



2011 Camper Release Forms

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This form must be completed, in its entirety, by the legal parent or guardian. Please print clearly.

Your Child's Information:

Child's Full Name: _____ Gender: Male or Female

Date of Birth: _____ (MM/DD/YYYY)

Camper will be entering into the ____ grade this fall.

Age at camp: _____

T-Shirt Size (circle one):

Adult: Small Medium Large X-Large XX-Large **Child:** Small (6-8) Medium (10-12) Large (14-16)

Contact Person:

Parent/Guardian Name: _____ Relationship to Camper _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Alternative Number: _____

Home Airport: _____

Who in the family is/was HIV positive or has/had an AIDS diagnosis? (circle all that apply)

Child(self) mother father brother sister guardian (relationship to applicant)

other: _____

In Case of Emergency

In case of Emergency, notify: (Other than Parent or Guardian-this should be listed above)

Name: _____ Relation: _____

Home Phone: _____ Other Phone: _____

Name: _____ Relation: _____

Home Phone: _____ Other Phone: _____

Name: _____ Relation: _____

Home Phone: _____ Other Phone: _____

Project Kindle Medical Release and Insurance Form

Child's Full Name (Please Print) _____

MEDICAL RELEASE FORM

In reference to the above camper participating in **Project Kindle, Inc.** ("Project Kindle" or "we/us") I grant permission to the Medical Staff or Representative of **Project Kindle, Inc.** to exercise the following.

- To apply individualized camper assessments, based on history and physical examinations, appropriate supportive care, and treatment plans for any acute and chronic medical problems.
- To administer prescribed medications, as documented on Camper Application Form, and any other therapy that would be indicated and available for prevention and/or treatment of any medical problems, depending on each case as determined by the Medical Staff.
- In cases of emergency permission is granted to perform, provide or arrange medical and surgical emergency services (including diagnostic procedures), that may include transport to a medical facility off the campgrounds, as determined by Project Kindle, to preserve the health of my child.
- To apply all of the above and the standards of medical care and safety during the bus transportation to and from camp, and during any events associated with **Project Kindle, Inc.**

I understand that I am responsible for sending all my camper's medications with him/her to camp.

I understand that my camper's participation in Camp is voluntary. I also agree that in the event of any injuries to my camper from participation in any Camp activities, I will not hold responsible **Project Kindle, Inc and its rented facility** and/or any volunteer who participates as camp staff for these injuries. My signature below acknowledges my voluntary authorization for my camper's participation in any and all activities at **Project Kindle and its rented facility**.

By signing this form below, I (we) understand and consent to all of the above.

MEDICAL/INSURANCE INFORMATION

All basic medical care will be rendered at camp free of charge. In case of emergency, the information below will be needed for emergency room or hospital care and you may be financially responsible for this. You will be contacted as soon as possible should this occur.

Medicaid #: _____ CIDC#: _____

Private Insurance Company Name: _____

PLEASE ATTATCH A PHOTO COPY OF BOTH SIDES OF CAMPERS MEDICAID OR INSURANCE CARD

Group #: _____ Insurance Co. Phone #: _____

Name of physician that cares for your child: _____

Office address _____

Office phone number: (____) _____

"I hereby authorize you to release to Project Kindle, Inc. all medical information concerning my child/children."

Parent/Guardian's Signature _____ Date _____

Print Full Name _____

Project Kindle, Inc.

Media, Photograph and Artwork Release Form

Child's Full Name (Please Print) _____.

Project Kindle, Inc. ("Project Kindle" or "we/us") uses photographs, video, artwork, and other promotional and media materials to promote, market, educate, and fundraise. We greatly appreciate you and your child's assistance in this matter. Please review the following release and consent form (this "Release"). Only initial those sections to which you agree.

MEDIA CONSENT (please only check one section: media, camp only or no consent)

_____ By my initial here and signature below, I permit Project Kindle and members of the media at Project Kindle's camp location to film and photograph my child at Project Kindle's camp location for **ANY** promotional, publicity, marketing, educational, news, fundraising or other media purpose.

