



Camp Fantastic 2024 Application Packet

Checklist, Instructions, Application, and General Information

CF2024 is Sunday, August 4th to Saturday, August 10th, 2024.

Please read all of this material *thoroughly*. If you have any questions, please call toll free at 888-930-2707.

Checklist of Enclosed Forms

1. Camp Fantastic 2024 Application and Health Insurance Information (*to be completed by parent and/or legal guardian – include copy of current immunization record, including COVID-19*)
- Note: rapid testing will also be required immediately prior to camp, per the current Special Love COVID-19 policy.
2. Camper Information Sheet (*to be completed by camper*)
3. Special Love Attendance Permission/Release Form
4. Code of Conduct
5. Medical Consent and Participation Form
6. Psychosocial Assessment Form

All of the above forms must be completed in full and emailed, along with a photo showing your child's face (digital, 4x6, school photo, etc.) as soon as possible to jmartin@speciallove.org.

If you'd prefer, you may also print, sign, and mail your application forms (pages 3-14) and photo to:

Camp Fantastic (Attn: Judy Martin)
158 Front Royal Pike, Suite 311
Winchester, VA 22602

Or fax materials to 540-667-8144.

Deadline for Camp Application is June 15, 2024. Applications received after that date will be reviewed on a case-by-case basis and as space allows.

Relationship of Camp Fantastic to the National Institutes of Health (NIH):

To better protect the health and care of your child while at camp, Camp Fantastic has a special arrangement with the National Institutes of Health (NIH) to set up a working medical unit at the camp site. Because of this affiliation, and to assure the health and safety of your child, it will be necessary for him/her to receive a camp screening (informal interview) with the Medical Coordinator (Camp Nurse) prior to camp.

This screening will involve no medical testing or physical examination and is at no cost to you. **Because it is such a vital part of our preparations for camp, any child who does not complete a screening will not be eligible to attend.**

The medical staff of NIH includes Jack Shern, M.D., Camp Physician and Tammy Jenkins, R.N., Medical Coordinator/Camp Nurse representing the National Cancer Institute, NIH. Their staff will provide expert medical care during the week of camp. Campers will be considered participants in a "protocol" of NIH that examines the psychological benefits of a camping experience for children with cancer. **(This protocol will not include any medical testing and is simply a means by which expert medical supervision and care can be provided to Camp Fantastic within the framework of NIH.)**

Please call Tammy Jenkins if you have any questions or concerns regarding the **medical care** of your child at camp (phone: 240-760-6550, cell: 240-461-7952, or e-mail: tjenkins@mail.nih.gov). **For other questions about camp**, call Dave Smith at 888-930-2707 or e-mail him at dsmith@speciallove.org.

What happens after you submit your Application Forms:

1. Special Love will send a follow-up letter and a request for medical information **directly** to your child's physician. **It is important that you complete the section on the front page of the application regarding your child's physician correctly, with complete address, phone, and fax number** (**If your child has multiple physicians, please put contact information for the physician you think has the best overall understanding of your child's cancer and general health**). After your physician has completed this form, it will be sent directly back to Special Love. We hope to complete this process by July 1st.

2. Once we receive your child's application, you will be notified of the pre-camp screening schedule and your options for your child.

Because NIH requires witnessed parental signatures on camp forms, **a parent or legal guardian who has the authority to sign medical consent forms for your child must be present** during the screening, and the screening must be completed **before** he/she can be accepted to Camp Fantastic.

All other relevant NIH forms will be completed at this screening, including an Authorization for Release of Medical Information NIH form so we can share medical information with you and your child's physician.

3. **In July**, applications will be reviewed by our Camp Committee and we will send out acceptance letters with information concerning bus schedules (all campers come to Camp Fantastic on a bus provided by Camp Fantastic, even if it's just from Front Royal, which is on 5 miles from camp), the location of bus pick-ups, what to bring (clothes, etc.), and other helpful information. See the list of transportation areas below.

