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March 1, 2010

Dear Camper & Family,

Greetings from The Valerie Fund's Camp Happy Times! **Camp Happy Times 2010 will begin on Monday, August 16th and end on Sunday, August 22nd.**

Our theme for 2010 is "Super Heroes." We will be highlighting a variety of heroes from Superman and Wonder Woman to firefighters, police, soldiers and our campers. Everyone is sure to have a blast!

Enclosed, please find the 2009 application for The Valerie Fund's Camp Happy Times. Kindly take the time to complete all of the sections and review the code of conduct with your child. Please make sure that the areas marked with an arrow are signed.

The application consists of two parts; Camper Application & Medical Application. Please make sure that the application is signed in the areas indicated with an arrow.

- **Camper Application (Part I)** - Please complete Part I and return it by May 15, 2010.
- **Medical Application (Part II)** - Call your doctor and schedule an appointment to have Part II completed and have them return it in the provided envelope by the June 15, 2010 deadline.

A critical portion of making camp safe and successful for each of our children is to ensure that we have all of the proper paperwork from each camper and necessary volunteers / staff for camp. You can help us by simply completing each portion of the required paperwork in a timely manner so that we can arrange the rest!

Feel free to call us at 973-761-0422 if you have any questions. You can also contact us via email at: Milliesue@aol.com (Millie), Robinalyce@aol.com (Robin), or Canyon116@aol.com (Matthew). We look forward to another wonderful week at Camp Happy Times!

All the best,

Volunteer Camp Director

Matthew Ruttler & Robin Pritchett
Assistant Camp Directors

Mark your calendars for two upcoming events!

Sunday, May 23, 2010 CHT Reunion

Campers and their siblings are invited to a day of fun and games at The Funplex in East Hanover, NJ. Sponsored by Morgan Stanley, this event is offered at no charge to the families including transportation. Please visit our website to download additional registration forms!

Saturday, June 12, 2010 Walk-A-Thon

Campers and their families are encouraged to form a team and raise money for this exciting event. The Walk-A-Thon, sponsored by CBS-TV will be held at Verona Park in Verona, NJ. There will be live entertainment, food and games! Please visit our website for a registration form.

Promoting Friendship, Independence and a Spirit of Cooperation for Children Who Have or Have Had Cancer

Children's Hospital of NJ at Newark Beth Israel, Newark • Children's Hospital of New York-Presbyterian Hospital, New York
Children's Hospital of Philadelphia, Specialty Care Center, Voorhees • Monmouth MC, Long Branch • Morristown Memorial Hospital, Morristown
Overlook Hospital, Summit • Saint Barnabas Medical Center, Livingston

The Valerie Fund's Camp Happy Times Camper Application Part I August 16th – 22nd, 2010

Camper Name: Last _____ First _____

CAMPER INFORMATION (PLEASE PRINT AND COMPLETE EACH SECTION IN ITS ENTIRETY)

CAMPER LAST NAME		CAMPER FIRST NAME		CAMPER NICK NAME		SCHOOL GRADE IN 9/10	
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH / /	AGE	CANCER DIAGNOSIS		DATE OF DIAGNOSIS / /	
CAMPER'S HOME ADDRESS			APT.	CITY		STATE	ZIP
CAMPER'S EMAIL ADDRESS			CAMPER'S T-SHIRT SIZE				COUNTY
CAMPER'S CELL PHONE (IF APPLICABLE)			CHILD SMALL	CHILD MEDIUM	CHILD LARGE	ADULT SMALL	ADULT XX-LARGE
			ADULT MEDIUM	ADULT LARGE	ADULT X-LARGE		

