



83 Hamilton Drive, Suite 200, Novato, CA 94949 TEL 415.382.9083 FAX 415.382.8384 [www.okizu.org](http://www.okizu.org) [info@okizu.org](mailto:info@okizu.org)

January 2018

Dear Friends,

We wanted to let you know about a Camp Okizu program for bereaved teens and young adults. We have two weekends at camp each year just for bereaved siblings of cancer patients. Campers must be at least 13-years-old to participate in this program.

The weekends are a chance for you to enjoy time at camp, participate in some of our usual camp activities, and connect and build friendships with teens and young adults who have experiences similar to yours. The activities vary from one weekend to the next. We spend some time Saturday talking, and a lot of time playing. We usually have a campfire, sing some songs, and play some games.

**The dates for 2018 are April 6 – 8 and October 12 – 14.**

The bus up will leave Palo Alto in the late afternoon on Friday and return in the late afternoon on Sunday, and will stop at the usual summer camp bus stops (East Bay, Fairfield, and Sacramento) on the way. Campers are also welcome to drive themselves (or be driven) to camp.

**Applications for the Bereaved Teen Weekend are now available online!**

Visit [www.okizu.org/apply](http://www.okizu.org/apply) to apply.

Prefer a paper application? Please fill out the attached application and mail it or fax it to 415.382.8384. Please read the instructions carefully and keep in mind that there are different instructions based on whether or not the camper is under-18. If you have more than one camper in this age range, please make a copy of the application for each camper.

Once we get the application, we will send an acceptance packet with details about the bus, forms to fill out and everything else you need to know.

Please feel free to call or email [enrollment@okizu.org](mailto:enrollment@okizu.org) if you have questions.

Hope to see you soon,

Suzie Randall  
Executive Director of Operations  
Camp Director



# Okizu Bereaved Teen Weekend Application 2018

Applications are also available online. Visit [www.okizu.org/apply](http://www.okizu.org/apply) to apply.

- This is a cost-free camp for Northern California children who are at least 13-years-old and who have lost their sibling to pediatric cancer.
- Please fill out one application per camper. Call the Okizu office or photocopy if additional forms are needed.
- If the camper is 13-17-years-old, this form must be completed and signed by a parent or guardian. If the camper is 18-years-old or older, this form can be completed and signed by the camper or by a parent or guardian but must include all information, including guardian and emergency contact information. Please make sure the camper's name is on the top of **every** page of this application.
- The application requires health history information. All 8 pages must be completed before you can submit the application.

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_

### **Parent/Guardian #1**

Name: \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_

### **Parent/Guardian #2**

Name: \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_

**Family Status:**  Married  Divorced  Separated  Single Mother  Single Father \_\_\_\_\_ Other

**Custody:**  Mother  Father  Joint  Grandparent(s)  Guardian(s) \_\_\_\_\_ Other

### **Additional Emergency Contact Information**

In an emergency we will always call the parents/guardians first. If we are not able to reach you we need two additional people that can be contacted in case of emergency. Please do not put the camper's parents or guardians as the emergency contacts.

#### **Emergency Contact #1**

(Must be someone different than those listed above.)

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last

Cell #: (\_\_\_\_\_) \_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_

#### **Emergency Contact #2**

(Must be someone different than those listed above.)

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last

Cell #: (\_\_\_\_\_) \_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_

Camper's Name: \_\_\_\_\_

### **Cancer Patient Information**

Name of brother or sister diagnosed with cancer: \_\_\_\_\_

Child's cancer diagnosis: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Date of death: \_\_\_\_\_

Cancer physician: \_\_\_\_\_

Cancer treatment facility (select all that apply):

\_\_\_\_\_ California Pacific Medical Center, San Francisco

\_\_\_\_\_ John Muir Medical Center, Walnut Creek

\_\_\_\_\_ Kaiser Permanente Oakland Medical Center

\_\_\_\_\_ Kaiser Permanente Roseville Medical Center

\_\_\_\_\_ Kaiser Permanente Santa Clara Medical Center

\_\_\_\_\_ Lucile Packard Children's Hospital Stanford

\_\_\_\_\_ Sutter Medical Center, Sacramento

\_\_\_\_\_ UC Davis Medical Center

\_\_\_\_\_ UCSF Benioff Children's Hospital Oakland

\_\_\_\_\_ UCSF Benioff Children's Hospital San Francisco

Other: \_\_\_\_\_

### **2018 Bereaved Teen Weekend Dates**

Please indicate all sessions the camper would like to attend.