4. **At the end of July**, we'll send a **Final Health Update Form for Parents/Legal Guardians**. This form should be completed by parents/guardians and **must be brought with the child to the bus** (along with any changes to medications your child may be taking). Last-minute questions or changes to your child's health should be reported immediately to **Tammy Jenkins at 240-760-6550 (work) or 240-461-7952 (work cell)**.

Other Important Information:

Promotional Materials/Release Forms (Form 4)

Special Love promotes its programs on our social media platforms and in promotional materials provided to individuals who wish to volunteer time, money, and materials to programs. During camp, we often take many pictures of camp activities in which your child may be included. Please complete the enclosed permission form for use of their photo. Be assured your child will not be included without your permission, and photos in no way disrupt the daily activities of camp.

Transportation

Camp Fantastic will arrange round-trip transportation to the Northern VA 4-H Educational Center in Front Royal from Baltimore and Bethesda, MD and from Norfolk, Staunton, Richmond, and Fredericksburg, VA. Information regarding transportation will be forwarded later. We ask that parents not bring their children to camp or visit during the week as it has been proven that children adapt better to a camping situation (and experience less homesickness) if they travel by bus with other campers.

Pre-camp experience

First-time camp jitters? Your family can enjoy a pre-camp experience and meet our staff at **Summer Family Day on Sunday, May 18th, at Smokey Glen Farm BBQ** in Gaithersburg, MD. We'll have crafts, sports, mini-golf, zip lines, great food, and more! We'll email an invitation, but call us at 888-930-2707 if you don't receive a flyer by May 1, 2024. You may also visit speciallove.org/events to register online!

Form 1 – CAMP FANTASTIC 2024 APPLICATION

Office Use Only
Date Received:
Application
Number: 2024 -

To be completed by parent or legal guardian: (Please **print or type**)

Camper's Name: _____
(First) (MI) (Last)

Date of Birth (Mo/Day/Yr) Age at Camp Height Weight Gender
(Ft/Inches) (Pounds)

Street Address (Primary Residence) Apt No.

City State Zip Home Phone (Area Code)

Child's Ethnicity: Hispanic or Latino; Not Hispanic or Latino; Unknown
Child's Race: White; Black/African American; Asian; American Indian/Alaska Native;
 Hawaiian/Pacific Islander; Multiple Races; Unknown

Please check Camp Bus Pickup Location: Norfolk Front Royal Baltimore
 Bethesda, MD Richmond Fredericksburg Staunton

CONTACT INFORMATION (Please include Area Codes for all phone numbers)

Parent #1/Legal Guardian: Name: _____

Home Phone: _____ Daytime/Work Phone: _____

Cell Phone: _____ Email: _____

Parent #2/Legal Guardian: Name: _____

Home Phone: _____ Daytime/Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact (*If parent(s)/guardian(s) cannot be reached*): Name: _____

Home Phone: _____ Daytime/Work: _____

Phone: _____

Cell Phone: _____ Relationship to Child: _____

Diagnosis: _____ Date of Diagnosis: _____

Other illnesses or problems: _____

Treatment Hospital/Clinic: _____

Has your child completed all **cancer-specific** therapy (i.e. is your child "off-treatment")? YES _____ NO _____

Date of last **cancer-specific** treatment: _____

Without the below information your application cannot be considered for camp. Please list the physician most closely involved in your child's current healthcare (usually your child's oncologist).

Important Information – Please give us the correct physician information:

Physician: _____ **Phone:** _____
(Area Code)

Physician Address: _____
(Street) (City/State/Zip)

Physician FAX #: _____

Camper's Name: _____
(Please Print)

Health-Related Questions:

- I. Does your child have: (Check all that apply)
Hearing aid(s)____; Artificial Limb____; Glasses____; Contacts____; Hickman/Broviac____
Portacath____; PICC____; VP Shunt____; Ommaya Reservoir____; Other_____
- II. Has your child received the **immunization/vaccination** for:
- | | | | |
|--------------------------------|----------------|---------------|--------------------------|
| 1. Measles/Mumps/Rubella (MMR) | YES ___ NO ___ | 5. COVID-19 | |
| 2. DPT/OPV (IPV) | YES ___ NO ___ | ➤ Vaccine #1 | YES ___ NO ___ |
| 3. Tetanus Booster | YES ___ NO ___ | ➤ Vaccine #2* | YES ___ NO ___ *if appl. |
| 4. Varicella/Chicken Pox | YES ___ NO ___ | ➤ Boosters | YES ___ NO ___ #___ |

