



General Information

* Name Camper/Participant Prefers if Different from Legal First Name

* Sex Assigned at Birth

* Gender Identity

Is there anything else you would like us to know about your child's gender identity?

Please see our Diversity, Equity and Inclusion Policy here:

https://www.campdelcorazon.org/_files/ugd/e8a878_43411ea20b4f437ba485bf218a7f8780.pdf

* Grade in School (Upcoming Fall)/Grado en la escuela (próximo otoño)

* This will be my child's ____ year at camp. (i.e. first, second, fifth)

* I heard about Camp del Corazon from/through

* Camper T-Shirt Size

* Age on the first day of camp

* DOB - Month

* DOB - Day

* DOB - Year

* Is your birthday during camp this year?

Yes

No

We would like to encourage everyone to upload a photo to their profile. To do so, please follow these directions:

- **Click the *Edit* button under the participant's name, and click the grey upload box to select the photo you'd like to upload.**
- **Recent headshots are best, and group photos should not be used.**

* Did you add a photo to your profile?

Yes

No

* Would your family be interested in an In-Person Family Camp, located in Southern California (but not necessarily in Catalina Island)?

Yes

No

* List 3 things that your child is interested in (i.e. specific sports, robotics/clubs, etc.).

Camper/VFC Primary Contact

* Address

* City

* State/Province

* Zip/Postal

* Country/País

Summer Camper Email (optional for 15+ year old campers - we will only reach out to them in conjunction with reaching out to their guardians until they're 18, then we may reach out for alumni and additional program opportunities)

The primary guardian listed below will be Camp's first contact for all questions and communications regarding your camper and application.

Camper/VFC Primary Contact

* Full Name

* Relationship to Camper

* Preferred Phone Number

Alternate Phone Number

* Email

* Does this contact have the same mailing address as the camper?

Yes

No

* Do you give permission for us to text you important camp reminders and reminders about other events?

Yes

No

Camper/VFC Secondary Contact

* Full Name

* Relationship to Camper

* Preferred Phone Number

Alternate Phone Number

* Email

* Does this contact have the same mailing address as the camper?

Yes

No

* Do you give permission for us to text you important camp reminders and reminders about other events?

Yes

No

Camper Cabin Request

* Does your Camper have a cabin request?

Yes

No

* If so, who is their Camper Cabin Mate Request

Emergency Contacts

All persons listed as either a guardian or emergency contact will be on your campers "Approved Guardian" list for pick up, and will be pre-approved to pick up your child from the dock at San Pedro on the last day of their session should the primary guardian be unavailable.

Emergency Contact #1

* Full Name

* Relationship to Camper

* Preferred Phone Number

Alternate Phone Number

* Email

Emergency Contact #2

* Full Name

* Relationship to Camper

* Preferred Phone Number

Alternate Phone Number

* Email

Additional Approved Guardians to Pick Up my Child from Camp

* Would you like to list anyone else who may be picking up or dropping off your child for camp?

Yes

No

If so, add information here.

* Full Name

* Relationship to Camper

* Preferred Phone Number

Alternate Phone Number

* Email

* Is there anyone else you would like to list?

Yes

No

* Full Name

* Relationship to Camper

* Preferred Phone Number

Alternate Phone Number

* Email

Optional Employer Information (Camper, Virtual, P.A.C.E.)

Camp del Corazon relies entirely on donations from individuals, foundations, and corporations. In an effort to find additional sources of funding, we would love to know your employer information so that we can do research for potential grant opportunities.

Primary Employer

Employer

Who is employed here?

Primary Guardian

Secondary Guardian

Address

City

State

Zip Code

Work Phone #

* Are you okay with us contacting your employer about donating to Camp del Corazon?

Yes

No

Secondary Employer

Employer

Who is employed here?

Primary Guardian

Secondary Guardian

Address

City

State

Zip Code

Work Phone #

* Are you okay with us contacting your employer about donating to Camp del Corazon?

Yes

No

Insurance Information

All information provided is confidential and stored securely. Information will only be shared with essential office personnel in order to provide the highest quality care during the retreat.

