



Dear Parent/Guardian:

Camp Boggy Creek is now accepting applications for our Severe Asthma Family Weekend Retreat **April 8-10, 2011!**

This weekend will be filled with song and dance, arts and crafts, boating and fishing, swimming and many other activities from which to choose. There is **no charge** to your family to attend Camp Boggy Creek.

Our Camps are for children between the ages of 7 and 16; siblings can be of any age. The weekend is for **Immediate family members only** living in the household.

If you are interested in attending, please fill out the enclosed application and ask your child's doctor to complete the Medical Form. The application *selection* is **March 9th. Late applications will be accepted for review; however you might start out on the waitlist.** You will be notified by email if email address is provided. Those without email will be notified via home address after March 9th on your status.

Even though we would like to accept all who apply, our spaces are unfortunately limited. Factors including severity of illness and number of times of attendance at one of our camping sessions are considered.

Please mail your completed Application to:

Mary Parrish
Camper Recruitment Coordinator
Camp Boggy Creek
30500 Brantley Branch Road
Eustis, Fl. 32736

If you have any questions please feel free to contact Mary at 352-483-4200 ext. 252, Mary@BoggyCreek.org



Severe Asthma Family Retreat Application

April 8 - 10, 2011

30500 Brantley Branch Road
Eustis, FL 32736
Phone: (352) 483-4200 ext. 276

Camper's Name _____ Age _____ Birth-date _____ M _____ F _____

Mailing address _____

City _____ State _____ Zip _____

County _____ Email address _____

Phone numbers (include area code): Home _____

Cell _____ Work _____

(We must have a current phone number and address for camp)

Please **print** name of **immediate** family members attending (**do not include camper name**)

Parent _____ Age _____ Sex _____ Relationship _____

Medical Condition (if any): _____

Parent _____ Age _____ Sex _____ Relationship _____

Medical Condition (if any): _____

Name _____ Age _____ Sex _____ Relationship _____

Medical Condition (if any): _____

Name _____ Age _____ Sex _____ Relationship _____

Medical Condition (if any): _____

Name _____ Age _____ Sex _____ Relationship _____

Medical Condition (if any): _____

Name _____ Age _____ Sex _____ Relationship _____

Medical Condition (if any): _____

Does your family need an interpreter? Yes _____ No _____ If so what language _____

Specialty Doctor's Name _____ **Institution** _____

Phone _____ **Address** _____

CAMPER MEDICAL INFORMATION

Please list any medical conditions, considerations, and/or limitations: _____

Food Allergies _____

Drug Allergies _____

Parent/Guardian Consent Form

I, undersigned parent/guardian give my consent for my family to participate in any and all activities including but not limited to: swimming, boating and fishing, horseback riding (horseback riding is not offered at every retreat), unless stated otherwise. I also give Camp Boggy Creek (CBC), session sponsors and selected news media permission to photograph and use pictures, video or audio tapes of my family either alone or in a group for news letters, fund-raising activities, bulletin board, camp album or use in public understanding and support of programs for chronically ill children. CBC respects the privacy of its campers and their family and does not allow unauthorized visitors to photograph the camp or its campers.

In the event that any medical needs or medical emergency should arise while at camp, I, undersigned Parent/Guardian hereby grants permission to the medical, other staff, and consulting physician at The Boggy Creek Gang, Inc., an IRS 501(c)(3) charitable organization, to administer medication and provide medical and other care for my family, including, without limitation, any medical emergency care required. I also hereby give my consent for any transportation deemed necessary or appropriate, in the sole discretion of CBC, in connection with the treatment of my child/family. I also assume full financial responsibility for any and all medical and other expenses incurred for or on behalf of my family while at CBC or offsite if in connection with medical treatment, and acknowledge, agree, and understand that CBC shall not be liable for any such expenses.

I, the undersigned parent/guardian assume full financial responsibility for any damage or destruction of camp property as a result of the actions of my family, and understand that I may be billed for any such damage or destruction.

I fully understand and agree to the terms stated above and agree that all information is complete and correct to the best of my knowledge.

Do not let my child/family participate in _____

Parent/Guardian Signature

_____/_____/_____
Date

Please print name of Parent/Guardian

Please add any information or instructions about your family you would like us to know to do our job better or to make your stay more enjoyable.

How did you hear about Camp Boggy Creek?

Camper Name _____

CAMPER WITH SEVERE ASTHMA FORM

(to be filled out by medical staff)

Asthma Diagnosis:

Mild Intermittent____ Mild Persistent____ Moderate Persistent____ Severe Persistent____

Has this child been hospitalized because of asthma in the past year? No ____ Yes ____

If yes # of times____

Has the child ever been in the ICU? _____

Has this child required systemic corticosteroid treatment (not inhaled) in the past year?

No____ Yes____ Number of times _____

Does child have exercise induced asthma? _____

Known asthma triggers: _____

Peak Flow Zones (if done): (Please send Peak Flow meter with child if done daily)

Green _____ Yellow____ Red____ OR Personal Best _____

PFT's (if available): FVC____ FEV₁_____

History of Anaphylaxis? No____ Yes____ If yes, please describe_____

Known Food Allergies: _____

Known Drug Allergies: _____

Can the child participate without restriction in a camp program designed for children with pulmonary problems? Yes ____ No ____ If no, explain limitations_____

Please indicate any additional instructions or medications: _____

Signature MD/ ARNP/ PA

Print Name

Date



MEDICAL FORM

Must be completed and signed by **Physician**

Camper's Name: _____ DOB: _____ Wt.: _____

Primary Diagnosis: _____

Other Diagnoses: _____

Allergies: _____

Please describe any **current medical problems**. _____

PHYSICAL EXAM significant findings _____

This child may interact with animals at the Camp petting farm Yes No

MEDICATIONS

Name: _____ Dose: _____ Route: _____ Frequency: _____

Is the child's development appropriate for his/her age? Yes No

If no, at what age does s/he function? _____

Are there any behavior problems that would affect child's participation in a group? _____

Pertinent Psychosocial Information _____

Physician's Statement: I have examined this child and find him/her physically able to attend camp. I understand that the above Treatment Plan will be followed at camp, unless other orders are received.

Please send a copy of the most recent **OFFICE NOTE** and a copy of the IMMUNIZATION RECORD.

Signature of Physician

Print Name

Date

Treatment Center

Emergency #

Fax #

Physician email address

