



Okizu Oncology Camp Application 2019

Applications are also available online. Visit www.okizu.org/apply to apply.

- This is a cost-free camp for Northern California children ages 6-17 who have or have had cancer.
- Please make sure your child's name is on the top of **every** page of this application.
- The application now requires health history information. All 9 pages must be completed before you can submit the application.

Child's Name: _____ Age: _____

Mailing Address: _____ Grade in Fall: _____

City: _____ State: _____ Zip: _____

County: _____ Primary Phone #: (_____) _____

Birthday: _____ / _____ / _____ Gender: _____

Parent/Guardian #1

Name: _____ Home #: (_____) _____

Address: _____

Email: _____ Cell #: (_____) _____

Employer: _____ Work #: (_____) _____

Parent/Guardian #2

Name: _____ Home #: (_____) _____

Address: _____

Email: _____ Cell #: (_____) _____

Employer: _____ Work #: (_____) _____

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 yourself or your spouse as the emergency contact.

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 #: (_____) _____

Child's Name: _____

2019 Oncology Camp Session Dates

Please select one session.

_____ June 10 – 16 _____ July 22 – 28 _____ July 29 – August 4

Transportation

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

On Monday, the first day of camp, I would like my child to ride the bus to camp from the following stop:

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

On Sunday, the last day of camp, I would like my child 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.

I would be interested in chaperoning the bus: _____ Yes _____ No

Camper T-Shirt Size

Youth: _____ Small _____ Medium _____ Large

Adult: _____ Small _____ Medium _____ Large _____ XL _____ 2X

Past Attendance

Has your child attended Okizu's Oncology Camp before? _____ If yes, how many times? _____

Has your child attended Okizu's Family Camp before? _____ If yes, how many times? _____

Cancer Patient Information

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

Child's name: _____

Child's cancer diagnosis: _____

Date of diagnosis: _____ Date(s) of any relapse(s): _____

Cancer physician: _____

Cancer treatment facility (select all that apply):

- | | |
|---|--|
| _____ Stanford Children's Health at CPMC, 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

If off treatment, how long off treatment: _____

Child's Name: _____

Additional Household Information

Family Status: ___ Married ___ Divorced ___ Separated ___ Single Mother ___ Single Father _____ Other

Custody: ___ Mother ___ Father ___ Joint ___ Grandparent(s) ___ Guardian(s) _____ Other

Acceptance Information

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

We Would Love to Have Your Help

Occasionally we need volunteers to help with fundraising, to represent Okizu at networking events, etc. and we would love to have your help. If you would like to be added to the list of people whom we contact when we need help, please select the areas with which you be willing to help.

- | | |
|---|---|
| ___ Speaking engagements | ___ Tabling events and Okizu info booths |
| ___ Submitting testimonials and writing letters | ___ Okizu representative at events |
| ___ Interviews | ___ Fundraising event staff (<i>golf tournaments, auctions, etc.</i>) |
| ___ Media opportunities | ___ Other |

How did you hear about Okizu? Please select all that apply. ___ Doctor ___ Nurse ___ Social Worker ___ Friend
___ Internet ___ Other (please specify): _____

Demographic Information

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

- | | | | |
|------------------|-------------------------------|------------------------------|---------------------------|
| Ethnicity | ___ African American or Black | Income Level Annually | ___ 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.

Child's Name: _____

Okizu Oncology Camp Health History Form

Please complete the following Health History Form as part of your child'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 two medical forms for Oncology campers. The first is the Okizu Oncology Camp Health History Form, which you will complete now as part of your child's application, and the second form will be in the 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 your child 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 your child require an EpiPen? _____ Yes _____ No

If yes, please provide details about your child's anaphylaxis, including the date and description of the reaction: _____

**Send one non-expired EpiPen to camp with your child.*

Does your child have any dietary restrictions? _____ Yes _____ No

If yes, please explain: _____

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

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: _____

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: _____

Child's Name: _____

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: _____

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: _____

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

Child's Name: _____

Does your child have a Broviac/Hickman catheter? _____ Yes _____ No

Please describe your usual dressing change and flush procedure (volume and concentration). Please send supplies and Heparin and daily dressing changes and flushes while at camp. Clearly mark supplies with camper's name. The outdoor environment at camp has a lot of dust and dirt and in the warm weather, kids sweat more during physical activities so the line dressing and caps will be changed at least once every day. This is different than at home but will decrease the risk of a line or site infection.