TREATMENT CENTER

NAME OF TREATMENT CENTER							
<input type="checkbox"/> NEWARK BETH ISRAEL	<input type="checkbox"/> CHOP VORHEES	<input type="checkbox"/> MONMOUTH	<input type="checkbox"/> MORRISTOWN/OVERLOOK		<input type="checkbox"/> NY COLUMBIA PRES.		
<input type="checkbox"/> ST. BARNABAS	<input type="checkbox"/> ST. JOSEPH'S	<input type="checkbox"/> ST. PETER'S	<input type="checkbox"/> ROBERT WOOD	<input type="checkbox"/> OTHER _____			
NAME OF DOCTOR AT TREATMENT CENTER			NAME OF SOCIAL WORKER		TREATMENT CENTER PHONE NUMBER		
WILL YOUR CHILD BE RECEIVING TREATMENT FOR CANCER WHEN HE/SHE ATTENDS CHT 2010? <input type="checkbox"/> No <input type="checkbox"/> Yes							
WILL YOUR CHILD BE TAKING MEDICATION WHILE AT CAMP IN 2010? <input type="checkbox"/> No <input type="checkbox"/> Yes							

PARENT/GUARDIAN

WHO DOES THE CAMPER LIVE WITH OR HAS PRIMARY CUSTODY?				<input type="checkbox"/> MOTHER & FATHER	<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	<input type="checkbox"/> GUARDIAN
MOTHER'S/ GUARDIAN FIRST AND LAST NAME			HOME NUMBER		CELL NUMBER		
MOTHER'S/ GUARDIAN EMAIL ADDRESS			MOTHER'S / GUARDIAN WORK NUMBER		EXTENSION		
FATHER'S FIRST AND LAST NAME			HOME NUMBER		CELL NUMBER		
FATHER'S EMAIL ADDRESS			FATHER'S WORK NUMBER		EXTENSION		

EMERGENCY CONTACT

EMERGENCY CONTACT PERSON (NOT THE MOTHER/FATHER/GAURDIAN) FIRST & LAST NAME		RELATIONSHIP TO CAMPER	
EMERGENCY CONTACT HOME PHONE	EMERGENCY CONTACT CELL PHONE	EMERGENCY CONTACT WORK PHONE	

INSURANCE (PLEASE INCLUDE A COPY OF FRONT AND BACK WITH APPLICATION)

NAME OF HEALTH INSURANCE PLAN	HEALTH INSURANCE POLICY NUMBER	HEALTH INSURANCE GROUP NUMBER
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TRANSPORTATION

HOW WILL YOUR CHILD <u>ARRIVE</u> TO CAMP HAPPY TIMES ON MONDAY, AUGUST 16, 2010?	
<input type="checkbox"/> PARENT/GUARDIAN WILL DRIVE CAMPER TO CHT	<input type="checkbox"/> BUS PROVIDED AT THE FOLLOWING LOCATION
IF YOUR CHILD WILL BE <u>ARRIVING</u> BY A BUS PROVIDED BY CHT, PLEASE INDICATE THE LOCATION HE/SHE WILL USE	
<input type="checkbox"/> NEWARK BETH	<input type="checkbox"/> ST. BARNABAS
<input type="checkbox"/> MONMOUTH	<input type="checkbox"/> OVERLOOK
<input type="checkbox"/> ST. JOSEPH	<input type="checkbox"/> NY PRESBYTERIAN
<input type="checkbox"/> CHOP-VORHEES	
HOW WILL YOUR CHILD <u>DEPART</u> FROM CAMP HAPPY TIMES ON SUNDAY, AUGUST 22, 2010?	
<input type="checkbox"/> PARENT/GUARDIAN WILL DRIVE CAMPER TO CHT	<input type="checkbox"/> BUS PROVIDED TO THE FOLLOWING LOCATION
IF YOUR CHILD WILL BE <u>DEPARTING</u> BY A BUS PROVIDED BY CHT, PLEASE INDICATE THE LOCATION HE/SHE WILL USE	
<input type="checkbox"/> NEWARK BETH	<input type="checkbox"/> ST. BARNABAS
<input type="checkbox"/> MONMOUTH	<input type="checkbox"/> OVERLOOK
<input type="checkbox"/> ST. JOSEPH	<input type="checkbox"/> NY PRESBYTERIAN
<input type="checkbox"/> CHOP-VORHEES	

The Valerie Fund's Camp Happy Times

Camper Application Part I August 16th – 22nd, 2010

Camper Name: Last _____ First _____

CODE OF CONDUCT

In a continuing effort to offer campers the best week possible with the most memorable outcomes, rules for camper behavior should be understood and agreed upon by the Camper and Parent/Guardian before attending Camp Happy Times. While situations are not anticipated, this code is simply a way to provide a safeguard for the Camp as well as the participants. Please discuss with your child the following rules and the importance of adhering to them during their attendance at Camp Happy Times (CHT).

