



MS Youth Camp Application – 2013
Sponsored in part by the Cantalupo Family
National MS Society, Greater Illinois Chapter

All applications must be completed and returned by:
Friday, March 15, 2013

**Space at camp is limited. Incomplete applications or those received after
March 15, 2013 may be placed on a waiting list.**

CAMPER INFORMATION

Youth name _____ ☐ Male ☐ Female

Youth date of birth _____ Grade in school (will **enter** fall 2013) _____

Height _____ Weight _____ Age (summer 2013) _____

Address _____ Phone _____

City _____ State _____ Zip _____

This camp is for young people who have a parent living with MS or who live in a household with someone with MS. Who in the young person's family has MS?

☐ Mother ☐ Father

☐ Other person in household (indicate relationship) _____

CUSTODIAL PARENT/GUARDIAN INFORMATION

Parent/guardian _____

Home phone _____ Cell phone _____ Work phone _____

Email Address _____

Mailing address (if different from child's) _____

Second Emergency Contact (in case you're not available)

Name _____ Phone _____

Relationship to child _____

Youth Camp 2013 Important Health Information

This information will be kept on file with the National MS Society, Greater Illinois Chapter. It's used to facilitate a safe and enjoyable experience for youth and staff. Confidentiality is respected.

Youth's physician _____ Phone _____

Health insurance/medical relief provider _____

Policy number _____ Group or ID# _____

NOTE: Parent(s)/Guardian will assume the full cost of any medical or hospital expenses incurred.

Special dietary needs: Vegetarian (no meat or fish) _____ Lactose intolerant _____
Gluten Free _____ other (explain) _____

Date of last tetanus shot: _____

MEDICATION (Please print)

Is your child receiving any medication either at home or school?

Yes ____ No ____ Reason for medication(s) _____

➤ If non-prescription, parent completes below.

➤ For prescription drugs, physician must complete and sign.

Name of medication

Dose

Time to be given

Side effects, if any: _____

Physician's name (print) _____

Physician's signature _____ Date _____

(For prescription drugs)

Address _____ Phone _____

Has your child had any serious illnesses, accidents, operations or hospitalizations during the past year?

Yes _____ No _____ If yes, please explain:

Does your child have any **allergies**? This includes, but is not limited to, *medical allergies, food allergies, environmental allergies, etc.*

Yes _____ No _____ If yes, please explain:

Does your child have any **current health conditions**? This includes, but is not limited to, *asthma, vision or hearing impairment, etc.*

Yes _____ No _____ If yes, please explain:

Does your child have any **behavioral issues** or **special considerations**? This includes, but is not limited to, *ADD, ADHD, depression, anxiety, bed wetting, sleep walking, problems getting along with other kids, issues with authority figures, etc.*

Yes _____ No _____ If yes, please explain:

Is your child receiving services either at or outside of school from a special education department, school counselor, social worker, or therapist?

Yes _____ No _____ If yes, please explain:

Has your child attended an overnight camp before?

Yes _____ No _____

If yes, please describe how long they were away and their experience:

[illegible]

Youth Camp 2013 Routine Medical Treatment Release

Routine medical care may include, but is not limited to, simple procedures to treat sunburn, insect bites, bee stings, abrasions, minor lacerations, allergy shots, anaphylaxis, asthma, athlete's foot, animal or human bites, bleeding, blisters, strains, sprains, burns, common cold, sore throats, conjunctivitis, constipation, convulsion, diarrhea, vomiting, ear pain, foreign body in eye, fever, headache, nausea, nosebleed, poison ivy, splinters, ticks and toothaches.

Care may include, but is not limited to, treatments like icing or splinting as well as administration of over-the-counter medications such as acetaminophen (Tylenol), ibuprofen (Advil), laxatives (Milk of Magnesia, Maalox, etc.), cold and cough syrup, cough drops, allergy medication (Sudafed, Claritin, Benadryl, etc.), topical ointments or salves (bacitracin, Loratidine, etc.) eye drops, etc.

I/We, the undersigned parent/guardian of (child's full name):_____ do grant and assign staff members/authorized volunteers of the National MS Society, Upper Midwest Chapter & Greater Illinois Chapter and staff of YMCA Camp Icaghowan the permission to provide routine medical care/basic first aid for my child while at camp, with the following exceptions or instructions:

Parent or legal guardian signature

Date

Youth Camp 2013 Emergency Medical Treatment Release

I/We, the undersigned parent/guardian of (child's full name):_____ do grant and assign staff members/authorized volunteers of the National MS Society, Upper Midwest Chapter & Greater Illinois Chapter the authority and consent to sign medical emergency release documents for and to convey any necessary information from camp application forms or personal conversations, with both doctors and hospitals on behalf of our child. I/We grant and assign to them permission and consent for emergency medical treatment, operation, administration of anesthesia, blood transfusion or urgent medical treatment of any illness or injury that any qualified medical practitioner may deem necessary for our child's welfare in the event that the I/we cannot be contacted.

