

Welcome!

- ❗ This form should be completed by the camper's parent/guardian.
Please fill this form out as completely as possible.

- This application must be filled out by the parent/guardian of the camper.
- Please take a moment to grab your child's medical insurance information, cardiologist's information, a list of their medications, emergency contact numbers, etc. You will need these for the application.
- Take your time and answer honestly; help us get to know your child. The more information we have, the better prepared we will be to care for them this summer.
- Campers with forms completed less than 14 days prior to camp will not be allowed to attend.
- Space is available on a first come, first served basis.
- We do our best to accommodate your first choice session and bunkmate requests, and appreciate your understanding and flexibility in the event that is not possible.

Summer Camp Essential Functions for Campers

Our goal is for every child who attends Camp del Corazon to have a safe and positive camp experience. Our camp is equipped to provide excellent medical care for a variety of cardiac issues. We understand that campers are at different stages of development, however in order to ensure the safety of everyone at camp the following are essential functions for all campers:

- Must be between the ages of 7-17 by the first day of camp
- Communicate their basic needs
- Dress themselves and maintain basic hygiene (with guidance)
- Choose their own food (with guidance)
- Ability to self-manage one's behavior so as not to be harmful to oneself or other staff or campers
- Ability to understand/follow staff directions and stay with one's group
- Ability to navigate a large outdoor environment with varied terrain

If you have any questions, please contact the camp office at 818-754-0312

Please Sign on the next page, where this information is repeated in bad formatting.

Camper's First Name: _____.

Camper's Last Name: _____.

Camper's Sex: _____.

Chosen Camp Session (1, 2 or 3): _____.

Session 1: August 18 - 22

Session 2: August 22 - 26

Session 3: August 26 - 30



Name:

Date of Birth:

Sex:

Welcome!

Instructions

See Previous page for this information and sign below.

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-
-
-
-
-
-
-
-
-

Signature

SignatureDate

General Information

Nickname/Name Camper Prefers _____

Gender _____

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) _____

We heard about Camp del Corazon from/through: _____

T-Shirt Size _____

Age on the first day of camp _____

DOB - Month _____

DOB - Day _____

DOB - Year _____

Camper Contact Information

Address _____

City _____

State/Province _____

Please specify: _____

Zip/Postal _____

Country/País _____

Summer Camper Email (optional for 16 yrs & older only) _____

Instructions

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

General Information (continued)

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

Address

City

State

Zip Code

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

Address

City

State

Zip Code

**Cabin Request
Instructions**

We DO NOT guarantee cabin mate requests, as we prioritize the medical needs and safety of campers while assigning cabins before any other criteria.

Does your Camper have a cabin request?

Yes No

Camper Cabin Mate Request

Emergency Contacts

Instructions

All persons listed as either a guardian or emergency contact will be on your campers "Approved Guardian for pick up list, 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

Instructions

Additional contact in event parent(s)/guardian(s) cannot be reached

Full Name

Relationship to Camper

Preferred Phone Number

Alternate Phone Number

Email

Emergency Contact #2

Instructions

Additional contact in event parent(s)/guardian(s) cannot be reached

Full Name

Relationship to Camper

Preferred Phone Number

Alternate Phone Number

Email

Optional Employer Information

Instructions

Camp del Corazon relies entirely on donations from individuals, foundations and corporations. In an effort to find additional sources of funding, we ask that you provide us with your employer information so that we can do research for matching grant information, employee organization foundations, etc

Primary Employer

Employer

Who is employed here?

Address

City

State

Zip Code

Secondary Employer

Employer

Who is employed here?

Address

City

State

Zip Code

Insurance Information

Instructions

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

Is the participant covered by family 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

Please select the name of your Cardiologist:

Please specify

Hospital/Medical Group Affiliation

Phone Number

Office Fax Number

Cardiologist Email

Instructions

If physician email is unknown please enter info@campdelcorazon.org.

