



Due to the generosity of our Health Partners, Volunteer Health Organizations, Corporations, Foundations and Donors, there is never a charge to our campers and families.

2010 Summer Camp Application Process

- Please submit your application as soon as you can. **Late applications will still be reviewed, but most likely will result in a lower priority status.**
- Even though we try to accommodate every child who applies, an application does not guarantee a spot. After the time line indicated for your Childs session and all applications have been reviewed (and prioritized according to severity of disease), you will be notified by Camp Boggy Creek whether your child has been accepted. Your Doctor, Nurse or Foundation cannot promise acceptance.
- **Please answer all questions completely. *Incomplete applications will NOT be reviewed.*** The information we request is needed in order to care for your child while at camp. **Be sure you have signed and dated your application before sending in.**

Groups Served	Dates of Camp	Application Deadline	Acceptances Mailed
Heart	Saturday June 12 th to Friday June 18 th	April 1	May 1
Bleeding Disorders	Monday June 21 st to Saturday June 26 th	April 1	May 1
Rheumatic / JRA	Monday June 21 st to Saturday June 26 th	April 1	May 1
Immune Deficiency	Tuesday June 29 th to Saturday July 3 rd	April 1	May 1
North Cancer	Thursday July 8 th to Wednesday July 14 th	April 1	May 1
Epilepsy	Sunday July 18 th to Friday July 23 rd	May 1	June 1
South Cancer	Tuesday July 27 th to Monday August 2 nd	May 1	June 1
Sickle Cell	Friday August 6 th to Wednesday August 11 th	May 1	June 1
Asthma	Sunday August 15 th to Friday August 20 th	May 1	June 1
Kidney	Sunday August 15 th to Friday August 20 th	May 1	June 1
IBD	Sunday August 15 th to Friday August 20 th	May 1	June 1
Craniofacial	Sunday August 15 th to Friday August 20 th	May 1	June 1
Spina Bifida	Sunday August 15 th to Friday August 20 th	May 1	June 1

The Mission of Camp Boggy Creek is to enrich the lives of children who have chronic or life threatening illnesses by creating camping experiences that are memorable, exciting, fun, empowering, physically safe and medically sound.

FREQUENTLY ASKED QUESTIONS

1. How much does it cost?

Answer: There is no cost to the family or camper.

2. Do I have to make a special appointment with my doctor to have the Medical Form completed?

Answer: In many cases, no. If your child has been to the doctor within 6 months, your doctor may be able to complete the form without an office visit.

3. What if I don't have a copy of my child's Immunization Record?

Answer: You should be able to get a copy of the 'Shot Card' or 'Blue Card' from your doctor or from the school.

4. Must I have the Medical Form completed by the doctor before I can mail in the application?

Answer: No. You can mail your part of the application separately from the Medical Form, as long as both are received by the deadline.

5. Can I visit my child while at camp?

Answer: No. This would take away from the camping experience.

6. Can I call to check on my child while at camp?

Answer; Yes. When you call, your child's counselor will be given the message and will return your call within 24 hours. Campers will not be allowed to call home, as this tends to contribute to home sickness.

7. Can my child come a day late or leave early?

Answer: No. campers must commit to opening and closing dates.

8. Can a well sibling come to camp with my camper?

Answer: No. Summer camp is only for affected children. *We do however offer Family Weekend Retreats for the whole family! These are in the Winter/Spring & Fall.*

9. Does Boggy Creek provide transportation?

Answer: No. Some Organizations **may** provide transportation, but **BOGGY CREEK DOES NOT PROVIDE TRANSPORTATION.**

10. Can a parent or sibling volunteer the same week that their camper is at camp?

Answer: No. This takes away from the camping experience for your child.