* Is the participant covered by medical/hospital insurance?

Yes

No

* Name of Insured

Relation to camper

Insurance Company

Phone Number

Policy/Member #

CCS Number (if applicable)

Medi-Cal Number (if applicable)

Physician Information

Pediatric Cardiologist (Camper/Virtual)

* Please Select the Name of your Cardiologist. Look for their first and last name. Having trouble? Start typing their last name. If you do not find it, please select 'Other' and contact our office for assistance at 818-754-0312.

* Please input the name of your Cardiologist:

* Have you seen your cardiologist in the last year? Camp requires this every year.

Yes

No

Please make an appointment with your pediatric cardiologist ASAP. Our campers must see their Cardiologists annually.

* Date of last Cardiologist visit

* Hospital/Medical Group Affiliation

* Phone Number

Office Fax Number

* Cardiologist Email

If physician's email is unknown please call your doctor's office and find the correct email address to enter.

Mailing Address

City

State/Province

Zip/Postal

Pediatric Physician Information (Camper/Virtual)

* Pediatric Physician Name

* Hospital/Medical Group Affiliation

* Phone Number

* Email

If physician's email is unknown please call your doctor's office and find the correct email address to enter.

Address

City

State/Province

Zip/Postal

Camper General Medical Information

* Cardiac Diagnosis

Additional Medical Diagnosis

* Please list your child's Cardiac Surgeries/Procedures here

* Has your camper had a 6 minute walk test in the past?

Yes

No

* Does your child have any other recurring or chronic illnesses we should be aware of?

Yes
No

* Please list and explain

* Does your child have Pulmonary Hypertension?

Yes
No

While at camp will your child require any of the following special medical services?

Tube Feedings: Please note-you will need to provide enough tube feeding and supplies (feeding bags, port connectors, syringes, etc) for 7 days. We do not have these supplies available on the island and will NOT have access to them once we are there. If needed, make sure you pack the necessary equipment/pump for your child. I.e. Tube feeding pump.

Blood Glucose: Please note-you must bring supplies (Glucometer, finger sticks, testing strips, insulin, syringes, needles, etc) for 7 days. We do not have these supplies available on the island and will NOT have access to them once we are there.

Oxygen: Please note-you must bring enough oxygen for 7 days of use.

Nebulizer: Please note-Bring enough supplies for 7 days of use.

INR Checks: Please note-you must bring your own supplies (INR machine, finger sticks, testing strips, etc). We do not have these supplies available on the island and will NOT have access to them once we are there.

Intravenous Lines: Please note-you must bring supplies (Dressing change kits, syringes, needles, tubing, etc) for 7 days or as often will be needed. We do not have these supplies available on the island and will NOT have access to them once we are there.

* Tube Feedings?

Yes
No

* Oxygen?

Yes
No

* Nebulizer?

Yes
No

* INR Checks?

Yes
No

* Intravenous Lines?

Yes
No

* Other?

Yes

No

Please be aware that if your child requires special medical services, you will be required to provide your own supplies.

Camper Behavioral History

* Does your child have any developmental disabilities (such as Autism Spectrum Disorder, Down syndrome, DiGeorge syndrome, cerebral palsy or other developmental delays?)

Yes

No

* Please explain

* Does your child have any physical disabilities?

Yes

No

* Please explain

* What language(s) does your child speak?

* What language(s) are spoken at home?

* Is your household Spanish-speaking?

Yes

No

* Does your child function at his/her age level?

Yes

No

* Do you feel like your child would benefit from being placed in a lower age-group cabin?

Yes

No

* Has your child experienced any recent major changes in the past year? (i.e. surgery, death of a loved one, divorce, moved to a new city, started a new school, etc.)

Yes

No

* If so, please provide a few details so our staff may have all the information possible to support your child's needs throughout camp.

* Will this be the first time your child is away from home for a long time?

Yes

No

* Are there any experiences from previous years at camp that we should know about in preparation for this year?

Yes

No

* If so, please provide a few details so our staff may have all the information possible to support your child throughout camp.