The Camper and Parent/Guardian must sign this agreement in order to for the applicant to attend. Campers are expected to abide by the following codes:

1. **All medications (including over-the-counter) must be kept in the Infirmary.** Parents must clearly mark all medication with the Campers Full Name along with an adequate supply for the duration of Camp. The Infirmary shall dispense the respected medications as prescribed by the Campers Physician.
2. **For personal protection, Campers must abide by the established Safety Rules at each activity.** Consumption of or the sale of Tobacco Products, Alcohol or Illegal Substance is not permitted.
3. **Campers are encouraged to eat their meals as well as drink fluids at every meal.** Campers must also wear sunscreen, hats and shirts at all times for sun protection.
4. **Campers are to abide by common standards of decency including dress and behavior.** Abusive language, arguing or fighting between campers, or with the staff is intolerable. (i.e. fighting, threats, insults, cursing and discrimination)
5. **Campers are responsible for their own personal belongings.** Campers shall not bring Money or Valuables, including I-Pods and cell phones to Camp Happy Times. Campers must obtain permission to use other's personal belongings and be respectful in its use.
6. **Pornographic or Offensive Material is not allowed at CHT.** This shall include Music and Magazines. Music brought to CHT shall be decent and not contain any profanity. Items of such nature will be confiscated.
7. **Inappropriate displays of affection (i.e. kissing, cuddling or other sexual innuendo) are not acceptable** behavior at Camp Happy Times.
8. **Campers may not posses or use weapons or items that may be used to cause bodily harm to self or another.**
9. **Campers, of all ages, are not permitted to leave the presence of their counselors at any time.** Campers must remain with their cabins at the assigned activities at all times. In addition, Campers may not enter the cabins of the opposite sex.
10. **Campers are not permitted to make phone calls while at CHT,** except in the event of an emergency.
11. **Campers must respect the camp grounds-** they may not litter or deface camp property and should actively participate in keeping the camp grounds and their cabins clean.

CONSEQUENCES

Unacceptable behavior during Camp Happy Times (as defined within this Code or through an administrative review process) may result in the following consequences (not necessarily in this order):

1. A verbal warning
2. Temporary suspension from camp activities
3. Restitution or repayment of damages
4. Early release from Camp Happy Times. (Parent/Guardian assumes responsibility of arranging transportation home in the event of an Early Dismissal)
5. Denial of future participation in Camp Happy Times for one or more years

NOTE: Any conduct not specifically covered by this code of conduct, but deemed inappropriate by those responsible for Camp Happy Times will be viewed as a violation and appropriate action will be taken. If an infraction occurs, the Camp Director will provide appropriate communication to parent/guardian.

CAMPER SIGNATURE

MUST BE SIGNED IN ORDER TO PARTICIPATE

As a participant at Camp Happy Times, I have read and understood the above "Code of Conduct" and will abide by the expectations described in the Code of Conduct. I understand that if I act inappropriately, I will have to accept responsibility for my actions that may result in the consequences listed above.

→ Campers Full Name	Campers Signature	Campers Age
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PARENT SIGNATURE

MUST BE SIGNED IN ORDER TO PARTICIPATE

As parent/guardian, I have discussed and reviewed the above "Code of Conduct" with my child. I understand that failure to abide by the "Code of Conduct" may result in consequences listed above. In the event of that my child is discharged from Camp Happy Times, I assume the responsibility of transporting my child home on the day of such action.

