



Champ Camp 2020



Dear Parent/Guardian,

The Alisa Ann Ruch Burn Foundation invites your child to join over 145 other burn-injured children for Champ Camp 2020, **June 6th-13th** (8 days, 7 nights). Now in its 35th year, Champ Camp is a summer camp for burn-injured children ages 5 to 17, held at Wonder Valley Ranch in Sanger, California (30 miles east of Fresno). **Through the generosity of many caring and generous donors and volunteers, Champ Camp is a free week of fun for your child; including food, lodging and transportation to and from camp within California. Champ Camp is staffed by over a 100 passionate volunteers who are prepared for the daily care and attention needed by burn-injured children, including a full medical staff and many first responders.**

Any child who has been treated overnight in a California Burn Center, or was treated at another burn unit but currently lives in California is welcome to attend, no matter how or when their burn occurred. All we require is that you provide us the injury date, the hospital at which the child was treated, and the degree of burns sustained. Your child must have been treated in a California Hospital for a burn injury (or have been treated in an out-of-state hospital, but currently reside in California) and be 5 to 17 years old during the time of camp.

If the dates of camp conflict with your child's last week of school (or graduation), please let us know. We can work with you and school administrators to educate them about this valuable experience. We can provide you with a letter or phone contact with school officials to facilitate a child's attendance at camp.

We hope you are as excited as we are about this special opportunity for your child to enjoy new experiences, build self-esteem, make new friends, and be in a safe and caring environment.

If you have any questions about Champ Camp, please feel free to contact me at dchacon@aarbf.org or call 1-415-495-7223x18. We look forward to having your child at camp!

To register your child for Champ Camp:

1. **Fill out the attached registration form** and return it by **May 22nd 2020** to:
AARBF, Attn: Champ Camp, 50 N. Hill Ave. Suite 305, Pasadena, CA 91106
or Fax: 818-848-0296, or by email: dchacon@aarbf.org
****If you will not be able to get the application in by May 22nd, or need assistance please CALL TO RSVP at 415-495-7223x18.*
2. **We must have the attached medical form, signed by a physician no later than June 1st.**

Rocks
Camp-Director
Champ Camp

Daniel "Apollo" Chacon
Assistant Director
Alisa Ann Ruch Burn Foundation

**Please answer all questions, do not leave any blanks. If does not apply, then please write N/A*



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C A M P E R R E G I S T R A T I O N F O R M 2 0 2 0

Child's First Name _____ Last Name _____

Boy Girl Date of Birth ____/____/____ Age on June 6th _____

What education grade level has your child just completed/will complete in June 2020? _____

Does your child speak English? YES NO Is your child bilingual? YES NO

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Home: () _____ Cell: () _____ Child's E-mail: _____

T-shirt size (circle one): **Child** S M L **Adult** S M L XL XXL

Ethnicity: Asian Black/African American Native American

White Hispanic Other: _____

B U R N I N J U R Y H I S T O R Y A N D T R E A T M E N T

Injury date: ____/____/____ % Body surface: _____

Hospital: _____ Length of stay: _____

Area of body burned: _____ Cause of burn: _____

Is there anything we must do to take care of your child's burn injury while at camp? Please note, that all information disclosed will not prohibit your burn survivor from attending camp, but rather prepare AARBF in assisting camper (for example, dressing changes, pressure garments, splints, physical therapy, etc.). Please be specific: _____

C O N T A C T I N F O R M A T I O N * * R E Q U I R E D * *

Parent/Guardian Name(s): _____ Contact by: Home Cell E-mail

USA Home() _____ USA Cell() _____ Parent's E-mail: _____

Child lives with: Both Parents Mother Father Foster Parents Grandparents
 Other: _____

E M E R G E N C Y P H O N E N U M B E R * * R E Q U I R E D * *

IN CASE OF AN EMERGENCY Whom should we notify?