By initialing above, I specifically acknowledge, understand, and agree to the following:

- To permit members of the media to take and use photographs, film, and other media, of my child and my child's face, likeness, actions, gestures, facial expressions, or voice, whether alone or in a group, for any media purposes, whether audio or video, for media broadcasts, releases, etc.
- To permit Project Kindle to use my child and my child's face, likeness, actions, gestures, facial expressions, or voice, whether alone or in a group, in any media release, advertisement, or other promotional materials, and on Project Kindle's website.
- To permit Project Kindle and its partners/the media to interview and take audio or audio-visual recordings of my child and my child's face, likeness, actions, gestures, facial expressions, or voice, whether alone or in a group, to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures.

PRESS/MEDIA INTERVIEW RELEASE

_____ By my initial here and signature below, I agree and permit Project Kindle and members of the media at Project Kindle's event/camp to interview my child.

PRESS- MEDIA NAME RELEASE

_____ By my initial here and signature below, I agree and permit Project Kindle and members of the media at Project Kindle's event/camp to use and display my child's **first** name for promotional, marketing, educational, news, or other media purposes.

_____ By my initial here and signature below, I agree and permit Project Kindle and members of the media at Project Kindle's event/camp to use and display my child's **full** name for promotional, marketing, educational, news, or other media purposes.

CAMP ONLY CONSENT

_____ By my initial here and signature below, I acknowledge that I **DO NOT** consent to **ANY** interviews by members of the media for use in promotional, publicity, marketing, educational, news, or other media purpose. However, **I DO CONSENT** to Project Kindle and its partners to photograph, record on audio tape, videotape and film my child, but only to the extent that such will be shared **ONLY** with campers, parents/guardians, volunteers, supporters, and Project Kindle staff at Project Kindle's camp location. Such use and display includes the camp memory scrapbook and camp group photo.

NO CONSENT (Do not initial here if you selected media consent or camp only consent)

_____ By my initial here and signature below, I **DO NOT** consent to Project Kindle or any other person or entity to photograph or videotape my child while at Project Kindle’s camp location. I acknowledge and understand that because of my refusal to consent, I must disclose to and discuss such with my child **BEFORE** my child’s arrival to camp session. This will reduce the likelihood of any hurt feelings or other emotional injury to my child by way of non-inclusion in any photographs or other audio or video projects.

ARTWORK/WRITING

____ Yes ____ No – By my initial, I permit Project Kindle or it’s partners to use my child’s artwork or writings for auction, sale, education or otherwise at any Project Kindle event. I hereby exclusively transfer and assign any and all rights and privileges and ownership of any such artwork to Project Kindle. This specifically includes the right to reproduce, copy, sell, or modify the artwork in any manner, in Project Kindle’s sole discretion. I acknowledge and agree that any and all proceeds or benefit derived from my child’s artwork are owned, controlled, and for the benefit of Project Kindle and to further Project Kindle’s mission. I acknowledge and agree that neither I, nor my child, will in any way receive any compensation, sales proceeds, royalties or other form of payment.

GENERAL ACKNOWLEDGMENTS AND REPRESENTATIONS

By signing this Release, I intend to legally bind myself, my minor child, my heirs, executors and administrators. I represent and warrant that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

I acknowledge and agree that Project Kindle, Inc. and its partners have all rights and privileges of copyright in and to any photographs, images, artwork, audio, video, and other media to which I consent above and may use such copyrighted materials to the fullest extent allowed by law. I hereby indemnify, release, and hold harmless Project Kindle, Inc and its officers, agents, employees and partners from all liability connected with the taking and use of such materials.

I waive all rights, interest, benefits, and payment claims connected or related to or arising from any exhibition or release of the materials covered by this Release.

Any dispute related to or arising from this Release or my relationship to Project Kindle shall be tried, heard, and decided in Los Angeles, California. I agree to participate in at least 6 hours of mediation before I initiate any lawsuit, arbitration, or other proceeding against Project Kindle.