(NOTE: Please include a copy of your child's most current immunization record (including COVID-19) with this application; we must have a current copy of this record for your child to attend camp)

- III.
- Has your child had chicken pox disease or shingles? YES ___ NO ___ DATE _____ Titers _____
 - Does your child have a problem with bed wetting? YES ___ NO ___
 - Does your child have a problem with sleep walking? YES ___ NO ___
 - Has your child had head lice? YES ___ NO ___ When? _____
 - Is this your child's first time away from home without you? YES ___ NO ___
 - ALLERGIES (Please attach additional page, including camper's name, if you need more space)**
 - Does he/she have any ALLERGIES TO MEDICATIONS? YES ___ NO ___ *If yes, please list medication allergies & describe symptoms for each allergy* _____
 - Does he/she have SEASONAL OR ENVIRONMENTAL ALLERGIES? YES ___ NO ___ *If yes, please list & describe symptoms* _____
 - Does he/she have any ALLERGIES TO FOOD OR ANY OTHER ALLERGIES? YES ___ NO ___ *If yes, please list food allergies or other allergies & describe symptoms* _____
 - Does your child have any behavioral/psychological/emotional problems or diagnoses? YES ___ NO ___ *If yes, please describe (use Form 7 to elaborate)* _____
 - Does your child have any limitations to activities? YES ___ NO ___ *If yes, please describe:* _____
 - Does your child have any special diet restrictions/needs? YES ___ NO ___ *If yes, please describe:* _____

Health Insurance Information

MUST BE PROVIDED - In the absence of this information, families will be responsible for cost of emergency care.

Insurance Carrier: _____

Name of Insurance Holder: _____

Group No.: _____

Policy No.: _____

Address and Phone of Carrier: _____

Street

City

State

Zip

Phone (Area Code)

Child Does Not Have Insurance

Parent/Legal Guardian Signature

Date

Form 2 – CAMPER INFORMATION SHEET

Instructions: To be completed by Camper. Where applicable, circle your answers.

FIRST & LAST Name (Printed): _____

Is this your first time at Camp Fantastic? YES NO

If not, how many years have you been a camper? _____

Is this your first time away from home? YES NO

What is your t-shirt size? (Special Love will be giving each camper a camp shirt—please give us correct size)

Child: Small(8)____ Medium(10)____ Large(12)____

Adult: Small____ Medium____ Large____ Extra Large____ XX Large____

Do you have a nickname? YES NO If yes, what is your nickname? _____

How old are you? _____ What grade are you in? _____

What are your favorite subjects? _____

Do you have any hobbies? If so, what are they?

What are your favorite sports? _____

Do you like crafts? YES NO

What are your favorites?

Do you know how to swim? YES NO

Have you ever canoed? YES NO

Do you like to read? YES NO What is your favorite book? _____

Have you ever gone Horseback Riding? _____

Do you play checkers? YES NO Scrabble? YES NO Cards? YES NO Chess? YES NO

A Musical Instrument? _____

What do you want to do most at Camp?

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Form 4 – SPECIAL LOVE PARENTAL CONSENT AND RELEASE FORM