* Please describe any emotional, behavioral, or mental health notes that will help us keep your child safe at camp (i.e. unusually long tantrums, serious fears, sensitivities, etc.) Type n/a if not applicable.

Please select either (yes) or (no) and explain where necessary.

* Does your child have a recent history of bedwetting?

Yes

No

* Does your child need a nightlight for sleeping?

Yes

No

* Has your child exhibited signs of homesickness when away from home?

Yes

No

* Does your child have an IEP or 504 plan?

Yes

No

* Does your child have a Behavior Intervention Plan at school?

Yes

No

* Does your child have a one on one aide at school?

Yes

No

* Does your child see a mental health professional?

Yes

No

Please share information with the counselors that will help make your child's adjustment to camp smoother. (i.e. camper's way of handling anger and frustration, etc.)

Activity Level

* Does your child know how to swim?

Yes

No

* Is your child able to walk 450 feet/150 yards unassisted without extreme fatigue?

Yes

No

* Does your child participate in a School Physical Education program?

Yes

No

* Activity Level

A) FULL ACTIVE PARTICIPATION WITH MODERATE EXERCISE: Participates in non-competitive games which may involve running short distances

B) PARTIAL ACTIVE PARTICIPATION WITH LIGHT EXERCISE: Participates in limited activities. Camper rests occasionally

C) LIMITED ACTIVE PARTICIPATION WITH NO EXERCISE: Must rest frequently and often. Participates in sedentary activities only. If your child fits category C please reconsider his/her suitability for camp. However if you perceive that your child can benefit from actively participating in the programs please submit a written explanation.

Diabetic Campers

* Is your child followed by an endocrinologist who manages their diabetes?

Yes

No

Due to challenges of diabetes management in this high activity camp, we need clearance from an endocrinologist and a detailed plan for insulin coverage to safely care for your child. If this can not be provided, we may decide your child is too high risk for our camp.

* Blood Glucose Checks?

Yes

No

* Endocrinologist's Notes

Please upload your child's endocrinologist's notes with an insulin plan for camp.

Dietary Restrictions

Our ability to provide special diets is limited. We will attempt to accommodate special needs.

* Any special dietary needs? Note that there is a separate section for Allergies.

Yes

No

* Does your child know how to pick foods according to their dietary needs without one-on-one supervision?

Yes

No

* Vegetarian?

Yes

No

* Vegan?

Yes

No

* Kosher?

Yes

No

* Other?

Yes

No

* **Details**

Allergies

* Does Test have food allergies?

Yes

No

If yes, please explain

* Does Test have drug allergies?

Yes

No

If yes, please explain

* Does Test have environmental allergies?

Yes

No

If yes, please explain

Prescribed Medications

**Please list all prescription medications your child is currently taking.
Please be as specific as possible.**

*** Does Test take medications?**

Yes

No

If so, please fill this out.

Medication #1

Strengths

Dose Quantity

Dose Form

Frequency

Times Given

Dates to give

*** Why do they take this medication?**

*** Will they be taking this medication at Camp del Corazon?**

Yes

No

Special Instructions

Medication #2

Strengths

Dose Quantity

Dose Form

Frequency

Times Given

Dates to give

*** Why do they take this medication?**

*** Will they be taking this medication at Camp del Corazon?**

Yes

No

Special Instructions

Medication #3

Strengths

Dose Quantity

Dose Form

Frequency

Times Given

Dates to give

*** Why do they take this medication?**

*** Will they be taking this medication at Camp del Corazon?**

Yes

No

Special Instructions

Camper Over the Counter Medications

Non-prescription medications we stock in the camp infirmary are listed below.

We may need to give your child OTC meds in the event we see they need them. Please mark Yes to those of which you're OK with us giving your child, and No to those you don't want us to give your child.