→ Parent/Guardian Print First and Last Name	Parent/Guardian Signature	Date
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The Valerie Fund's Camp Happy Times

Camper Application Part I August 16th – 22nd, 2010

Camper Name: Last _____ First _____

CONSENTS

GENERAL

MUST BE SIGNED IN ORDER TO PARTICIPATE

I understand and agree that Camp Happy Times, The Valerie Fund and all of their agents, representatives and employees (paid or volunteer) accept no responsibility for the loss, damage or theft of my child's property. Should either parents or guardians, during the 2010 Camp Happy Times Session, leave my/our place of residence; I will advise the Camp Administration where I/We can be contacted in the event of an emergency.

I understand and agree that certain activities at Camp Happy Times have an increased risk of injury. I understand and agree to release, waive, indemnify, defend and hold harmless Camp Happy Times, The Valerie Fund and all of their agents, representatives and employees (paid or volunteer) from any and all injuries, losses, claims, cost, expenses and/or damages.

In the event of a medical or surgical emergency, I hereby authorize the Licensed Medical Staff at Camp Happy Times to render to my child or arrange for my child to receive any and all treatment deemed advisable by them and to be rendered under the supervision of medical personnel. I understand that I am responsible for obtaining insurance authorization or referral if needed for such treatment and any cost incurred for such that any existing insurance may not cover. I also understand that I will be contacted in the event of an emergency.

All information is correct so far as I know and the child/camper herein described has permission to engage in all prescribed camp activities, except as noted by me and the examining physician. By signing below, I hereby understand and agree with all of the terms listed above.

Parent/Guardian Print First and Last Name	Parent/Guardian Signature	Date
→		

OFF SITE TRIPS

I hereby authorize The Valerie Fund's Camp Happy Times, 2101 Millburn, Maplewood, NJ to take my child to an Off-Site Trip.

This authorization includes all travel to and from, and attendance at an off site trip. Parent grants this authorization knowingly and voluntarily and fully recognizing the potential risks and hazards (to both persons and property) that may be associated with travel to and from, and attendance at an off site trip.

In consideration for The Valerie Fund agreeing to take Camper to an off site location, Parent knowingly and voluntarily releases and discharges The Valerie Fund, its officers, directors, employees, volunteers, trustees, administrators and agents (collectively "Releasees"), from any and all liability, demands, causes of action, legal proceedings, damages (including, but not limited to, damage or injury to persons or property) and claims of every kind, nature and description whatsoever, whether known or unknown, including attorneys' fees and costs related thereto (collectively "Claims"), which against Releasees, its successors and assigns, Parent, on behalf of Parent's self, Parent's spouse, children, guardians, heirs, executors, administrators, predecessors, successors and assigns ("Releasers") has, had or may have, relating to any off site trips, including travel to and from, and attendance, regardless of the form of action. Parent further agrees to defend, indemnify and hold the Releasees harmless from and against any and all Claims arising out of or related to the acts or omissions or Camper in connection with travel to and from, and attendance.

Parent/Guardian Signature	Date
→	

PHOTO/MEDIA

I understand and agree that Camp Happy Times, The Valerie Fund and all of their agents, representatives and employees (paid or volunteer) shall have permission to use my child's name and/or image in print, video or film for any advertising or promotion.

Parent/Guardian Signature	Date
→	

The Valerie Fund's Camp Happy Times

Camper Application Part I August 16th – 22nd, 2010

Camper Name: Last _____ First _____

QUESTIONNAIRE

To promote a positive camp experience, please complete the following questionnaire. Any information you provide will assist the Counselors assigned to your child at Camp Happy Times.