Consent to Participate and Release from Liability

- Consent:** I agree that my child _____ may fully participate in Special Love's Camp Fantastic activities at the Summer 2024 camp except as noted on his/her medical forms.
- Transportation Consent:** I further consent to the transportation to, from, and while at the Summer 2024 camp, including, but not limited to, transportation within the Northern Virginia 4-H Educational Center and during authorized off-campus trips such as farm day and the golf outing. I acknowledge that Special Love, Inc. shall arrange for transportation to and from the Northern Virginia 4-H Educational Center located in Front Royal, VA. from designated departure areas in or near the NIH campus in Bethesda, MD, and in the cities of Norfolk, Richmond, Fredericksburg, and Front Royal, VA, and for authorized outings during camp, by a privately owned and operated bus(es), vans, and other suitable vehicle(s).
- Release from Liability:** I expressly waive all claims or causes of action against Special Love, Inc., its staff, officers, directors, trustees, volunteers, and their legal heirs and assigns on account of any injury and/or illness that may result from the negligence of Special Love, Inc. or any person named above. This consent does not release Special Love, Inc. from liability for intentional or reckless acts of Special Love, Inc. or any person named above.
- Indemnification:** I agree to indemnify and hold harmless Special Love, Inc. and its staff, officers, directors, trustees, volunteers, and their legal heirs and assigns from any loss or liability arising from my acts or omissions or those of my child in connection with my child's attendance at Camp Fantastic.
- Media Coverage:** I acknowledge that reporters, photographers, and other members of the media may attend Camp Fantastic in order to increase the awareness about Special Love, Inc. and its programs including Camp Fantastic and about children with cancer. I grant permission for my child to be interviewed, photographed, and filmed by any member of the media at Camp Fantastic. I understand that Special Love, Inc. is not responsible for the content of the media coverage and that my child will not be paid for any media work.
- Promotional Materials:** I grant permission for my child to be included in photos and video used both on social media and in promotional materials, to be used to publicize Special Love, Inc. and its programs, including Camp Fantastic, as well as the National Cancer Institute.
- Emergency Contact:** I agree that if no parent or guardian is available at our place of residence during the camp session, we will advise the camp administration where we may be contacted in case of an emergency.
- Pen Pal List:** Special Love will provide Camp Fantastic campers and staff with a Pen Pal list at the completion of the 2024 session. Please initial here _____ if you **DO NOT** want your child to be listed.

Signed: _____
(Parent or Guardian)

Camper's Name: _____

Print Name: _____

Relationship (if other than parent): _____

Date: _____

This page intentionally left blank for 2-sided printing. For best results, set your printer to print pages 3-14. Thanks!

Camper's Name: _____

(Please Print)

Form 5 - CODE OF CONDUCT FOR CAMP FANTASTIC

In a continuing effort to offer campers the best events possible with the most memorable outcomes, we feel several rules of camper behavior should be understood and agreed to by the camper and the parent/guardian before attending any Special Love event. Please note that while we don't expect problems, this code of conduct is simply a way to provide a safeguard for both you and us.

Please discuss with your child the following rules and the importance of adhering to them during their time as a camper at this Special Love program. Campers and parents/guardians must sign this form in order to participate.

Code of Conduct

1. Each camper is to attend and be actively involved in all parts of the planned program including attending all scheduled functions. Curfew is to be followed as specified in the schedule for the week. Failure to be in assigned locations may lead to dismissal from camp. Some areas are off-limits to campers (e.g., swimming pool, lake, challenge course) unless under appropriate instructor supervision.
2. Campers should remain at Camp Fantastic until the Camp is scheduled to end. Campers may not leave Camp without prior permission from Camp Director, or other Assistant Camp Directors. Campers may only be picked up from Camp Fantastic by the person designated on the Health Form. Identification may be requested at the time of pick-up. Prior notice is required for special pick-up from Camp Fantastic.
3. Campers are expected to follow the directions of Special Love volunteers and paid staff. All campers are under the supervision of the Camp Director, Assistant Camp Directors (2).
4. Campers should respect the property of others and be responsible for themselves. Deliberate destruction or removal of facilities or equipment is not permitted. Financial responsibility for any damages caused by deliberate destruction will be assumed by the camper and/or parents/guardians. The same applies to the property and personal items of other campers. Theft is expressly forbidden at Special Love programs. Unless invited, campers are not allowed in rooms other than the one you've been assigned to.
5. Campers should treat all others and themselves with respect. Aggressive, abusive, vulgar, or violent language and behavior towards others (e.g., fighting, threats, insults, cursing, and discrimination) will not be tolerated.
6. Inappropriate displays of affection (e.g., kissing, cuddling, or other sexual innuendo) are not acceptable behavior while at Camp Fantastic.
7. Campers should respect the privacy of others. Girls are not permitted in boys' lodging rooms nor are boys permitted in girls' lodging rooms.
8. Possession, distribution, or use of fireworks, weapons, knives, or other items that can be used as a weapon are not permitted at Camp Fantastic, except under adult supervision in scheduled instructional activities (e.g. shooting education class supervised by a certified instructor).
9. Possession, distribution, or use of alcoholic beverages, illegal drugs, tobacco products, or unauthorized prescription drugs are not allowed at any Special Love sponsored program and must be reported to law enforcement. Special Love, Inc. reserves the right to conduct a search of a camper's outer clothing, luggage, personal belongings, lodging rooms, and furniture being used by a camper if there is "reasonable suspicion" that the camper has drugs, alcohol, tobacco, or weapons.
10. Animals and pets are not allowed at Special Love programs unless needed to accommodate a disability or as part of an organized program, or through specific authorization from the Special Love office. Animals that are used as part of a Special Love event should always be provided with proper care.