Mailing Address

City

State/Province

Please specify:

Zip/Postal

Pediatric Physician Information

Pediatric Physician Name

Hospital/Medical Group Affiliation

Phone Number

Email

Instructions

If physician email is unknown please enter info@campdelcorazon.org.

Address

City

State/Province

Please specify:

Zip/Postal

Does your child see a mental health professional?

Yes No

General Medical Information

Cardiac Diagnosis

Additional Medical Diagnosis

Please list your child's Cardiac Surgeries/Procedures here

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

Yes No

Please explain

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

Yes No

Please list and explain

Instructions

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.

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?

Amount and rate of feeding (please note that battery operated feeding pumps are preferred during the day since campers will be walking around all day and will have minimal access to electricity):

Can camper eat regular foods during meals?

Yes No

Bolus feeding (meal times and bedtime):

Mealtime feedings: Amount and rate of feeding:

Nighttime continuous feeding-amount and rate of feeding:

Blood Glucose Checks?

Yes No

Blood glucose checks at meal times and bedtime: will they need insulin coverage?

Yes No

How much?

What type?

Please provide sliding scale (if currently using one) that we can use while the camper is on the island

Please describe any titration/changes in rate of infusion based on meals (ie carbohydrate intake, carb counting)

General Medical Information (continued)

Does camper know how to count carbohydrates and pick foods accordingly?

Yes No

Does camper know how to change the pump infusion rate/medication/pump?

Yes No

Oxygen?

Yes No

When is Oxygen needed?

How many liters/minute?

How many liters/min?

Is oxygen in a portable tank? (ie in a backpack)

Yes No

Does camper use an oxygen condenser?

Yes No

Instructions

Please bring your child's own oxygen condenser to the island.

Nebulizer?

Yes No

Instructions

Please bring your child's own nebulizer to the island.

How many times per day?

INR Checks?

Yes No

How often does INR need to be checked ?

INR goal

Who needs to be called for Coumadin/Warfarin dosing changes? (please provide contact information, if not known now, please provide at the Dock along with updated instructions)

Intravenous Lines?

Yes No

Will the line be accessed at camp?

Yes No

Does the camper know how to change the dressing/tubing/medication?

Yes No

Details

Other?

Yes No

Please list and explain

Instructions

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

Personal Health History Information

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

Please describe _____

On a scale of 1-5 (5 being extremely excited), how would you rate your child's excitement for camp? _____

On a scale of 1-5, (5 being extremely afraid), how would you rate your child's level of fear towards camp? _____

Think about how your child feels about their diagnosis today (before camp). On a scale of 1-5, (5 being extremely comfortable), how would you rate your child's level of comfort with their CHD? _____

On a scale of 1-5, (5 being extremely independent), how would you rate your child's level of independence today? _____

On a scale of 1-5, (5 being extremely confident), how would you rate your child's level of self-confidence today? _____

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 throughout camp. _____

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. _____

Instructions

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

Personal Health History Information (continued)

Will this be the first time your child is away from home?

Yes No

Details

Does your child have a recent history of bedwetting?

Yes No

Details

Does your camper wear pull-ups at night?

Yes No

Instructions

Please bring enough for 7 days.

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

Yes No

Details

On a scale of 1-5 (5 being extremely well), how well does your child make friends?

Does your child have at least one close friend?

Yes No

Details

Does your child know how to swim?

Yes No

How well?

Has your child had previous group experiences?

Yes No

How do they respond to groups?

Is your child a leader?

Yes No

Please describe:

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

Yes No

Please explain

Does your child participate in a School Physical Education program?

Yes No

Activity Level

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.)

Dietary Restrictions

Instructions

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

Diet Restrictions

Any special dietary needs? Yes No

Does your child know how to pick foods according to their dietary needs without one-on-one supervision? Yes No

Details _____

Vegetarian? Yes No

Vegan? Yes No

Kosher? Yes No

Other? Yes No

Details _____

Allergies

		Anaphylaxis Risk?	Bringing Epi-Pen?
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____		
Allergy	Reaction		
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergy	Reaction		
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergy	Reaction		

Prescribed Medications

Instructions

Please list all prescription medication your child is currently taking.