TO BE COMPLETED BY THE PARENT/GUARDIAN

1. Is this your child's first year at Camp Happy Times?	<input type="checkbox"/> No <input type="checkbox"/> YES
2. Does your child have a nickname?	<input type="checkbox"/> No <input type="checkbox"/> YES
If yes, what is it?	
3. When is your child's birthday?	
4. Is this the first time your child will sleep away from home other than Hospital stay?	<input type="checkbox"/> No <input type="checkbox"/> YES
5. What language(s) does your child speak?	
6. Does your child need a night-light to sleep?	<input type="checkbox"/> No <input type="checkbox"/> YES
7. Does your child have any specific fears? If yes, such as darkness, water, etc. please explain.	<input type="checkbox"/> No <input type="checkbox"/> YES
8. Does your child sleep with a special toy/doll/blanket?	<input type="checkbox"/> No <input type="checkbox"/> YES
If yes, does this item have a name? Will they be bringing this to camp?	
9. Does your child need help getting dressed?	<input type="checkbox"/> No <input type="checkbox"/> YES
10. Does your child need assistance when swimming?	<input type="checkbox"/> No <input type="checkbox"/> YES
11. Does your child need help using toilet or showering?	<input type="checkbox"/> No <input type="checkbox"/> YES
12. Does your child sometimes wet the bed? If yes, how is it controlled?	<input type="checkbox"/> No <input type="checkbox"/> YES
13. What is your child's favorite food to eat?	
14. Does your child have any food restrictions or allergies?	<input type="checkbox"/> No <input type="checkbox"/> YES
If Yes, please list	
15. Does your child have any special hair or skin needs?	<input type="checkbox"/> No <input type="checkbox"/> YES
If yes, please list	
16. Does your child wear a wig?	<input type="checkbox"/> No <input type="checkbox"/> YES
17. When was your child diagnosed?	
18. If your child has ever relapsed, when?	
19. Does your child have an artificial limb or device?	<input type="checkbox"/> No <input type="checkbox"/> YES
20. Has your child ever had a seizure?	<input type="checkbox"/> No <input type="checkbox"/> YES
21. Has your child ever had a port or broviac?	<input type="checkbox"/> No <input type="checkbox"/> YES
If yes, which? <input type="checkbox"/> PORT <input type="checkbox"/> BROVIAC Does he/she still have it?	
22. Does your child need encouragement? If so, in what way?	<input type="checkbox"/> No <input type="checkbox"/> YES
23. Does your child need to be reminded of instructions?	<input type="checkbox"/> No <input type="checkbox"/> YES
24. Has your child been classified at school as having a learning disability or behavioral problem?	<input type="checkbox"/> No <input type="checkbox"/> YES
If yes, what was the classification?	
25. Does your child have difficulty making friends?	<input type="checkbox"/> No <input type="checkbox"/> YES
26. Does your child have any physical restrictions as in walking? If so please explain.	<input type="checkbox"/> No <input type="checkbox"/> YES
27. Is your child currently under the care of mental health provider?	<input type="checkbox"/> No <input type="checkbox"/> YES
28. How would you describe your child? <i>Check all that apply</i>	<input type="checkbox"/> HAPPY <input type="checkbox"/> AGGRESSIVE <input type="checkbox"/> SHY <input type="checkbox"/> QUIET <input type="checkbox"/> PLAYFUL <input type="checkbox"/> THOUGHTFUL <input type="checkbox"/> OUTGOING <input type="checkbox"/> ANGRY <input type="checkbox"/> NERVOUS
29. Is there anything else you would like to share with us about your child to make his/her week more enjoyable?	

The Valerie Fund's **Camp Happy Times**
Camper Application Part 2 (Medical)
 August 16th – 22nd, 2010



Camper Name: LAST _____ FIRST _____

PARENT/GUARDIAN: (Complete this page)

Please schedule an appointment with your doctor as soon as possible to give him/her ample time to fill out this form which needs to be **returned by Saturday, May 15, 2010**. If circumstances or medications change after May 15, please advise CHT. If you have any questions, please don't hesitate to contact Millie Finkel or Ashley O'Neill at 973-761-0422 or email camphappytimes@thevaleriefund.org.

DOCTOR:

Thank you for taking the time to complete the Camp Happy Times Medical Application. This portion is vital in the application process as it allows CHT to successfully prepare and plan for each camper. The following sections will provide the CHT medical staff and counselors with the necessary information required to provide the camper with any necessary medical care or address any special needs that may exist.