OTC Medications

*** Acetaminophen (Tylenol)- Mild pain and fever reliever**

Yes

No

*** Chloraseptic Spray- Sore throat**

Yes

No

*** Dextromethorphan (Robitussin)- Cough medicine**

Yes

No

*** Diphenhydramine (Benadryl)- Allergy medicine**

Yes

No

*** Ibuprofen (Advil/Motrin)- Mild pain reliever**

Yes

No

*** Loratadine (Claritin)- Non-drowsy allergy medicine**

Yes

No

*** Meclizine/Dramamine- Sea sickness**

Yes

No

* Milk of Magnesia- Constipation

Yes

No

* Pepto Bismol (Contains Aspirin)- Upset stomach

Yes

No

Camper Illness History

Please indicate YES or No for each illness.

If yes, the last date illness occurred. If illness is a frequent occurrence, please provide comments below.

* Frequent colds or ear infections

Yes

No

If yes, please explain

* Asthma

Yes

No

If yes, please explain

* Frequent fever

Yes

No

If yes, please explain

* Seizures

Yes

No

If yes, please explain

* Seasonal Allergies/Sinus Infections

Yes

No

If yes, please explain

* Frequent bowel/bladder problems

Yes

No

If yes, please explain

* Hypertension/High Blood Pressure

Yes

No

If yes, please explain

* Bleeding/clotting disorders

Yes

No

If yes, please explain

* German Measles/Measles

Yes

No

If yes, please explain

* Stomach aches

Yes

No

If yes, please explain

* Stroke/paralysis

Yes

No

If yes, please explain

* Endocarditis

Yes

No

If yes, please explain

* Strep throat

Yes

No

If yes, please explain

* Fainting episodes

Yes

No

If yes, please explain

* Hepatitis

Yes

No

If yes, please explain

Immunization History

Please note: Your child's immunizations must be up to date to be approved for camp. If you wish to opt out of immunizations for your child, please contact the camp office to complete an Immunization Exemption Form.

Tetanus Booster (Tdap)

Dose Date _____

Not received

COVID-19 (REQUIRED- please send a picture)

Vaccine Manufacturer: Pfizer, Moderna, Johnson and Johnson (Circle which one)

Dose 1 Date _____

Not received

Dose 2 Date _____

Not received

Measles, mumps, rubella (MMR)

Dose 1 Date _____

Not received

Dose 2 Date _____

Not received

Diphtheria, tetanus, pertussis (DTaP)

Dose 1 Date _____

Not received

Dose 2 Date _____

Not received

Dose 3 Date _____

Not received

Dose 4 Date _____

Not received

Dose 5 Date _____

Not received

Hepatitis B (HepB)

Dose 1 Date _____

Not received

Dose 2 Date _____

Not received

Dose 3 Date _____
Not received

Polio (IPV)

Dose 1 Date _____

Not received

Dose 2 Date _____

Not received

Dose 3 Date _____

Not received

Dose 4 Date _____

Not received

Varicella (Chicken Pox)

Dose 1 Date _____

Not received

Dose 2 Date _____

Not received

* Please fill in the date of the participant's last Tdap or Tetanus Booster: YOU MUST have had a Tdap or Tetanus Booster in the last 10 years, otherwise you cannot attend. If you don't have an up-to-date Tetanus shot, please go get one ASAP.

* Has the participant had or been exposed to chicken pox, measles or any other communicable diseases in the past 1-3 months?

Yes

No

Have you received the COVID-19 vaccine?

Yes

No

* Has your child received any additional COVID-19 vaccinations?

Yes

No

Optional Demographic Inquiry

Please Help Us!

This form is completely voluntary and you are not required to answer any or all of the following questions. This form will be viewed separately from the participant's application and has no effect on the participant's eligibility to attend camp. The information below is for funding purposes only; demographic information is crucial to obtaining funding that supports Camp del Corazon and allows us to continue providing camp, free of charge.

* Will you help us?

Yes

No

Family Ethnicity

Number of People in Household (include all children and adults living in the house):

ANNUAL Household Income (NUMBERS ONLY: i.e. 25000. Please list gross income (before taxes). Include total income for ALL household members):

Do you currently receive WIC benefits?

Yes

No

Do you currently receive CalWorks/TANF benefits?

Yes

No

Thank you for your help!