11. What if my child gets to camp and wants to come home?

Answer: Our intent is to make this a joyous and memorable time in the child's life; if your child's homesickness does not improve and she/he is determined to go home, we will call the parent to discuss

If you have questions, please

contact:

Mary Parrish 352-483-4200 ext 252

Mary@BoggyCreek.org

OR

Karen Howell 352-483-4200 ext 276

CamperRecruiter@BoggyCreek.org

Mail applications to:

Camp Boggy Creek

c/o Camper Recruiters

30500 Brantley Branch Rd.

Eustis, FL. 32736



**2010
Camp Boggy Creek
Camper Summer Application**

Craniofacial Week August 15-20, 2010

OFFICE USE ONLY					
Mild	Mod	Sev			
S	0	1	2	3	
R	0	1	2	3	
A	Medical	D			
A	Behavior	D			
BC			VC		

Name (last) _____ (first) _____

Birth Date _____ Age _____ Sex: M F Phone () _____

Mailing address _____

City _____ State _____ Zip Code _____ County _____

Campers Social Security Number _____

Does your child need an interpreter? No Yes what language ? _____

Primary Diagnosis _____ If Cancer; date of diagnosis ____/____/____

Is camper on Chemotherapy? YES NO When was Chemotherapy completed? ____/____/____

Contact information

Who does child live with (primary care taker)? _____

Name of parent(s) or guardians child lives with:

Mother or Female Guardian's Name: _____

Home phone # () _____ Cell phone # () _____

Work phone# () _____ Email address _____

Father or Male Guardian's Name: _____

Home phone # () _____ Cell phone # () _____

Work phone# () _____ Email address _____

Emergency Contacts

We MUST have at least one emergency contact listed.

Name: _____ Relationship: _____

Home phone # () _____ Cell phone # () _____

Work phone# () _____ Email address _____

Name: _____ Relationship: _____

Home phone # () _____ Cell phone # () _____

Work phone# () _____ Email address _____

If for any reason my child has to leave camp and I cannot be reached, I authorize the following person(s) to be contacted and give my permission to turn my child over to this person(s) _____ Phone _____

Physician contact Information

Specialist _____
 Institution _____
 Address _____

 Phone # () _____
 After hours () _____
 Fax # () _____

Pediatrician / Other Dr. _____
 Institution _____
 Address _____

 Phone # () _____
 After hours () _____
 Fax # () _____

Camper Name _____

General Medical History (to be filled out by Parent)

Please list any special diet _____

Please list any food restrictions or food allergies _____

Please list any drug allergies _____

Please list any other known medical problems (such as allergies, asthma, constipation, diarrhea, sleepwalking, vision/hearing loss, bedwetting, etc.) _____

Does camper use/have (please circle what applies)

wheelchair

walker/crutches

splint/braces

artificial limb

Does Camper require help with showering or dressing? Yes No

Comments _____

If camper is female, has she begun her menstrual period? Yes No

Any problems/comments? _____

Insurance Information

Please attach a copy of the camper's updated Medicaid / Insurance card

Front

Company _____

Plan # _____

Cardholder Name _____

Cardholder D.O.B. _____

Social Security # _____ - _____ - _____

Back

Billing instructions _____

Prescription Insurance Number _____

Is child cared for by a Children's Medical Services (CMS) Nurse? YES NO

Please send copy of immunization records

Camper Name _____

Mandatory Parent / Guardian Activity Consent Form

I, the undersigned parent/guardian, recognizing the possible physical risk involved, give my child permission to participate in any and all activities including but not limited to Lifeguard supervised swimming, Lifeguard supervised boating & fishing, guided pony rides (horseback riding) and the high/low ropes course under supervision of certified instructors. I give my permission for my child to interact with the animals at the petting farm. I give permission for my child to share address and phone number with all cabin mates unless stated below. I also give Camp Boggy Creek, (CBC) permission to share information with session partners such as addresses and phone numbers for the purpose of transportation, if available, and for camp funding. I also give Camp Boggy Creek (CBC) selected news media permission to photograph and to use pictures, video, or audio tapes of my child either alone or in groups, for the newsletter, advertising purposes, fund-raising activities, bulletin boards, camp albums or in promoting public understanding and support for children with chronic or life threatening illnesses. CBC respects the privacy of its campers and their families and does not allow unauthorized visitors to photograph its campers.

