



Received: \_\_\_\_\_ Entered: \_\_\_\_\_

# Okizu Family Camp Application 2018

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

- This is a cost-free respite and support weekend for Northern California families who have a child who has or has had pediatric cancer.
- These weekends are for the cancer patients, their parents, and their brothers and sisters.
- Mail completed applications to the Okizu office at 83 Hamilton Drive, Suite 200, Novato, CA 94949.
- Para recibir esta información en español por favor llame a la oficina de Okizu al 415.382.9083.

Parent(s) Name(s): \_\_\_\_\_

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

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

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

Work #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

Email(s): \_\_\_\_\_

Employer(s): \_\_\_\_\_

## **2018 Family Camp Session Dates:** **Please select a first, second, and third choice of sessions.**

FC 1 \_\_\_\_\_ April 20 – 23 *Bereaved Families Only*

FC 6 \_\_\_\_\_ August 17 – 20

FC 2 \_\_\_\_\_ May 4 – 7 *James W. Hebert Family Camp*

FC 7 \_\_\_\_\_ August 31 – September 3

FC 3 \_\_\_\_\_ May 18 – 21

FC 8 \_\_\_\_\_ September 14 – 17 *Bereaved Families Only*

FC 4 \_\_\_\_\_ May 25 – 28

FC 9 \_\_\_\_\_ September 21 – 24

FC 5 \_\_\_\_\_ August 10 – 13

With the exception of Family Camps 1 and 8, the weekends are open to all pediatric oncology families. You should apply for the weekend that best fits your schedule and needs.

We have the following additional resources at certain weekends:

- FC 2 will have additional resources for families with a child with a brain tumor.
- FC 3 and FC 5 will have an additional discussion group offered in Spanish.
- FC 9 will have additional resources for families with a child with a solid tumor.

All Family Camps will run from Friday at 5:00 p.m. to Monday after brunch to give everyone lots of time at Camp Okizu. If you aren't able to stay until Monday, you may depart at any time.

**Please provide the following information for each family member applying for camp.**

Family Camp is offered to the cancer patient and their immediate family which typically includes parents, sisters, and brothers. If you have questions, please email heather@okizu.org or call 415.382.9083.

<u>Name</u>	<u>Age</u>	<u>Gender</u>	<u>Birthdate (MM/DD/YYYY)</u>
Parent 1	_____	_____	_____
Parent 2	_____	_____	_____
Child 1	_____	_____	_____
Child 2	_____	_____	_____
Child 3	_____	_____	_____
Child 4	_____	_____	_____
Child 5	_____	_____	_____
Child 6	_____	_____	_____
Child 7	_____	_____	_____

**Past Attendance**

Has your family attended Okizu's Family Camp before? \_\_\_\_\_ If yes, for how many years? \_\_\_\_\_  
How did you hear about Okizu? Please select all that apply. \_\_\_Doctor \_\_\_Nurse \_\_\_Social Worker \_\_\_Friend  
\_\_\_Internet \_\_\_Other (please specify): \_\_\_\_\_  
Have your children attended Okizu's SIBS/ONC Camp before? \_\_\_\_\_  
If yes, which one? SIBS Camp \_\_\_\_\_ Oncology Camp \_\_\_\_\_

**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

**Emergency Contact Information**

In case of emergency please list someone, **other than yourself**, that we can contact:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_  
Work #: (\_\_\_\_\_) \_\_\_\_\_

### **Cancer Patient Information**

Please complete all of this information even if the patient is no longer on treatment.

Name of child diagnosed with cancer: \_\_\_\_\_

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

Date of diagnosis: \_\_\_\_\_ Date(s) of any relapse(s): \_\_\_\_\_

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, Sacramento

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

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

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

Current stage of treatment: \_\_\_\_\_ On treatment \_\_\_\_\_ Off treatment \_\_\_\_\_ Our family is bereaved

If off treatment, how long off treatment: \_\_\_\_\_

Please comment on your current situation as it relates to the cancer diagnosis. For example, currently on treatment, recent relapses, remission, etc. Please also let us know of any current circumstances your family is going through. For example, parents divorcing, with hospice, new problems related to earlier treatment, trouble in school, etc.

---

---

---

---

---

---

---

---

### **Basic Care Information**

Please inform us of **any and all family members** with allergies or health conditions, mental or physical, that will require treatment, restriction, or other accommodations while your family is at Camp Okizu.

---

---

---

---

---

---

---

---

## Accommodations

During our weekends, we have both cabin and tent space available. While most campers stay in cabins, many families enjoy sleeping under the stars in our 'tent city'. Families can bring their own, or borrow an Okizu tent that sleeps up to eight people.

- Yes, we would like to stay in a tent and will bring our own tent.  
 Yes, we would like to stay in a tent and need to borrow one from Okizu.  
 We are not tent people and would like to stay in a cabin.

## Friendship and Support

- At the request of many of our families, we would like to put together a contact sheet for each weekend of Family Camp. With your permission, we will use information from this form to create a profile for your family that would be shared upon arrival at Family Camp. This profile would include your cancer patient's name and diagnosis, date of diagnosis, age, treatment center, and physician. We would also include siblings' names and ages and parents' names, email, and city where you live.
- We will only include folks on the information sheet that would like to participate in this.
- This contact sheet will be handed out at the beginning of each weekend and its purpose will be twofold: one, to allow families with like diagnoses, similar age patients or siblings, etc. to find each other during the weekend and two, so that folks can stay in touch once Family Camp is over.

- Yes, please include our family on the family contact sheet for the session we sign up for.  
 No, please do not include our family at this time.

## 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 review this form every year.** Please call or email our office to obtain this form.

## Demographic Information

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

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

## Parent/Guardian Agreement

- I will only bring those family members originally signed up, unless approved by Okizu in advance.
- I have informed you of any special needs that require attention during our stay at camp.
- I will not bring any pets to Camp Okizu.
- I will not bring alcohol, illegal drugs, or weapons of any kind to Camp Okizu.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail completed applications to the Okizu office at the address below.**