



2101 Millburn Avenue  
Maplewood, NJ 07040  
973-761-0422 OFFICE  
973-761-6792 FAX

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Assistant Camp Directors  
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March 1, 2010

Dear LIT,

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

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 2010 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. 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.

- **LIT Application (Part I) - Please complete Part I and return it by May 1, 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](mailto:Milliesue@aol.com) (Millie), [Robinalyce@aol.com](mailto:Robinalyce@aol.com) (Robin), or [Canyon116@aol.com](mailto: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 August 16<sup>th</sup> -22<sup>nd</sup>**  
**Leader-in-Training Application**



**Name: Last**\_\_\_\_\_ **First**\_\_\_\_\_

*The Camp Happy Times Leader-in-Training program (LIT) is a three-year program for young adults aged 20, 21 & 22 that have or have had cancer.*

### **MISSION**

Develop life and leadership skills that can be applied to life situations and assist in developing young adults with their transition into the adult community.

### **GOALS**

- Help develop skills to be independent, respectful and reliable while enabling good communication practices.
- Promote personal growth by developing the participant's positive attributes and identifying opportunities for improvement.
- Relate previous life experiences to present and future successes.
- Offer support and encouragement during and after the program to each participant.

### **QUALIFICATIONS**

- 20 years old.
- High School Graduate or an equivalent diploma.
- Mandatory year off required for senior campers prior to participation in LIT program.
- Fulfill application criteria and acceptance guidelines.
- Attend orientation on Sunday, August 1, 2010 at the Hilton, Short Hills, NJ from 10am-4pm.
- Physically, emotionally and cognitively capable of caring for themselves while participating in a rigorous schedule requiring emotional and physical stamina.
- Cooperative, flexible and able to work well with others.

### **ACCEPTANCE GUIDELINES**

- Qualified candidates must complete and return a LIT application by May 1<sup>st</sup>. Late applications will be considered on a case-by-case basis. Due to an overwhelming response this year, space will be limited. To ensure your possible participation in the program, make sure that your application and all corresponding materials are received by the due date.
- One written letter of personal recommendation must accompany the application. This letter must be completed by a present or former teacher or manager
- An additional letter of recommendation must be obtained from one counselor or staff member at Camp Happy Times.
- Each applicant must complete the screening procedure successfully, including an interview and background check.
- Acceptance is not guaranteed but is determined upon the approval of the Camp Director and the LIT counselors. Applications are good for one year and participants are required to reapply after each year for continued participation in the program.

**Please call The Valerie Fund office at 973-761-0422**  
**or email [camphappytimes@thevaleriefund.org](mailto:camphappytimes@thevaleriefund.org) if you have any questions.**

The Valerie Fund's  
**Camp Happy Times August 16<sup>th</sup> -22<sup>nd</sup>**  
**Leader-in-Training Application**



Name: Last \_\_\_\_\_ First \_\_\_\_\_

LAST NAME		FIRST NAME			NICK NAME		GRADUATED HS/GED?	
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH / /	AGE	SOCIAL SECURITY #	CANCER DIAGNOSIS		DATE OF DIAGNOSIS / /	
DRIVER'S LICENSE OR STATE ID NUMBER (INCLUDE A COPY WITH APPLICATION)					ISSUING STATE FOR DL OR ID			
HOME PHONE			CELL PHONE		SCHOOL PHONE NUMBER/WORK NUMBER			
HOME ADDRESS			APT. #	CITY		STATE	ZIP	COUNTY
SCHOOL NAME AND/OR WORK NAME			EMAIL ADDRESS			PREFERRED METHOD OF CONTACT (CIRCLE ONE) EMAIL CELL HOME MAIL OTHER _____		
SCHOOL ADDRESS AND/OR WORK ADDRESS			APT. #	SCHOOL/WORK CITY		STATE	ZIP	COUNTY
T-SHIRT SIZE	CHILD SMALL	CHILD MEDIUM	CHILD LARGE	ADULT SMALL	ADULT MEDIUM	ADULT LARGE		
		ADULT X-LARGE	ADULT XX-LARGE					
NAME OF TREATMENT CENTER <input type="checkbox"/> NEWARK BETH ISRAEL <input type="checkbox"/> CHOP VOORHEES <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 YOU BE RECEIVING TREATMENT FOR CANCER AT CHT 2010?					<input type="checkbox"/> No <input type="checkbox"/> Yes			
WILL YOU BE TAKING ANY MEDICATION WHILE AT CHT 2010?					<input type="checkbox"/> No <input type="checkbox"/> Yes			