Please be as specific as possible.

Medication _____ Strength _____ Dose Qty _____ Dose Form _____ Time of Day _____

Medication _____ Strength _____ Dose Qty _____ Dose Form _____ Time of Day _____

Medication _____ Strength _____ Dose Qty _____ Dose Form _____ Time of Day _____

Please note any special instructions for the above listed medications (i.e. Refrigerate, take pulse prior to taking, watch for bleeding, or history of seizures)

Over the Counter Medications

Instructions

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

Please indicate YES for medications we SHOULD administer as needed and NO for medications we SHOULD NOT administer.

Please circle Yes or No

Acetaminophen (Tylenol) - (YES / NO)

Benadryl - (YES / NO)

Chloraseptic Spray - (YES / NO)

Claritin - (YES / NO)

Cough Medicine - (YES / NO)

Ibuprofen (Advil, Motrin) - (YES / NO)

Meclazine/Dramamine - (YES / NO)

Milk of Magnesia - (YES / NO)

Pepto Bismol (Contains Aspirin) - (YES / NO)

Robitussin - (YES / NO)

Illness History

Instructions

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

Date of last illness _____

Details _____

Asthma

Yes No

Date of last illness _____

Details _____

Frequent fever

Yes No

Date of last illness _____

Details _____

Illness History (continued)

Diabetes

Yes No

Please describe current state of diabetic condition and any recent episodes.

Seizures

Yes No

Date of last illness

Details

Seasonal Allergies/Sinus Infections

Yes No

Date of last illness

Details

Frequent bowel/bladder problems

Yes No

Date of last illness

Details

Hypertension/High Blood Pressure

Yes No

Date of last illness

Details

Bleeding/clotting disorders

Yes No

Date of last illness

Details

German Measles/Measles

Yes No

Date of last illness

Details

Illness History (continued)

Stomach aches

Yes No

Date of last illness

Details

Stroke/paralysis

Yes No

Date of last illness

Details

Endocarditis

Yes No

Date of last illness

Details

Strep throat

Yes No

How many times in the past year has camper had strep throat ?

Date of last illness

Details

Fainting episodes

Yes No

Date of last illness

Details

Hepatitis

Yes No

Date of last illness

Details

Immunization History

Instructions

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 1: _____

COVID-19

Dose 1: _____

Dose 2: _____

Measles, mumps, rubella (MMR)

Dose 1: _____

Dose 2: _____

Diphtheria, tetanus, pertussis (DTaP)

Dose 1: _____

Dose 2: _____

Dose 3: _____

Dose 4: _____

Dose 5: _____

Hepatitis B (HepB)

Dose 1: _____

Dose 2: _____

Dose 3: _____

Immunization History (continued)

Polio (IPV)

Dose 1: _____

Dose 2: _____

Dose 3: _____

Dose 4: _____

Varicella (Chicken Pox)

Dose 1: _____

Dose 2: _____

Please fill in the date of the participants last Tdap or Tetanus Booster:

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

Yes No

Details

Have you received the COVID-19 vaccine?

Yes No

Date of vaccine

Manufacturer

Number of vaccines

Date of booster

Manufacturer

COVID-19 Vaccine Card upload

We are strongly encouraging all campers to receive the vaccination. Are you willing?

Please download this form from your account's 'Health Profile' page.

Yes No

Instructions

A member of our staff will contact you to discuss this matter further.

Authorizations

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

Date

Medical Release

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

Date

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

Date

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 Name

Signature

Date

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 of 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

Signature Date

Optional Demographic Inquiry

Instructions

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 your child's application and has no effect on your child'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.

Instructions

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.

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):



Optional Demographic Inquiry (continued)

Does your child qualify for reduced lunches at school?

Yes No

Instructions

Thank you for your help!

Thank you for your application!
Please send your application to the camp office:

Camp del Corazon
11615 Hesby Street
North Hollywood, CA 91601