Camper Authorizations

Camper Expectations

This is the ONLY section that we NEED your camper to fill out. Your Camper must type their first and last name at the end of this section. Please email info@campdelcorazon.org with any questions

Dear Parent/Guardian and Camper,

Every year, we ask our campers and their guardians to review and sign a set of mutually agreed upon expectations. Camp is an experience in group living. In order for Camp to be safe, fun, enjoyable and run successfully, everyone must cooperate and comply with Camp rules. This year with the added challenges and protocols related COVID-19 it is all the more crucial that campers and parents understand and assume the responsibilities of coming to camp. Please discuss these expectations with your camper before Camp. Please read, discuss and sign these expectations together with your child.

General Expectations

- Each camper must treat every person at Camp with respect and consideration. Camp will not tolerate intimidation, verbal or physical abuse, or destruction of property.
- Campers must help out with chores (dining hall and cabin clean-up, packing and unloading) and comply with cabin rules.
- Alcoholic beverages, illegal drugs, smoking or tobacco products are not allowed.
- Guns, knives, slingshots, fireworks or any other kinds of weapons are not allowed.
- Physical, sexual or suggestive behavior is not appropriate or acceptable.
- We expect all campers to be respectful and responsible at all times, to include off-site trips, outings and all events.
- Cussing, swearing and foul language is not acceptable.

COVID-19 Safety Protocols

- Campers are to be fully compliant with COVID protocols. This includes and is not limited to protocols that our Medical Team puts in place as preventative measures and protocols in place if your child is considered exposed.
- Campers are to follow all directions given by CdC staff with regard to handwashing and physical distancing.

If at any time during Camp these expectations are broken or a camper's behavior takes away from a positive or safe camping experience, the Camp Director reserves the right to notify guardian(s) who will be required to pick-up their child at the Catalina Express terminal or other designated location at their own expense. The Camp Director and Executive Director will decide if and when an expelled camper may return to Camp in the future.

We have read, discussed and understood the above.

Camper Signature

Our 2024 COVID protocols will be decided this summer and shared with all applicants.

The following Authorizations are to be signed by the Parent/Guardian/Conservator.

Medical Information Release

No camper will be allowed to attend camp without their cardiology and medical forms approved by the nursing staff at least 14 days prior to your child's first day of camp. We will notify the cardiologist that your child's cardiology form has become available for review, however, the camp office is not responsible for any outstanding forms. Please make sure you follow up with your cardiologist about reviewing the cardiology form in a timely fashion. You will be notified when the form has been completed and reviewed.

By typing your name below, you hereby authorize release of the information requested on the camper cardiology form to Camp del Corazon, its delegates and other medical care providers that they deem appropriate and necessary.

Parent/Guardian/Conservator Full Name

Signature

Medical Release

Camper information will not be used for any other purpose, or shared with anyone other than the Medical Team and pertinent camp staff.

I/We authorize and appoint any member of the staff of Camp del Corazon to care for our child while attending Camp del Corazon. This authorization shall include the right to any necessary medical or dental treatments, such as operations, drug, emergency care, hospitalization, and or any type of medical or dental treatment.

In typing your name below, you agree to the terms and conditions of the "Medical Release / Permission to Treat".

Parent/Guardian/Conservator Full Name

Signature

Liability Waiver

I (we) understand that there are risks and dangers inherent in attending summer camp and/or participating in the activities offered at Camp del Corazon and that these risks may be higher in children with congenital heart disease or heart rhythm abnormalities. I also understand that in order for my child/ ward to be allowed to attend summer camp and participate in the activities offered at Camp del Corazon, Inc. I must give up my rights to hold Camp del Corazon liable for any injury or damage, which my child/ ward may suffer while attending summer camp and/or participating in the activities offered at Camp del Corazon.