If yes, please explain: _____

Does your child have a Port-a-cath? _____ Yes _____ No

If your child's port will need to be flushed while at camp, please describe your usual flush procedure (volume and concentration) and please send the required Heparin vial. Example: 5cc of 10u/cc

If yes, please explain: _____

Has your child ever been hospitalized for a serious injury or operation? _____ 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.

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. _____

Child's Name: _____

Immunization History

Okizu requires immunization information and a **current tetanus booster** to attend camp. Because our camp program has a potential for communicable diseases, we recommend that program participants are appropriately immunized for, at a minimum, the following diseases: tetanus, mumps, measles, rubella, polio, pertussis (whooping cough), and diphtheria. This being said, we recognize that some individuals may not be fully immunized for reasons that are biophysical or of personal choice.

If the participant is not fully immunized or doesn't have a current tetanus booster before camp, you will need to complete the Exemption from Immunization Requirements form.

The participant's immunization status: *Check one of the following:*

- I attest that all immunizations required for the participant are up to date and I have provided the most recent dates below or will provide copies of immunization forms from my health-care provider or state or local government.
- The participant is not fully immunized. Please send me the Exemption from Immunization Requirements form.

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

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

If your child has not been fully immunized or has had any of the above illnesses, please explain. Please include dates and details. _____

Has your child had a TB test? _____ Yes _____ No **Date of most recent TB test?** ____/____/____

What was the result of your child's most recent TB test? _____ Positive _____ Negative

If positive, please explain: _____

Child's Name: _____

Medications

Will your child be taking any medications while at camp? _____ Yes _____ No

1. We cannot dispense any medication not in a prescription container, so please send the 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.

*Medicine must be brought to camp in its original packaging with correct dosage information on the label.

Drug Name/Strength:

Dosage & Frequency:

1. _____ Breakfast _____ Lunch _____ Dinner _____ Bed _____

2. _____ Breakfast _____ Lunch _____ Dinner _____ Bed _____

3. _____ Breakfast _____ Lunch _____ Dinner _____ Bed _____

4. _____ Breakfast _____ Lunch _____ Dinner _____ Bed _____

Health Insurance and Doctor Information

Doctor Information

Child's Pediatric Oncologist: _____ Phone #: (_____) _____

Child's Pediatrician/Doctor: _____ Phone #: (_____) _____

Health Insurance – attach a copy of your insurance card or complete the following:

Do you have medical insurance? _____ Yes _____ No

Full Name of Policy Holder: _____

Employer Name (if insured through company): _____

Insurance Company/Plan Name: _____

Insurance Company Phone Number: _____

Health Insurance Policy Number: _____

Insurance Group Name or Number: _____

Okizu Oncology Camp Authorization to Consent to Treatment of Minor Medical Waiver

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.

Please print name: _____ Date: _____

Signature: _____ Relationship: _____



Child's Name: _____

Okizu Oncology Camp Consent Form 2019

I give consent for my child, _____, to attend Camp Okizu. I understand that activities in which my child might participate include, but are not limited to, swimming, boating, arts and crafts, group sports, archery, hiking, and ropes course.

Because there is no regularly scheduled transportation, if for any reason it is determined by the Okizu staff that my child must leave before the end of his/her session, I agree to be responsible for his/her transportation from Camp Okizu within 12 hours.

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 each year. Please call or email our office to obtain this form.

In an effort to communicate important information, last minute updates, bus schedule changes, and any potential emergency information, we may contact you by text. By participating in Okizu's programs, you are authorizing us to use your cell phone number to send text messages regarding your child's session(s) at Okizu. If you do not want to receive information via text, you need to complete an "Opt Out" form. Please call or email our office to obtain this form.

We are delighted to have the resources to provide bus transportation to and from Camp Okizu. By participating in our bus service you agree to adhere to the Okizu bus policy by being on time for drop off and pick up and making sure that you check in and out with the Okizu representative at your stop.

I give consent for all written material, such as poems or expressions in writing by my child, to be used for publicity purposes by Okizu and participating hospitals.

I have informed you of all the allergies or health conditions, mental or physical that will require treatment, restriction, or other accommodations while my child is at camp Okizu.

Please initial applicable lines:

_____ I certify that all information on this application is true and correct.

_____ I consent to my child's participation in all activities at camp.

_____ I consent to my child's participation in all activities of the camp **except** as noted below.

X

Parent or Guardian Signature

Date

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