**PARENT/GUARDIAN**

WHO DO YOU LIVE WITH? <input type="checkbox"/> MOTHER & FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> SELF			
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 PERSON (NOT PARENT/GUARDIAN) FIRST & LAST NAME			RELATIONSHIP TO APPLICANT
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 YOU ARRIVE AT CAMP HAPPY TIMES ? <input type="checkbox"/> PARENT/GUARDIAN/SELF WILL DRIVE CAMPER TO CHT <input type="checkbox"/> BUS PROVIDED AT THE FOLLOWING LOCATION	
IF YOU WILL BE ARRIVING BY BUS PROVIDED BY CHT, PLEASE INDICATE THE LOCATION <input type="checkbox"/> NEWARK, NJ <input type="checkbox"/> LIVINGSTON, NJ <input type="checkbox"/> MONMOUTH, NJ <input type="checkbox"/> MORRISTOWN, NJ <input type="checkbox"/> PATERSON, NJ <input type="checkbox"/> NEW YORK, NY <input type="checkbox"/> VOORHEES, NJ	
HOW WILL YOU DEPART FROM CAMP HAPPY TIMES? <input type="checkbox"/> PARENT/GUARDIAN/SELF WILL DRIVE CAMPER TO CHT <input type="checkbox"/> BUS PROVIDED AT THE FOLLOWING LOCATION	
IF YOU WILL BE DEPARTING BY BUS PROVIDED BY CHT, PLEASE INDICATE THE LOCATION YOU WANT TO RETURN TO <input type="checkbox"/> NEWARK, NJ <input type="checkbox"/> LIVINGSTON, NJ <input type="checkbox"/> MONMOUTH, NJ <input type="checkbox"/> MORRISTOWN, NJ <input type="checkbox"/> PATERSON, NJ <input type="checkbox"/> NEW YORK, NY <input type="checkbox"/> VOORHEES, NJ	

The Valerie Fund's  
Camp Happy Times August 16<sup>th</sup> -22<sup>nd</sup>  
Leader-in-Training Application



Name: Last \_\_\_\_\_ First \_\_\_\_\_

**CODE OF CONDUCT**

In a continuing effort to offer each participant the best week possible with the most memorable experiences, rules should be understood and agreed to by the Leader-in-Training before attending Camp Happy Times. While situations are not anticipated, this code is simply a way to provide a safeguard for you, our campers and CHT. Leaders-in-Training must sign this form in order to participate in Camp Happy Times.

Leaders-in-Training (LIT) are expected to abide by the following rules:

1. LITs are required to report to all assigned activities on time and actively participate for the duration of the period. All assignments are determined by the program coordinators.
2. No LIT may hit, physically or emotionally abuse, or in any way embarrass, demean or degrade a camper for any reason.
3. LITs may not leave the campgrounds under any circumstances without express permission from the Director of Camp Happy Times.
4. LIT relationships may not interfere with any camp responsibilities. Relationships should be friendly and supportive. LITs may never become intimate, suggestive or sexual with each other while at Camp Happy Times. This includes LITs who may have had a relationship prior to camp.
5. Relationships with campers should be friendly and supportive. Romantic, intimate, suggestive or sexual relationships with campers are totally unacceptable and will not be tolerated.
6. LITs are to abide by common standards of decency including dress and behavior. Abusive language, arguing or fighting between counselors, campers or other staff is intolerable.
7. With the exception of medical or administrative staff, LITs may not enter the living quarters of members of the opposite sex without permission.
8. No drinking of alcoholic beverages, use of illicit drugs or controlled substances will be allowed.
9. No use of tobacco products on the campus of Camp Happy Times will be allowed.
10. All medications (including over-the-counter) must be given to the medical staff for the duration of camp and obtained from the infirmary when needed.
11. LITs must respect the campgrounds. Littering or defacing camp property is not permitted. LITs should actively participate in keeping the camp grounds and their cabins clean.
12. Swimming is not permitted unless under the direction of a Tyler Hill lifeguard. Lifejackets must be worn for all water sport activities.