Please check one of the following:

Let my child participate in all activities

Do not let my child participate in: _____

Mandatory Waiver and Consent for the Medical Treatment

The undersigned Parent/Guardian hereby grants permission to the medical, other staff, and consulting physician at The Boggy Creek Gang, Inc., an IRS 501(c)(3) charitable organization, to administer medication and provide medical and other care for my child, including, without limitation, any medical emergency care required. I also hereby give my consent for any transportation deemed necessary or appropriate, in the sole discretion of CBC, in connection with the treatment of my child. I also assume full financial responsibility for any and all medical and other expenses incurred for or on behalf of my child while at CBC or offsite if in connection with medical treatment, and acknowledge, agree, and understand that CBC shall not be liable for any such expenses. I understand that all information pertaining to my child will be treated as confidential by CBC. However, I agree that said information may be shared with/released to appropriate personnel and/or third parties by CBC for the purpose of treating and/or supervising my child (including, but not limited to, referral centers, medical staff, psychological staff and/or insurance companies). Assumption of all Liability

I, the undersigned Parent/Guardian assume full responsibility for any damage or destruction of camp property as a result of the actions of my child, and understand that I will be billed for any such damage or destruction.

I FULLY UNDERSTAND AND AGREE TO THE TERMS STATED ABOVE AND AGREE THAT ALL INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Print name Parent/Guardian

Date

Signature Parent/Guardian

Camper Name _____

*To help you better answer the questions below, please be aware that in a typical day during camp your child will participate in settings that include: groups of 10-15 children their age, sharing and sleeping in a room with at most 10 other children their same age, eating meals in a large, at times very loud setting, working with other children their same age to complete team building exercises and having fun! **All questions MUST be answered.***

These questions are designed to help your child and all that attend camp have a safe and memorable experience.

How does your child interact with a large group of children of the same age? (Approx. 10-15)

In which circumstances would you child require additional 1:1 support: Transitions, social settings, meals, getting ready for the day, large groups, showering, in the pool.

What behaviors does your child display when they feel the following emotions? Please share some *examples* of the following emotions.

Happy:

Angry:

Frustrated:

Camp activities are designed for children ages 7 to 16 years old. At what age does your child function?

Does your child interact best with children their own age, older or younger?

Please list any other information that would be beneficial for us to know to provide the best experience possible.

Camper name: _____

Craniofacial Specific Information

Diagnosis: _____

Most recent surgery procedure: _____ Date: _____

Is child able to participate with other children in a structured group setting? Yes _____ No _____

Does child require close (one on one) supervision? All of the time _____ Some of time _____

Any history of aggressive behavior? If yes please give details. _____

Camp activities are designed for children ages 7-16.

Does child function mentally within this age range? Yes _____ No _____

If no, please explain: _____

Complete only if child has a history of Seizures

What type of seizures does child have? _____

How often does child have seizures? Daily _____ Weekly _____ Other _____

How long does seizure last? _____

Has child ever gone into status epilepticus from a seizure? Yes _____ No _____

Complete only if child has a tracheotomy

Type/Size: _____

Suctioning frequency: _____

Changing frequency: _____



Camper Name _____

We need your help (please)!

Camp Boggy Creek is funded through generous donations as well as grants. Your participation with this survey will help the Camp continue to receive funding from existing and new sources. Please take a moment to answer the questions below and return the survey with your application. Thank you for your time and assistance.

(Please check all boxes that may apply)

How did you hear about Camp Boggy Creek?

- Boggy Creek's Camper Recruiter
- Through a family conference a Camp Boggy Creek staff member spoke at
- Your Doctor - name/location _____
- Your Nurse - name/location _____
- Medical Professionals - Child Life, Social Worker, etc
- Media - Newspaper, TV, Radio
- Boggy Creeker (former Camper, family member)
- Website (www.BoggyCreek.org) ~ if selected, please indicate how you learned of the website:
 - Found on Camp Brochure
 - Search Engine (e.g., Goodsearch, Google)
 - Word of mouth
- Other (e.g., special event) _____

Your suggestions are appreciated. Please share ideas and comments on how to share the magic of Camp Boggy Creek.

Thank you for spending a few minutes to assist us.