NAME	PHONE NUMBER	RELATION TO CHILD
	()	
	()	

**Please answer all questions, do not leave any blanks. If does not apply, then please write N/A*

Please mail all information to the Southern Region Office:

Alisa Ann Ruch Burn Foundation, Attn: Champ Camp, 50 N. Hill Ave. Suite 305, Pasadena, CA 91106

If you have any questions please contact AARBF: 1(415) 495-7223x18 • Fax (415) 495-7224 • dchacon@aarbf.org



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GENERAL INFORMATION

Will your child require any other specific type of help that we should know about while at camp? Please note, that all information disclosed will not prohibit your burn survivor from attending camp, but rather prepare AARBF in assisting camper (Example: bedwetting, nightmares, afraid of dark, getting dressed)

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? Please note, that all information disclosed will not prohibit your burn survivor from attending camp, but rather prepare AARBF in assisting camper (Example: death, separation, birth, move, etc.)

CAMP INFORMATION

Is this the child's first time at Champ Camp? YES NO

If no, how many times has he or she been to Champ Camp? _____

Is this the child's first event with Alisa Ann Ruch Burn Foundation? YES NO

If this child has been to camp before, indicate any cabin mates he/she DOES NOT WANT to be with:

TRANSPORTATION INFORMATION

There are several locations for bus pick-up & drop-off. Please check the following location that is closest to your home.

Pasadena Bakersfield Fresno Modesto El Cerrito Angel Flight

For those not located within **90 miles** of the above locations, Angel Flight provides transportation via privately-owned small aircraft provided at no cost to you. *****Please note all Angel Flight Request must be summited by May 1st 2020, we are unable to guarantee a flight past May 1st.**

If this applies to you, please select Angel Flight and answer the following questions:

- **Has your child flown in a small aircraft before?** YES NO
- **Your child's current body weight** (please be factual, not "wishful") _____ pounds
- **Will they have any large items such as a wheelchair with them?** YES NO
- **The two closest airports to your residence**

1. _____ 2. _____

**Please answer all questions, do not leave any blanks. If does not apply, then please write N/A*

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RELEASES

The Alisa Ann Ruch Burn Foundation needs your help to support its mission to provide services and programs to burn survivors. Often, as people become aware of how to prevent burns, they also want to support programs that help those who have burn injuries. You can help our efforts to increase support for the valuable programs in which your child participates. If you do not select any choice, we will consider it passive consent to allow us to use your child's photos and images.

Photo/Video

- Yes, I authorize the Burn Foundation to use photos/video from camp that may feature my child, for camp photos and yearbook, media and other affiliates, public education, and other AARBF materials. I understand that last name, cause of burn and any other sensitive personal information will not be revealed without my specific consent.
- No, I will not allow ANY photos or video of my child to be used in any way. This means they will **NOT be in any group photos or the Camp Yearbook.**

Group Survey

- Yes, my child can participate by completing a short survey while at camp to help develop programs aimed at child burn survivors' needs.
- No, I would prefer that my child not participate in a group survey.

CAMPER ENROLLMENT AGREEMENT

1. The camper and his/her parent/guardian agree to abide by the rules and regulations set by the camp for the health, safety, and welfare of the campers.
2. The camp reserves the right to dismiss a camper whose conduct or influence is unsatisfactory, or is, in the opinion of the Camp, not in the best interest of the Camp. In that event the parent or guardian is required to pick the camper up immediately.
3. Should parents or guardians, during the camp session, leave their place of residence for an extended period of time, AARBF should be advised where they can be contacted in case of emergency.
4. The camp is not responsible for lost or damaged articles of clothing or other personal belongings. Children should not bring items of value, including cell phones, to camp.
5. My signature below states I agree to the terms checked on the photo release and group survey releases stated in this application.
6. I hereby agree to release and indemnify the Alisa Ann Ruch Burn Foundation and Wonder Valley Ranch and all their officers, employees, agents, volunteers and representatives whatsoever, from any claims, cost, expense (including attorney fees) and/or damages which any of them may sustain or incur arising out of my child's participation in activities at Champ Camp.
7. I am the parent or legal guardian of the applicant and acknowledge all answers and information on the application to be true and correct.

