director and Lead Counselor will be arranged to discuss a plan of action for resolution of the concern. This could include suspension from camp for a period of time. If the situation is judged by the administration as very serious, the above steps may be waived and a parent/guardian may be asked to pick up the child from camp and the camper will be asked not to return to camp for a designated period of time.

Camp Beyond the Scars has **zero tolerance** for possession of drugs, alcohol, weapons, fighting, and/or theft. If a camper is found in violation of any of these, the Head Counselor and Camp Director will make arrangements to send the camper home and include suspension from future camps for a specified period of time.

*Camp Beyond the Scars reserves the right to remove from camp any camper whose behavior is, the sole judgment of the Camp Director, is in determined to be detrimental to the best interests of the children and adults using the camp facilities and/or the overall welfare of the camp program.*

**MY CHILD AND I BOTH HAVE READ AND UNDERSTAND THIS POLICY AND REALIZE THAT IT WILL BE ENFORCED TO MAINTAIN ORDER WHILE ASSURING THE SAFETY OF ALL CAMPERS AND THE ENVIRONMENT. OUR SIGNATURES ACKNOWLEDGE THAT WE UNDERSTAND AND AGREE TO THE CONSEQUENCES AS STATED ABOVE.**

**PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CAMPER SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_