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.

Consequences

Unacceptable behavior during Camp Happy Times (as defined within this Code of Conduct or through a review process by Camp Happy Times administration) 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
5. Denial of future participation in Camp Happy Times for one or more years (as determined by Camp Happy Times administration).
6. Release to the proper law enforcement agency and/or the proper authorities

*I have read and understand the "Camp Happy Times Code of Conduct" and I agree to abide by their standards. I am aware of the consequences for any violation committed on my behalf.*

→ Print Full Name	Signature	Date
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The Valerie Fund's  
**Camp Happy Times August 16<sup>th</sup> -22<sup>nd</sup>**  
**Leader-in-Training Application**



Name: Last \_\_\_\_\_ First \_\_\_\_\_

**CONSENTS**

**GENERAL**

**MUST BE SIGNED BY LIT 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 property.

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.

I hereby authorize Camp Happy Times to obtain information it deems desirable in processing of my application including civil, criminal, employment, police and vehicle records and other relevant information, and release The Valerie Fund's Camp Happy Times, it's employees, volunteers and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. The application hereby waives any claim for damages by reason of non-acceptance of this application, which The Valerie Fund's Camp Happy Times may reject.

In the event of a medical or surgical emergency, I hereby authorize the Licensed Medical Staff at Camp Happy Times to render to me or arrange for me 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.

Print First and Last Name	Signature	Date
→		

**BASEBALL GAME/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.

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 name and/or image in print, video or film for any advertising or promotion.

Signature	Date
→	





LIT Name: LAST \_\_\_\_\_ FIRST \_\_\_\_\_

**LIT: (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 1, 2010**. If circumstances or medications change after June 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](mailto: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 LIT. The following sections will provide the CHT medical staff and counselors with the necessary information required to provide the LIT 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](mailto:camphappytimes@thevaleriefund.org).

**I. LIT INFORMATION**

*(PLEASE PRINT AND COMPLETE EACH SECTION IN ITS ENTIRETY)*

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

**II. TREATMENT CENTER**

*(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

## LIT Application Part 2 (Medical)

August 16<sup>th</sup> – 22<sup>nd</sup>, 2010



LIT 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 <sub>2</sub> 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

## LIT Application Part 2 (Medical)

August 16<sup>th</sup> – 22<sup>nd</sup>, 2010



LIT Name: LAST \_\_\_\_\_ FIRST \_\_\_\_\_

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

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

### VI. MEDICATION

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

**LIT Application Part 2 (Medical)**

August 16<sup>th</sup> – 22<sup>nd</sup>, 2010



LIT 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)		<input type="checkbox"/> MICROGRAMS (MCG)
ROUTE		<input type="checkbox"/> INTRAMUSCULAR (IM)	<input type="checkbox"/> ORAL (PO)	<input type="checkbox"/> SUBCUTANEOUS (SQ)	<input type="checkbox"/> INTRAVENOUS (IV)

**VII. LIMITATIONS/RESTRICTIONS**

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

**VIII. PHYSICIAN CONSENT**

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

**RETURN COMPLETED APPLICATIONS TO:**

CAMP HAPPY TIMES  
 2101 MILLBURN AVENUE  
 MAPLEWOOD, NJ 07040

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