Form 5 Cont.

Camper's Name: _____
(Please Print)

11. Electronic and mechanical devices (e.g. cellular phones, pagers, walkie-talkies, video games, radios, CD players, TVs, or laptop computers) are not allowed at Special Love programs unless they are needed as part of an organized Special Love program, or with authorization from the Special Love office. Without authorization, these items will be confiscated and returned to the camper (or the camper's parents/guardians) at the end of the program.

Consequences

Unacceptable behavior during Camp Fantastic (as defined within this Code of Conduct or through a review process by a conference of adult leaders and program staff) will result in consequences to the camper. Consequences may include:

1. a warning and probationary period;
2. early release from Camp Fantastic program without refund;
3. restitution or repayment of damages;
4. denial of future participation in any Special Love programs for one or more years - as determined by the Executive Director, Camp Director, and/or Assistant Camp Director(s);
5. forfeiture of financial support for a Special Love program;
6. releasing the youth to the appropriate law enforcement agency and/or the proper authorities.

NOTE: Any conduct not specifically covered by this Code of Conduct but deemed inappropriate by those responsible for the Special Love program will be viewed as a violation and appropriate action will be taken. If an infraction occurs, the person in charge of the Special Love program will provide appropriate communication to parents/guardians.

Signature(s) (Camper and parent/guardian signatures are required for campers under 18.)

I have read and understand 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.

_____	_____	_____
Camper Signature	Please Print Name Here	Date

I have discussed and reviewed this Code of Conduct with my child. I understand that failure to abide by this Code of Conduct may result in the consequences listed above which includes no refund. In the event that this code is violated, I agree to come to the Special Love program to pick up my child at the request of the adult in charge of the Special Love program. I further understand that if I refuse to pick up my child, am unavailable, or fail to make timely arrangements to retrieve my child, Special Love program staff may contact law enforcement or social services to provide necessary protection for a child in need of services. I acknowledge responsibility for all fees/charges that may result from said services.

_____	_____
Parent/Guardian's Signature (for participant under 18 years old)	Date

Camper's Name: _____

(Please Print)

Form 6 – MEDICAL CONSENT FORM

As part of the research study entitled Psychological Benefits of a "Normalized" Camping Experience for Children with Cancer, in which my child is participating, I hereby consent for my child to attend Camp Fantastic from August 4-10, 2024 subject to his or her completing and meeting the pre-camp screening requirements, and I agree to adhere to the rules and guidelines established by the camp. I understand the nature of the study as described in the Instruction Sheet from Special Love, Inc.

In addition, I understand and agree to the following:

1. The U.S. Government/NIH is not responsible for any claims or injuries which may occur on camp property or arising from any camp activity (such as hiking), whether or not occurring on camp property. I understand that the camp carries full liability insurance to cover such contingencies.
2. I consent to my child participating in the normal and usual activities of the camp (such as hiking, swimming, boating, crafts), which are not medically inadvisable and which are otherwise suitable for my child, in light of his or her age and liabilities, and given the nature and severity of his or her illness.
3. I consent to the administration of oral therapies and appropriate medical care as necessary, by qualified NIH medical personnel. I understand that in the event of an emergency, or the need to administer intensive care, arrangements will be made to promptly transport my child to a local hospital or the NIH Clinical Center (as may be in my child's best interest), by whatever reasonable means are available.