PARENT / GUARDIAN SIGNATURE: _____ **Date:** _____
CAMPER SIGNATURE (14 years and older): _____ **Date:** _____

**Please answer all questions, do not leave any blanks. If does not apply, then please write N/A*

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C A M P E R H E A L T H F O R M

Child's Name (First & Last): _____ Age: ____ Date of Birth: _____

Parents/Legal Guardian(s): _____

Phone () _____ Phone Type (circle one): Circle: home / work / cell

M E D I C A L I N S U R A N C E & I M M U N I Z A T I O N H I S T O R Y

Name of Health Insurance: _____ Policy # _____

If child has a Medi-Cal Card, please give policy #: _____

Indicate if child is currently or has in the past had any of the items listed below. If yes, give approximate dates.

- o Heart Defect/Disease: Yes No
- o Seizures/Convulsions: Yes No
- o Diabetes: Yes No
- o Bleeding/Clotting Disorders: Yes No
- o Hypertension: Yes No
- o Asthma: Yes No
- o Post Traumatic Stress Disorder "PTSD":
Yes No
- o Attention Deficit/Hyperactivity disorder
"ADHD": Yes No
- o Anxiety: Yes No
- o Depression: Yes No
- o Other: _____

H E A L T H H I S T O R Y

*Does your child currently need any wound care or do they have any expanders? Yes No

*Allergies or allergic reactions (Please specify): Yes No
If yes, _____

*Are they currently taking medications: Yes No
If yes, _____

*Has your child be diagnosed as ADD or ADHD? Yes No
If yes, please be aware, medications will be required during camp session.

The Alisa Ann Ruch Burn Foundation (AARBF)

REQUIRES this form be completely filled out, by the parent/guardian of this child. AARBF will not accept /register a child to Champ Camp if this form is not returned to us prior to the beginning of camp. This information is gathered to assist us in identifying appropriate care for campers.

This health history is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician. I/We hereby give permission to the physician or other medical personnel selected by Wonder Valley Ranch and the Alisa Ann Ruch Burn Foundation to obtain and administer any surgical and medical treatment, or hospitalization needed in the case of an emergency for my child named above. I/We agree that Wonder Valley Ranch or their authorized agents may administer over-the-counter medications or their generic equivalent, as deemed necessary such as but not limited to: Calamine lotion, Betadine, Milk of Magnesia, Pepto Bismol, Aspirin, Tylenol, Neosporin Ointment, sunblock, throat lozenges, sting ointment, Blistex and Visine.

Parent/ Guardian Signature

Date

***MEDICAL EXAMINATION TO BE FILLED OUT BY PHYSICIAN ON NEXT PAGE ***

**Please answer all questions, do not leave any blanks. If does not apply, then please write N/A*

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*** TO BE FILLED OUT BY A LICENSED PHYSICIAN OR NURSE PRACTICIONER***

This examination is for determining fitness and general health to engage in a variety of basic activities while at CHAMP CAMP, a summer camp for burn-injured children.

PHYSICAL EXAMINATION FORM

Child's Name: _____ Age: _____ Date of Birth: _____

Gender: _____ Child's Weight: _____ Lbs. Height: _____

Parent/Legal Guardian(s): _____

Burn History (If Known):

Injury date: ____/____/____ % Body surface: _____ Area of body burned: _____

Past Medical History: (Premature birth, cardiac, respiratory, renal, GI, urogenital, musculoskeletal) Yes No

If yes, explain:

Is this child under any type of medications: Yes No

If yes, explain:

Does this child have any allergies? Yes No

If yes, explain:

Medical	Normal	Abnormal Findings	Initials
Appearance			
Eyes/Ears/Nose/ Throat			
Lymph Nodes			
Heart			
Pulse			
Lungs			
Abdomen			
Skin			
Neck			
Back			
Extremities			
Neurological			

Physical Exam: _____ Vitals: _____

Impression: _____

Recommendations for Camp: _____

.....
REQUIRED: Is this child medically stable and able to fly in a non-pressurized small aircraft?
 → → YES NO ← ←

Physician's Signature: _____ Date: _____ Physician Number: _____

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