Please return this application by Tuesday, June 15, 2010.

If there is any concern with the deadline or if you have any questions, please call Millie Finkel or Ashley O'Neill at 973-761-0422 or email camphappytimes@thevaleriefund.org.

I. CAMPER INFORMATION

COMPLETED BY PARENT

(PLEASE PRINT AND COMPLETE EACH SECTION IN ITS ENTIRETY)

CAMPER LAST NAME		CAMPER FIRST NAME		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH / /		AGE	
CAMPER'S HOME ADDRESS			APARTMENT	CITY		STATE	ZIP		
PARENT / GUARDIAN NAME		HOME PHONE		PARENT'S CELL PHONE			PARENT'S WORK PHONE		
CAMPER'S FOOD ALLERGIES	DID THE CAMPER HAVE A FLU/SWINE FLU VACCINATION? <input type="checkbox"/> No <input type="checkbox"/> Yes	DOES THE CAMPER HAVE A LATEX ALLERGY? <input type="checkbox"/> No <input type="checkbox"/> Yes			IS THE CAMPER ALLERGIC TO PEANUTS? <input type="checkbox"/> No <input type="checkbox"/> Yes				

II. TREATMENT CENTER

COMPLETED BY PARENT

(PLEASE PRINT AND COMPLETE EACH SECTION IN ITS ENTIRETY)

NAME OF TREATMENT CENTER <input type="checkbox"/> NEWARK BETH ISRAEL <input type="checkbox"/> CHOP VORHEES <input type="checkbox"/> MONMOUTH <input type="checkbox"/> MORRISTOWN/OVERLOOK <input type="checkbox"/> NY COLUMBIA PRES. <input type="checkbox"/> ST. BARNABAS <input type="checkbox"/> ST. JOSEPH'S <input type="checkbox"/> ST. PETER'S <input type="checkbox"/> ROBERT WOOD <input type="checkbox"/> OTHER _____				
NAME OF DOCTOR AT TREATMENT CENTER		NAME OF SOCIAL WORKER		CENTER PHONE NUMBER

The Valerie Fund's **Camp Happy Times**
Camper Application Part 2 (Medical)
 August 16th – 22nd, 2010



Camper Name: LAST _____ FIRST _____

III. MEDICAL INFORMATION

(PLEASE PRINT AND COMPLETE EACH SECTION IN ITS ENTIRETY)

ONCOLOGY DIAGNOSIS		PROTOCOL	DATE OF DIAGNOSIS / /	ACTIVE TREATMENT <input type="checkbox"/> No <input type="checkbox"/> YES	DATE THERAPY ENDED / /
RELAPSE DIAGNOSIS <input type="checkbox"/> N/A		RELAPSE PROTOCOL <input type="checkbox"/> N/A	DATE OF RELAPSE / /	RELAPSE THERAPY ENDED / /	
DRUG ALLERGIES <input type="checkbox"/> NKDA			HEIGHT CM	WEIGHT KG	DATE OF HEIGHT/WEIGHT / /
BASELINE O ₂ RA	BASELINE B/P	DATE OF TETANUS BOOSTER / /	VARICELLA STATUS <input type="checkbox"/> HAD VARICELLA <input type="checkbox"/> RECV'D VACCINATION <input type="checkbox"/> POSITIVE TITERS		