Note: For the safety and well-being of all campers, a complete and signed Final Health Update Form for Parents/Guardians is required for participation in Special Love's Camp Fantastic. This form will be mailed to you 2 weeks prior to camp and should be completed by a parent/legal guardian as close to camp as possible. This form, along with all medications the child might need at camp, must be turned in at the bus to Camp Fantastic.

Medication Policy: All medications submitted at the bus registration **MUST** be in the **ORIGINAL CONTAINER WITH THE CAMPER'S NAME PRINTED ON THE BOTTLE**. (This includes over-the-counter medications.) Other bottles, bottles printed with someone else's name, pill boxes or any other type of container besides the original, **will not be accepted**. Actual dosage listed on the bottle **must** be followed unless there is a written note from the prescribing doctor outlining different indications. There can be no exceptions to this policy. If you have any questions, please contact Tammy Jenkins (office: 240-760-6550; cell: 240-461-7952; email: tjenkins@mail.nih.gov) before camp starts.

4. Although I remain free to withdraw my child from the camp at any time, I understand that, in order for my child to derive full benefit from the experience, it is expected that he or she will be permitted to complete the camping experience without parental intervention.

I have read the explanation and conditions given above, agree to them, and hereby give permission for my child to attend Camp Fantastic.

Signature of Parent or Guardian

Date

Print Parent/Guardian Name: _____

Relationship (if other than parent): _____

This page intentionally left blank for 2-sided printing. For best results, set your printer to print pages 3-14. Thanks!

Camper's Name: _____

(Please Print)

Form 7 – PSYCHOSOCIAL/BEHAVIOR-RELATED QUESTIONS

***This will help your child's counselor(s) to provide the best possible care.**

1. Has your child ever been to sleep-away camp before? Yes No
2. How does your child feel about going to camp?
Resistant Nervous Okay Excited Can't Wait!
3. Does your child get homesick or have separation issues when away from home? Yes No
a. If yes, please explain: _____
4. Does your child interact well with kids his/her age at school? Yes No
 - a. In groups? Yes No
 - b. One-on-one? Yes No
 - c. Comments _____
5. Does your child function well at his/her age level? Yes No
a. If no, please explain:
6. Does your child have any behavioral challenges: Yes No
 - a. If yes, please explain
 - i. How are these behaviors handled at home? _____
 - ii. How are these behaviors handled at school? _____
7. Is your child currently having any behavioral or emotional difficulties? Yes No
a. If yes, please explain:
8. Has your child experienced any other stressful life events in the past year? (death of family member, friend or pet, divorce, marriage, deployment) Yes No
a. If yes, please explain: _____
9. Does your child need assistance or supervision with the following ADL's?
Brushing Teeth Combing Hair Dressing Showering
Toileting/bathroom Other: _____
10. Does your child have any of the following nighttime habits/challenges?:
Fear of Dark Nightmares Night terrors Difficulty walking
Talks in Sleep Sleep Walking Snoring Bed Wetting
Difficulty Falling Asleep Other: _____

11. Please describe your child's eating habits:

Eats everything Eats snacks several times/day Tends to skip a meal each day

Needs to be encouraged to eat Picky eater

Other _____

12. Who is in your immediate family (lives with child)?

13. What is the family status?

Married Divorced Separated Single Parent (Mother / Father)

Other: _____

14. Are there any custody issues we should know about? Yes No

a. If yes, who has custody?

Mother Father Joint Grandparent(s) Guardian(s)

Other: _____

15. Is there anything else you would like your child's counselor to know about your child, such as meal/bedtime rituals? Yes No

a. If yes, please explain:

Signature of Parent or Guardian

Date

Print Parent/Guardian Name: _____

Relationship (if other than parent): _____