\_\_\_\_\_ April 6 – 8    \_\_\_\_\_ October 12 – 14

### **Past Attendance**

Has the camper attended Okizu's Bereaved Teen Weekends before? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

Has the camper attended Okizu's SIBS Camp before? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

Has the camper attended Okizu's Family Camp before? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

How did you hear about Okizu? Please select all that apply. \_\_\_\_\_ Doctor \_\_\_\_\_ Nurse \_\_\_\_\_ Social Worker \_\_\_\_\_ Friend

\_\_\_\_\_ Internet \_\_\_\_\_ Other (please specify): \_\_\_\_\_

### **Transportation**

We offer roundtrip bus transportation from the following four locations. Camp Okizu is located 70 miles northeast of Sacramento.

**On Friday, the first day of camp, I would like the camper to ride the bus to camp from the following stop:**

\_\_\_\_\_ Palo Alto \_\_\_\_\_ East Bay \_\_\_\_\_ Sacramento \_\_\_\_\_ Fairfield \_\_\_\_\_ None, I will drive my child to camp.

**On Sunday, the last day of camp, I would like the camper to ride the bus from camp to the following stop:**

\_\_\_\_\_ Palo Alto \_\_\_\_\_ East Bay \_\_\_\_\_ Sacramento \_\_\_\_\_ Fairfield \_\_\_\_\_ None, I will pick my child up from camp.

Camper's Name: \_\_\_\_\_

## **Okizu Bereaved Teen Weekend Health History Form**

Please complete the following Health History Form as part of the camper's application. It is essential that we have current health information in order to ensure the safety and well-being of campers during their time at Okizu. This year we will require one medical form for Bereaved Teen Weekend campers who do not have conditions requiring treatment, restrictions, or other accommodations during their stay at camp. If the camper requires a second form we will send it in their acceptance packet and it will require a doctor's signature. If you need more room, please continue your comments on a separate sheet of paper.

**Height:** \_\_\_\_\_ feet and inches      **Weight:** \_\_\_\_\_ lbs      **Last Exam Date:** (if known) \_\_\_\_\_

### **Allergies and Dietary Restrictions**

**Does the camper have any allergies?** \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, this camper is allergic to:     Food       Medicine       The environment (insect stings, hay fever, etc.)       Other

Please describe what the camper is allergic to and the reaction seen: \_\_\_\_\_

**Does the camper require an EpiPen?** \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please provide details about the camper's anaphylaxis, including the date and description of the reaction: \_\_\_\_\_

*\*Send one non-expired EpiPen to camp with the camper.*

**Does the camper have any dietary restrictions?** \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

*\*We can easily accommodate vegetarians and campers with a no red meat preference. If the camper has other dietary restrictions please contact the Okizu office to discuss.*

### **Medications and Treatments**

1. We cannot dispense any medication not in a prescription container, so please send original prescription container. Any remaining meds will be returned.
2. Due to the large number of medications that we need to dispense at camp, we request that you send only the essentials. No daily vitamins, over the counter pain relievers, or decongestants. We have a supply of these meds and will dispense them as necessary.
3. Meds are given at breakfast, lunch, dinner, and bed time unless absolutely necessary at other specific times.
4. For antibiotics or other meds taken for a limited time (i.e. days 1-20) please note day started.

**Will the camper be taking any medications while at camp?** \_\_\_\_\_ Yes      \_\_\_\_\_ No

*\*Medicine must be brought to camp in its original packaging.*

**Drug Name/Strength:**

**Amount:**

**Frequency:**

1. \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Bed \_\_\_\_\_

2. \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Bed \_\_\_\_\_

3. \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Bed \_\_\_\_\_

4. \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Bed \_\_\_\_\_

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Camper's Name: \_\_\_\_\_

The following over-the-counter medications may be given to your child as needed, if deemed necessary, by the camp medical personnel. Over-the-counter medications used at Okizu include: Acetaminophen (*Tylenol*), Ibuprofen (*Advil, Motrin*), Antihistamines (*Benadryl, Claritin, Zyrtec* etc.), combination cough/cold medicines, cough drops, sore throat spray, antacids, laxatives for constipation, Pepto-Bismol, aloe, antibiotic cream, calamine lotion, hydrocortisone cream, insect repellent, sunburn spray, sunscreen, and lice shampoo.