IV. HISTORY

CENTRAL LINE <input type="checkbox"/> No <input type="checkbox"/> YES	NEEDLE SIZE GAUGE <input type="checkbox"/> HICKMAN / BROVIAC <input type="checkbox"/> PICC	<input type="checkbox"/> MEDIPORT / PORT-A-CATH <input type="checkbox"/> OTHER _____
ASTHMA <input type="checkbox"/> No <input type="checkbox"/> YES	COMMENTS	
SEIZURES <input type="checkbox"/> No <input type="checkbox"/> YES	COMMENTS	
PROSTHETIC DEVICE <input type="checkbox"/> No <input type="checkbox"/> YES	COMMENTS	
IMPAIRMENTS <input type="checkbox"/> No <input type="checkbox"/> YES	COMMENTS	
TRANSPLANT <input type="checkbox"/> No <input type="checkbox"/> YES	COMMENTS	
SURGERIES <input type="checkbox"/> No <input type="checkbox"/> YES	COMMENTS	
COLOSTOMY / CATHETERIZATION <input type="checkbox"/> No <input type="checkbox"/> YES	COMMENTS	
FEEDING TUBE <input type="checkbox"/> No <input type="checkbox"/> YES	COMMENTS	
SOCIAL CONCERNS <input type="checkbox"/> No <input type="checkbox"/> YES	COMMENTS	
BEHAVIORAL ISSUES <input type="checkbox"/> No <input type="checkbox"/> YES	COMMENTS	
PSYCHIATRIC ISSUES <input type="checkbox"/> No <input type="checkbox"/> YES	COMMENTS	

The Valerie Fund's **Camp Happy Times**
Camper Application Part 2 (Medical)
 August 16th – 22nd, 2010



Camper Name: LAST _____ FIRST _____

LEARNING DISABILITIES <input type="checkbox"/> No <input type="checkbox"/> Yes	COMMENTS
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V. PHYSICAL

VISION <input type="checkbox"/> NML <input type="checkbox"/> ABNL	IF ABNL, PLEASE DESCRIBE
HEENT <input type="checkbox"/> NML <input type="checkbox"/> ABNL	IF ABNL, PLEASE DESCRIBE
ABDOMEN <input type="checkbox"/> NML <input type="checkbox"/> ABNL	IF ABNL, PLEASE DESCRIBE
GENITALIA <input type="checkbox"/> NML <input type="checkbox"/> ABNL	IF ABNL, PLEASE DESCRIBE
HEART <input type="checkbox"/> NML <input type="checkbox"/> ABNL	IF ABNL, PLEASE DESCRIBE
NEUROLOGICAL <input type="checkbox"/> NML <input type="checkbox"/> ABNL	IF ABNL, PLEASE DESCRIBE
HEARING <input type="checkbox"/> NML <input type="checkbox"/> ABNL	IF ABNL, PLEASE DESCRIBE
TEETH <input type="checkbox"/> NML <input type="checkbox"/> ABNL	IF ABNL, PLEASE DESCRIBE
LUNG <input type="checkbox"/> NML <input type="checkbox"/> ABNL	IF ABNL, PLEASE DESCRIBE
MUSCULOSKELETAL <input type="checkbox"/> NML <input type="checkbox"/> ABNL	IF ABNL, PLEASE DESCRIBE

VI. MEDICATION

PRESCRIPTION	DOSE	<input type="checkbox"/> MILLIGRAMS (MG) <input type="checkbox"/> GRAMS (G)	<input type="checkbox"/> MILLILITERS (ML) <input type="checkbox"/> MICROGRAMS (MCG)	FREQUENCY
	ROUTE <input type="checkbox"/> INTRAMUSCULAR (IM) <input type="checkbox"/> ORAL (PO) <input type="checkbox"/> SUBCUTANEOUS (SQ) <input type="checkbox"/> INTRAVENOUS (IV)			
PRESCRIPTION	DOSE	<input type="checkbox"/> MILLIGRAMS (MG) <input type="checkbox"/> GRAMS (G)	<input type="checkbox"/> MILLILITERS (ML) <input type="checkbox"/> MICROGRAMS (MCG)	FREQUENCY
	ROUTE <input type="checkbox"/> INTRAMUSCULAR (IM) <input type="checkbox"/> ORAL (PO) <input type="checkbox"/> SUBCUTANEOUS (SQ) <input type="checkbox"/> INTRAVENOUS (IV)			
PRESCRIPTION	DOSE	<input type="checkbox"/> MILLIGRAMS (MG) <input type="checkbox"/> GRAMS (G)	<input type="checkbox"/> MILLILITERS (ML) <input type="checkbox"/> MICROGRAMS (MCG)	FREQUENCY
	ROUTE <input type="checkbox"/> INTRAMUSCULAR (IM) <input type="checkbox"/> ORAL (PO) <input type="checkbox"/> SUBCUTANEOUS (SQ) <input type="checkbox"/> INTRAVENOUS (IV)			
PRESCRIPTION	DOSE	<input type="checkbox"/> MILLIGRAMS (MG) <input type="checkbox"/> GRAMS (G)	<input type="checkbox"/> MILLILITERS (ML) <input type="checkbox"/> MICROGRAMS (MCG)	FREQUENCY
	ROUTE <input type="checkbox"/> INTRAMUSCULAR (IM) <input type="checkbox"/> ORAL (PO) <input type="checkbox"/> SUBCUTANEOUS (SQ) <input type="checkbox"/> INTRAVENOUS (IV)			