This Release constitutes the entire understanding concerning this subject matter and supersedes any oral understandings or negotiations. This Release may only be changed in writing.

My entering into this Release and my consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of Project Kindle, or other lawful purposes.

IN WITNESS, I execute this Release on the date listed below.

Date _____

Parent/Guardian Signature: _____

Print Parent/Guardian Name: _____

Project Kindle, Inc. Parental Consent and Release Form

1. CONSENT

I agree that my child (print child's name), _____, may participate in Project Kindle activities at Camp Kindle or other organization activities, as noted on his/her medical forms.

2. BEHAVIOR AGREEMENT

- I understand that my camper will be asked to leave for misconduct and breaking any camp rules or regulations, and that I will be notified to make immediate arrangements to pick up him/her if this occurs.
- I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for Project Kindle, Inc and its partners.
- I understand that if my child brings any weapons, alcohol or drugs to Project Kindle he/she will immediately be removed from the camp and must be sent home.
- I understand that by my child not following the Project Kindle rules, he/she may be asked not to return the following year.

3. PARTICIPATION AGREEMENT

- I understand and certify that my child's participation in Project Kindle, Inc and its activities are completely voluntary. I have familiarized myself with Project Kindle, Inc program and activities at Project Kindle's partners in which my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of swimming, canoeing/boating and ropes courses. I acknowledge that although Project Kindle, Inc and its partners have taken safety measures to minimize the risk of injury to camp participants, Project Kindle, Inc and Its partners cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries.
- Further, I have received approval from a doctor authorizing my child to participate in the Project Kindle, Inc activities at Project Kindle's partner's locations.
- I also agree to inform Project Kindle, Inc. of any activities in which my child may not participate.

4. LIABILITY RELEASE

I understand that occasionally accidents may occur while transporting to/from camp and during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge Project Kindle, Inc and its partners and any of their officers, directors, employees, and agents from all claims, causes of action or damages arising out of any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to my child during or related to my child's attendance at Project Kindle, Inc and its partner's locations.

5. SWIMMING RELEASE

I give permission for my child to participate in water activities in the camp pool and lake. My child's current level of function in a pool is:

- Afraid of the water, may not want to participate.
- Cannot swim, needs supervision and or staff member to be with him/her at all times.
- Comfortable in the water but requires some assistance and close observation.
- Can play or swim independently with supervision
- May NOT swim at Project Kindle

6. 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 contact in case of an emergency.

Parent or Guardian's Signature _____ Date: _____

Print Full Name _____

7. CONSENT TO HAVE STAFF MEMBERS CONTACT CAMPERS AFTER CAMP

Many of the Project Kindle staff members would like to keep in touch with the campers after camp. This consent would allow for Project Kindle to release your home address and or phone number so that any staff member could write or call your child after camp is over without having to go through Project Kindle. Project Kindle cannot be held responsible for any communication or visits that happen outside of our weeklong camping program. In the past, we have not allowed campers to directly write or call any of the staff members. If you would like, staff members will make their information available should both parties agree.

___ Yes, Allow any Project Kindle staff member to have my child's:

- ___ Address
- ___ Phone number
- ___ E-mail

**I understand that Project Kindle will not be held responsible for any communication or contact that happens outside their scheduled weeklong program. Parent initials _____ date _____

___ No, I would like all correspondence to be monitored by Project Kindle and go through the Project Kindle office. My child can write to the Project Kindle office and the mail will be forwarded to the correct staff member. Staff members must also give any mail to the Project Kindle office to send to my child.

8. DISCLOSURE

The subject of HIV/AIDS is talked about often at Camp Kindle as it is a full disclosure camp. Every child that attends Camp Kindle knows how he/she is affected by HIV/AIDS. It is important that your child is aware of this and this section must be checked for your child to come to Camp Kindle.