KNOWING THIS, AND IN CONSIDERATION OF MY CHILD/WARD BEING PERMITTED TO ATTEND SUMMER CAMP AND/OR PARTICIPATE IN THE ACTIVITIES OFFERED AT CAMP DEL CORAZON, MY CHILD AND I HEREBY VOLUNTARILY RELEASE CAMP DEL CORAZON FROM ANY AND ALL LIABILITY RESULTING FROM OR ARISING OUT OF MY CHILD/WARD ATTENDING SUMMER CAMP AND/OR PARTICIPATING IN THE ACTIVITIES OFFERED AT CAMP DEL CORAZON.

I understand and agree that my child/ward and I are releasing not only the entities set forth in the paragraph above, but also the officers, agents, and employees of those entities.

I understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my child/ward attending summer camp and/or participating in the activities offered at Camp del Corazon. THIS RELEASE CONSTITUTES A COMPLETE RELEASE, DISCHARGE AND WAIVER OF ANY AND ALL ACTIONS OR CAUSE OF ACTION AGAINST CAMP DEL CORAZON, THEIR OFFICERS, AGENTS OR EMPLOYEES.

I understand and agree that this Release applies to personal injury, property damage, or wrongful death, which my child/ward may suffer, even if caused by the acts or omissions of others.

I understand and agree that by signing this Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by my child/ward while attending summer camp and/or participating in the activities offered at Camp del Corazon.

I understand and agree that this Release will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and any guardian ad litem for said children. I understand and agree that by signing this Release, I am agreeing to indemnify and hold Camp del Corazon, their officers, agents and employees harmless from any and all liability or cost including attorneys fees, associated with or arising from my child/ward attending summer camp and/or participating in the activities offered at Camp del Corazon.

I understand and agree that by signing this Release on behalf of my minor child that I will be giving up the same rights for said minor, as I would be giving up if I signed this document on my own behalf.

I acknowledge that I have read this Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to my child/ward attending summer camp and/or participating in the activities offered at Camp del Corazon.

In typing your name below, you agree to the terms and conditions of the RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT.

Parent/Guardian/Conservator Full Name

Signature

Photo Release

The undersigned do hereby authorize Camp del Corazon, to interview, photograph or make any other visual or audio recordings of my child.

The undersigned authorizes the use for television, radio, magazines, newspaper, web site and any other forms of media presentations, for related stories about the summer camp sponsored by Camp del Corazon, Inc.

Authorization and/or consent as outlined above are hereby granted. I hold Camp del Corazon, its agents, employees and volunteers harmless from any claim for injury or compensation resulting from the activities authorized by this document.

In typing your name below, you agree to the terms and conditions of the "PHOTO RELEASE".

Parent/Guardian/Conservator Full

Signature

COVID-19 Disclosure and Acknowledgement of Risk

Acknowledgment of Risk

I hereby acknowledge and agree that participation in Camp del Corazon activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with Camp del Corazon participation, including but in no way limited to illness, including exposure to and infection with viruses or bacteria.

Disclosure

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in summer camp programs or accessing Camp del Corazon facilities could increase the risk of contracting COVID-19. Your child's

health and safety is important to us. For that reason, we want you to be aware that while we will maintain proper (and enhanced) hygiene and infection control practices, it is impossible to guarantee that your child (or anyone else at camp) will not become sick or be exposed to COVID-19. Camp del Corazon in no way represents or warrants that COVID-19 infection will not occur through participation in Camp del Corazon programs or accessing Camp del Corazon facilities.

I agree that to abide by all CDC, federal, county, state and local regulations and recommendations concerning COVID-19 as well as any policies that Camp del Corazon may adopt. Without limiting the foregoing, I agree my child will not come to camp if I, or anyone in my household, has displayed a fever or any other symptoms of COVID-19 within the past 72 hours or if fewer than ten days have passed since his or her symptoms first appeared. I agree that if my child has tested positive for COVID-19 then my child will not return to Camp del Corazon until at least 10 days from their last positive test.

By signing this document, you acknowledge your understanding that COVID-19 is spreading rapidly through the United States, that during camp your child will spend a significant amount of time around many children and adults, and that it is possible that your child may become sick with or exposed to COVID-19, whether at camp or elsewhere. Additionally, I acknowledge that failure to adhere to these guidelines may result in my child's removal from camp for the duration of camp sessions.

Signature