If your child can not take any of these medications, please list them below, along with the reason why the medication cannot be used: \_\_\_\_\_

Will your child require any treatments while at camp? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain what treatment(s) must be given to your child, including the frequency. \_\_\_\_\_

Does your child regularly take any medications that will not be taken at camp? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain what medications your child takes regularly and why they are taken. \_\_\_\_\_

### Immunization History

Please attach a copy of the camper's immunization record, or list the date of the camper's most recent vaccination below:

Vaccine:	Dates:	mo/yr	mo/yr	mo/yr	mo/yr	mo/yr
<b>Diphtheria, Pertussis, Tetanus</b> (TdaP or DTdaP)	_____	_____	_____	_____	_____	_____
<b>Tetanus booster</b> (dT or TdaP)	_____	_____	_____	_____	_____	_____
<b>MMR</b> (Measels, Mumps, Rubella)	_____	_____	_____	_____	_____	_____
<b>Polio</b> (IPV/OPV)	_____	_____	_____	_____	_____	_____
<b>Haemophilus Influenza B</b> (HIB)	_____	_____	_____	_____	_____	_____
<b>PCV</b> (Pneumococcal)	_____	_____	_____	_____	_____	_____
<b>Hepatitis A</b>	_____	_____	_____	_____	_____	_____
<b>Hepatitis B</b>	_____	_____	_____	_____	_____	_____
<b>Chicken Pox</b> (Varicella)	_____	_____	_____	_____	_____	_____
<b>Meningococcal Meningitis</b> (MCV4)	_____	_____	_____	_____	_____	_____

If the camper has not been fully immunized or has had any of the above illnesses, please explain. Please include dates and details. \_\_\_\_\_

Has the camper had a TB test? \_\_\_\_\_ Yes \_\_\_\_\_ No Date of most recent TB test? \_\_\_\_/\_\_\_\_/\_\_\_\_

What was the result of the camper's most recent TB test? \_\_\_\_\_ Positive \_\_\_\_\_ Negative

If positive, please explain: \_\_\_\_\_

Child's Name: \_\_\_\_\_

## Okizu Bereaved Teen Weekend Health History

**Please answer all of the following medical questions for your child.**

For any of the questions with a 'yes' answer, please inform us if the condition will require treatment, restrictions, or other accommodations while your child is at Camp Okizu. Please be specific and if you need more space please attach an extra sheet of paper.

**Does your child have ADD/ADHD, developmental delays, autism, Down Syndrome, mental health issues, or behavioral issues?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

If yes, are they currently on medication for this diagnosis? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, will they be on medication while they are at camp? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will this diagnosis require treatment, restrictions, or accommodations while they are at camp? \_\_\_\_\_

**Does your child get homesick or have separation issues when away from home?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**Does your child have depression or an eating disorder?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**Does your child have asthma, problems breathing, coughing, or lung disease?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

If yes, is the condition mild, moderate, or severe? Is it triggered by anything? \_\_\_\_\_

If yes, do they carry an inhaler with them? \_\_\_\_\_

**Does your child have seizures, epilepsy, convulsions, fainting, or blackouts?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

If yes, how frequently and what is the date of the last seizure or episode? \_\_\_\_\_

If yes, will they be on medication while they are at camp? \_\_\_\_\_

If yes, what else do we need to know about the seizures or episodes? \_\_\_\_\_

**Does your child have mobility issues, difficulty walking, braces, etc.?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**Does your child use a wheelchair, have a prosthesis, or prosthetic joints?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

If they use a wheelchair, what percentage of the time will it be used at camp? \_\_\_\_\_

**Does your child have a history of concussions or get headaches?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**Does your child have trouble seeing clearly (uses eyeglasses, contacts, etc.)?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**Does your child have speech problems?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**Does your child have hearing or other ear problems?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**Does your child have a shunt (drains excess fluid from brain) or Ommaya Reservoir?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**Does your child have neck, chest, or back pain or injury?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

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**Child's Name:** \_\_\_\_\_

**Does your child have intestinal problems (Crohn's/Colitis/Constipation/Diarrhea/Ulcer)?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**Does your child have diabetes, heart disease, or high blood pressure?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the diagnosis, date diagnosed, and required care: \_\_\_\_\_