___ Yes, my child has been disclosed to either about him/herself or someone in the family.

9. QUESTIONNAIRE

- Has child ever slept away from home before? **Yes No**
- Has child ever attended summer camp before? **Yes No**
- Has child been suspended from school this past year? **Yes No**
- If so, what was the nature of the suspension: _____
- Does child talk openly about the HIV status of him/herself and or family member(s)? **Yes No Sometimes**
- Has camper lost a parent/guardian or sibling due to HIV/AIDS related illness? **Yes No**
If so, when who: _____ When did this occur? Month _____ Year _____
- What is this campers knowledge level on the subject of HIV/AIDS?
___ Very knowledgeable ___ Somewhat knowledgeable ___ No knowledge

Name and relationship of other family members at Project Kindle this year?

Parent or Guardian's Signature _____ **Date:** _____

Print Full Name _____

Please let us know if there are any special needs, emotionally or medically, that the counselors should be aware of? This information will help us to better serve your child during their stay at Project Kindle.

Behavioral Information

Camper's Full Name: _____

Please read each phrase and mark the response that describes how this child has acted over the **last six months**. If the child's behavior has changed a great deal during this period, describe the child's recent behavior. **Please, mark every item**. If you don't know or are unsure, give your best estimate. This page must be filled out completely.

Circle **N** if the behavior **Never** occurs.

Circle **S** if the behavior **Sometimes** occurs.

Circle **O** if the behavior **Often** occurs.

Circle **A** if the behavior **Almost Always** occurs.

Threatens to hurt others	N	S	O	A
Runs away from home	N	S	O	A
Wets bed	N	S	O	A
Is/Has been in trouble with the police.....	N	S	O	A
Cries easily	N	S	O	A
Throws tantrums	N	S	O	A
Complains about rules	N	S	O	A
Has been suspended from school	N	S	O	A
Responds when spoken to	N	S	O	A
Argues when denied own way.....	N	S	O	A
Tells untruths	N	S	O	A
Has nightmares	N	S	O	A
Has trouble following directions	N	S	O	A
Difficulty participating in organized activities	N	S	O	A
Is hyperactive	N	S	O	A
Has trouble waiting his/her turn.....	N	S	O	A
Adjusts well to changes in routine	N	S	O	A
Is stubborn	N	S	O	A
Takes items that do not belong to him/her	N	S	O	A
Worries about things that cannot be changed	N	S	O	A
Participates in extra curricular activities	N	S	O	A
Is a good student	N	S	O	A

This Page of Information Is Optional
Filling out this form will allow Project Kindle the proper statistics when applying for funding.

ABOUT THE CHILDREN'S FAMILIES

Household Headed by	X
Mother & Father	
Mother	
Father	
Grandmother	
Grandfather	
*Other Caretaker	

Income Range per month	X
\$ 250-\$500	
\$ 501-\$750	
\$ 751-\$1000	
\$1001-\$1250	
\$1251-1500	
\$1501-2000	
\$2001 up	

<u>AGE</u>	NUMBER OF CHILDREN IN THE HOME
0-5 Years	
6-10 Years	
11-13 Years	
14- 16 Years	
17-24 Years	

RACE/ ETHNIC BACKGROUND	X
White	
Black	
Latino	
Asian Pacific Islander	
Native American	
*Other	

* If other, please specify here: _____

2011 MEDICINE INFORMATION FOR PROJECT KINDLE - Camper

Camper's Name _____

If your child has no medications, please initial. _____

Please list **ALL** medicines your child takes **EVERY DAY**:

NAME OF MEDICINE	DOSE/ AMOUNT	WHAT TIMES DO YOU GIVE THE MEDICINE?	HOW DO YOU USUALLY PREPARE THE MEDICINE (e.g. crush tablet, on spoonful of applesauce, with certain juice, etc.)?

List any other medications your child takes **ONLY WHEN NEEDED**:

(This may include Tylenol, ibuprofen/Advil, and asthma or allergy medicines.)

NAME OF MEDICINE	DOSE/AMOUNT	HOW OFTEN TO GIVE IT?	WHAT TO GIVE IT FOR (pain, fever, etc.)?