The Valerie Fund's **Camp Happy Times**
Camper Application Part 2 (Medical)
 August 16th – 22nd, 2010



Camper Name: LAST _____ FIRST _____

PRESCRIPTION	DOSE	<input type="checkbox"/> MILLIGRAMS (MG)	<input type="checkbox"/> MILLILITERS (ML)	FREQUENCY
		<input type="checkbox"/> GRAMS (G)	<input type="checkbox"/> UNITS (U)	
ROUTE				
<input type="checkbox"/> INTRAMUSCULAR (IM) <input type="checkbox"/> ORAL (PO) <input type="checkbox"/> SUBCUTANEOUS (SQ) <input type="checkbox"/> INTRAVENOUS (IV)				

VII. LIMITATIONS/RESTRICTIONS

DOES THE CAMPER HAVE ANY PHYSICAL LIMITATIONS? <p style="text-align: center;"><input type="checkbox"/> No <input type="checkbox"/> YES</p>
IF YES, PLEASE EXPLAIN
DOES THE CAMPER HAVE ANY PHYSICAL RESTRICTIONS? <p style="text-align: center;"><input type="checkbox"/> No <input type="checkbox"/> YES</p>
IF YES, PLEASE EXPLAIN

VIII. PHYSICIAN CONSENT

I HAVE EXAMINED THE CAMP HAPPY TIMES APPLICANT, WHO IS PHYSICALLY ABLE TO ENGAGE IN CAMP ACTIVITIES, EXCEPT FOR ANY PHYSICAL LIMITATIONS AND RESTRICTIONS HEREBY NOTED. I AFFIRM ALL INFORMATION CONTAINED IN THIS FORM IS ACCURATE AND UNDERSTAND THAT THE LICENSED CAMP HAPPY TIMES PHYSICIAN WILL NOTIFY ME IN THE EVENT OF A MEDICAL EMERGENCY. HOWEVER, I UNDERSTAND THAT IN A MEDICAL EMERGENCY, AND IN THE PHYSICIAN'S BEST CLINICAL JUDGEMENT, THE CAMPER MAY REQUIRE CARE AT WAYNE COUNTY MEMORIAL HOSPITAL, HONESDALE, PENNSYLVANIA. I ALSO AGREE THAT IF ANY OF THE INFORMATION CONTAINED IN THE APPLICATION CHANGES PRIOR TO THE 2010 SESSION, I UNDERSTAND THE IMPORTANCE AND ASSUME FULL RESPONSIBILITY OF COMMUNICATING THE INFORMATION PROMPTLY TO CHT.

MD/DO/NP NAME		ADDRESS		SUITE
CITY	STATE	ZIP	PHONE	
FAX	BEEPER	E-MAIL		
→ MD/DO/NP SIGNATURE				DATE

RETURN COMPLETED APPLICATIONS TO:

CAMP HAPPY TIMES
 2101 MILLBURN AVENUE
 MAPLEWOOD, NJ 07040

Please note, that if circumstances or medications change after June 15th, a revised medication sheet can be submitted to the above address or contact via phone at 973-761-0422 or email camphappytimes@thevaleriefund.org