**Does your child have a skin condition or bleeding disorder?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**Does your child wet the bed, sleepwalk, have nightmares, or night terrors?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**Has your child ever been hospitalized for a serious injury or operations?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain the reason(s) for hospitalization(s), the serious injury(ies), or the operation(s) and the dates they occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does your child have any restrictions on activity?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain what activities must be restricted and any special accommodations that should be made: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Will your child require any special assistance while at camp (getting dressed, showering, bathroom, etc.)?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain what assistance will be required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are there any custody issues we should know about?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain. Please be specific: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please inform us of anything you'd like us to know about your child. This includes any other health conditions, mental or physical, that will require treatment, restrictions, or any other accommodations while your child is at Camp Okizu. Please be specific.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Camper's Name: \_\_\_\_\_

**Okizu Bereaved Teen Weekend Authorization to Consent to Treatment Medical Waiver**

If the camper is 13 to 17-years-old, this form must be completed and signed by a parent or guardian. If the camper is 18-years-old or older, this form can be completed and signed by the camper or by a parent or guardian.

I am the parent/guardian of \_\_\_\_\_, a minor. I authorize Okizu Camp personnel to (i) consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by any physician, dentist, or surgeon; and (ii) obtain a copy of any of my child's health records and to communicate with and receive information from any of my child's health providers about my child's health status or history.

I understand that reasonable measures will be taken to safeguard the health and safety of campers and that I will be notified as soon as possible in case of an emergency. However, in the event of my child's illness or accident, I will not hold Camp Okizu, the Okizu Foundation, or any of its directors, employees, or agents liable for harm to my child. This authorization shall remain effective until revoked in writing.

**OR**

My name is \_\_\_\_\_. I authorize Okizu Camp personnel to (i) consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by any physician, dentist, or surgeon; and (ii) obtain a copy of any of my health records and to communicate with and receive information from any of my health providers about my health status or history.

In the event of my illness or accident, I will not hold Camp Okizu, the Okizu Foundation, or any of its directors, employees, or agents liable for harm to myself. This authorization shall remain effective until revoked in writing.

**Please print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

*\*If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

**Demographic Information**

The following questions are optional and will only be used to obtain funding from foundations that require this kind of demographic information.

<b>Ethnicity</b>	_____ African American or Black	<b>Income Level Annually</b>	_____ Less than \$24,999
	_____ Asian or Pacific Islander		_____ \$25,000 - \$49,999
	_____ Caucasian		_____ \$50,000 - \$74,999
	_____ Hispanic or Latino		_____ \$75,000 - \$99,999
	_____ Native American		_____ \$100,000 - \$124,999
	_____ Other		_____ \$125,000 - \$149,999
			_____ \$150,000+

**Photos**

By participating in Okizu's programs, you are authorizing us to use photos or videos of you or your family in our brochures, on our website, or in any other fundraising or public relations material. If you do not wish us to use your images, you need to file a "No Photo Authorization" form with our office. **You need to renew this form every year.** Please call or email our office to obtain this form.



Camper's Name: \_\_\_\_\_

**Acceptance Packet**

Once this application is processed and approved, you will receive an acceptance packet via email or US Post.

How would you like to receive acceptance materials? \_\_\_\_\_ By Email \_\_\_\_\_ By US Post

**If you choose email, please make sure you have provided a legible email address on the front page.**

Would you prefer to receive the acceptance materials in Spanish? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Parent/Guardian OR Camper Agreement**

If the camper is 13 to 17-years-old, this form must be completed and signed by a parent or guardian. If the camper is 18-years-old or older, this form can be completed and signed by the camper or by a parent or guardian but must include all information, including guardian and emergency contact information.

I, \_\_\_\_\_ agree to the following:  
Name

- I certify that all information on this application is true and correct.
- I agree to abide by the rules and philosophy of Okizu.
- I have informed you of any special needs that will require attention during the campers's stay at camp.
- I will review the rules and guidelines of expected behavior at Okizu with the camper before his/her time at camp.
- Because there is no regularly scheduled transportation, if for any reason it is determined by the Okizu staff that the camper must leave before the end of his/her session, I agree to be responsible for his/her transportation from Camp Okizu within 12 hours.

**Please print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

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**Mail completed applications to the Okizu office at the address below.**

83 Hamilton Drive, Suite 200, Novato, CA 94949 TEL 415.382.9083 FAX 415.382.8384 enrollment@okizu.org