Describe pattern your camper prefers to receive medication _____

If camper will not take medication, how would you like the nurse to handle this? _____

****Please be sure all medicines are in original pharmacy containers and your pharmacist types the dosage. No parental modifications can be honored. The camp medical staff will receive, store and administer the drugs as directed. Camp Medical Staff will follow times drugs are to be administered, however, due to the nature of the Camp environment, drug administration times may have to be altered due to emergency situations.***

2011 Project Kindle Camper Health and History

(TO BE COMPLETED BY A PARENT AND/OR GUARDIAN)

CONTACT INFORMATION

Camper Name _____ DOB _____ Age at Camp _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Gender Male Female
Parent/Guardian _____ Other Phone _____
Emergency Contact _____ Emergency Phone _____

GENERAL QUESTIONS

Is this camper diagnosed with HIV? Yes _____ No _____

Date of diagnosis _____

Is this camper diagnosed with AIDS? Yes _____ No _____

Date of diagnosis _____

If HIV positive, is camper aware of his/her diagnosis? Yes _____ No _____

When? _____

Is this camper currently receiving treatment? Yes _____ No _____ If yes, please explain

How is this camper affected by this diagnosis?

Does your child have any allergies to any medications, foods, or environmental factors?

Yes _____ No _____ If "Yes", please explain below:

Allergy

Reaction to Allergy

If food allergy, please list acceptable replacement (i.e. if allergic to milk, "camper may have soy milk or lactaid") _____

My child is allowed to participate in:

- ___ Camp activities (e.g. sports, hiking, etc.)
___ Challenge/Ropes course
___ Pool activities

Has your child ever had or do they currently experience any of the following conditions?

YES NO

- ___ ___ 1. Frequent ear infections?
- ___ ___ 2. Heart defect/disease?
- ___ ___ 3. Convulsions/seizures?
- ___ ___ 4. Diabetes?
- ___ ___ 5. Cryptosporidium (parasitic diarrhea)?
- ___ ___ 6. Chronic diarrhea or constipation?
- ___ ___ 7. Persistent cough?
- ___ ___ 8. Problem with bed-wetting?
- ___ ___ 9. Eating disorders?
- ___ ___ 10. Bleeding disorders?
- ___ ___ 11. Asthma?
- ___ ___ 12. Pneumonia?
- ___ ___ 13. Herpes virus?
- ___ ___ 14. Thrush?
- ___ ___ 15. Problem with weight loss or gain?
- ___ ___ 16. Night sweats?
- ___ ___ 17. Recent injury or illness?
- ___ ___ 18. Frequent or migraine headaches?
- ___ ___ 19. Injury or illness requiring hospitalization?
- ___ ___ 20. Chronic or recurring illness/condition?
- ___ ___ 21. Head injury?
- ___ ___ 22. Been knocked unconscious?
- ___ ___ 23. Wear glasses, contacts or protective eyewear?
- ___ ___ 24. Passed out during or after exercise?
- ___ ___ 25. Been dizzy during or after exercise?
- ___ ___ 26. Chest pain during or after exercise?
- ___ ___ 27. High blood pressure?
- ___ ___ 28. Back problems?
- ___ ___ 29. Problems with joints (e.g. knees, ankles)?
- ___ ___ 30. Have an orthodontic appliance being brought to camp?
- ___ ___ 31. Skin problems (i.e. eczema, rash, acne)?
- ___ ___ 32. Had mononucleosis in the past 12 months?
- ___ ___ 33. Problems with sleepwalking?
- ___ ___ 34. *If female*, have an abnormal menstrual history?
- ___ ___ 35. Emotional difficulties for which professional help was sought?
- ___ ___ 36. Head lice within the past 6 months?

Please explain any “Yes” answers, *noting the number* of the questions.

Camper Health History cont.

Has your child been hospitalized within the last 12 months? Yes ___ No ___

If "Yes," please explain below:

Has your child had any acute sick visits within the last 12 months? Yes ___ No ___

If "Yes," please explain below:

Please list any surgeries this child has had and the appropriate dates:

Does this child have any other medical problems? Yes ___ No ___

If "Yes," please explain below:

Does this child have walker, wheelchair or other mobility assistance? Yes ___ No ___

If "Yes," please explain below:

Any special suggestions/restrictions for this camper?

Please list any physical disability and/or limitations affecting any camp activity:

Should we be aware of any behavior problems that would affect child's participation in a group activity?

Please check if your child has had any of the following *illnesses* (do not check for *vaccinations*, note date if possible):

- Measles
- Chicken pox
- German measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

IMMUNIZATIONS

YOU MUST OBTAIN THE MOST RECENT COPY OF YOUR CHILD’S IMMUNIZATION RECORD FROM THE SCHOOL OR PHYSICIAN IN ORDER FOR YOUR CHILD TO PARTICIPATE IN CAMP ACTIVITIES. PLEASE ATTACH TO THIS FORM

INSURANCE

YOU MUST PROVIDE A COPY OF YOUR CHILD’S CURRENT INSURANCE OR MEDICAID CARD TO BE KEPT ON RECORD AT THE CAMP FACILITY. IMPORTANT --- THIS BOX MUST BE COMPLETE FOR ATTENDENCE

<p>Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all activities except as noted.</p> <p>I hereby give permission to the camp to provide routine health care, administer medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child.</p> <p>In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.</p> <p>Signature of parent/guardian _____ Printed Name _____ Date _____</p>

2011 Project Kindle Camper Physical Form

(TO BE COMPLETED AND SIGNED BY YOUR CHILD'S DOCTOR OR NURSE PRACTITIONER)

General Information:

Name _____ DOB _____ Age at Camp _____

Allergies/reaction: _____ Gender Male Female

General Physician/Provider Information:

Name: _____ Office Phone: _____

Address: _____ Office Fax: _____

_____ Emergency #: _____

_____ (On-call contact) _____

Physical Exam:

Please list any pertinent physical findings or attach a recent H & P.

Height: _____

BP: _____

Weight: _____

Pulse: _____

BMI: _____

Temp: _____

WNL ABNL

_____ H.E.E.N.T. _____

_____ Neuro _____

_____ Abdomen _____

_____ Hearing/Vision _____

_____ Genitalia _____

_____ Resp _____

_____ Cardio _____

_____ Musculoskeletal _____

_____ Integ _____

_____ Other _____

Immunization History:

Please attach most current documentation of immunizations, including all childhood series, childhood boosters and adult boosters.

IMMUNIZATIONS MUST BE PROVIDED BEFORE CHILD CAN PARTICIPATE IN CAMP ACTIVITIES.

Date of last TB Mantoux Test _____ Pos/Neg _____

If Positive, follow-up tests performed and results _____

Discuss any recent infections or ongoing limitations:

Does this child have:

Blood sugar monitoring? Yes ___ No ___ Insulin? Yes ___ No ___

If diabetic, last Hgb A1c _____ Date _____

G-tube? Yes _____ No _____ If yes, for meds? _____ Tube Feeding? _____

Nebulizer treatments? Yes _____ No _____ Scheduled? _____ PRN? _____

IV or injectable (SQ, IM) medications? Yes ___ No ___ If yes, please explain below:

Laboratory Data for Children with HIV/AIDS only:

DATE OF TEST:	_____	Viral load	_____
WBC	_____	CD4 count	_____
RBC	_____	CD4 %	_____
Hgb	_____	CD8 count	_____
Hct	_____	CD8 %	_____
Plt	_____	CD4/CD8 ratio	_____

If BMP/CMP, lipid panel, liver function or kidney function tests available, please include copies of lab reports (especially if abnormal results).

Physician Verification

I have examined the above named person herein described and have reviewed the health history. It is my opinion that this child:

___ is physically able to travel to camp (may include commercial airline) and engage in camp activities.

___ is able to travel to camp, and engage in activities, **but has restrictions as follows:**

CAMPER IS ABLE TO PARTICIPATE IN SWIMMING POOL ACTIVITIES WHEN OFFERED:

YES NO

(please circle)

Examining Physician/Provider: _____ **Date:** _____