It is further understood that staff members will notify the parent(s)/guardian(s) of any medical treatment or behavioral problems as soon as possible. In addition, by signing below, parent(s) agree to pick up their child(ren) from YMCA Camp Icaghowan in Amery, WI at any time, if deemed necessary by chapter staff.

Parent or legal guardian signature

Date

Youth Camp 2013 Media Release

In consideration of the furtherance of the purposes, objectives and work of the National MS Society, Upper Midwest Chapter & Greater Illinois Chapter, I, the undersigned, hereby grant permission to the said organization to take or have taken pictures, video or other media of my child and to use her/his first name in connection with any news release or story for publicity, education, nursing and scientific purposes or in connection with the solicitation of funds for said organization. By granting permission, I hereby relinquish any right, title or interest I may have in such photographs, videos, media, news releases or stories.

_____ Yes, I grant permission. _____ No, I do not grant permission.

Parent or legal guardian signature

Date

Youth Camp 2013 Assumption of Risk and Liability for National Multiple Sclerosis Society and YMCA (Camp Icaghowan)

I give my permission for (child's full name) _____ to participate in the National MS Society, Upper Midwest Chapter & Greater Illinois Chapter's Youth Camp program at YMCA Camp Icaghowan. I am aware that this program involves certain risks that I am prepared to accept. These risks may include, but are not limited to, hiking or walking on uneven trails with elevation gains of varying degrees in various weather conditions, climbing and belaying on indoor/outdoor structures, horseback riding, participating in high ropes course activities, swimming, boating, participating in campfire activities, sleeping outdoors in a tent or tree house (10th, 11th and 12th grades), and eating food in a cafeteria-type setting. Following an appropriate medical consultation, I have determined that my child's health is adequate to participate safely in this program. In the event of an emergency, I authorize treatment and/or transportation by emergency medical personnel, and I agree to be responsible for the cost of such treatment or transportation.

Accordingly, I hereby release the National MS Society, Upper Midwest Chapter & Greater Illinois Chapter and the YMCA of Metropolitan Minneapolis, including all of their personnel, agents, affiliates, staff and directors, from any and all liabilities to me with respect to injury, sickness, disease, loss or damage. This release does not apply to liabilities arising from gross negligence or wanton or reckless conduct by anyone, including the National MS Society, Upper Midwest Chapter & Greater Illinois Chapter, the YMCA of Metropolitan Minneapolis or their representatives. Apart from that exception, this release applies to any and all liabilities to me or my estate of any description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind. In the event that some other person or entity seeks compensation for these released liabilities, I, or my estate, will indemnify and hold harmless the National MS Society, Upper Midwest Chapter, Greater Illinois Chapter and the YMCA of Metropolitan Minneapolis for all sums reasonably incurred in response to that claim. This release is to be interpreted and enforced under Minnesota law.

Parent or legal guardian signature

Date

MS Youth Camp
Sponsored in part by the Cantalupo Family
June 17 – 22, 2013
Permission to Travel Form Due March 15, 2013

Please PRINT all information

This form certifies that _____ (minor's full name) has the permission of his/her undersigned parents to travel via coach bus without a legal guardian to attend MS Youth Camp at Camp Icaghowan in Amery, Wisconsin. Minors will be accompanied by adult chaperones and staff from the National Multiple Sclerosis Society. In signing this form, the parent/legal guardian also acknowledges receipt of and signing of the Emergency Medical Treatment Release form.

Printed full name of first parent/ legal guardian _____

Relationship to camper _____

Signature _____

Printed full name of second parent/ legal guardian _____

Relationship to camper _____

Signature _____

Dated this _____ day of _____, 2012

Place Notary Seal Here

Notary Public, in and for the State of _____

Residing at _____

Notary Signature
Notary Printed Name
My Commission Expires On

Youth Camp 2013 CHECKLIST

Please indicate your agreement and understanding by placing your initial next to each of the following items:

- _____ My child is aware s/he has a parent or someone in his/her household with MS;
- _____ I have listed any medical concerns my child might have at camp;
- _____ **I have clearly explained** any emotional or behavioral issues my child currently has (ADHD, depression, drug treatment, currently being seen by a therapist or social worker, etc.), using extra pages if necessary;
- _____ If my child uses Ritalin or other behavior-modifying drugs during the school year, which s/he will *not* be taking at camp, I have named them below:
- _____
- _____ I understand that if my child has emotional or behavioral needs, chapter program and camp staff will work with me to put into place a behavior management plan for camp, but in some cases, the camp may not be able to meet my child's needs;
- _____ I understand that if any special behavioral or medical issues/concerns arise for my child during camp, I could be asked and will be expected to come and get my child from camp;
- _____ **My child *wants* to attend MS Youth Camp;**
- _____ **My child and I agree to follow the camp rule that the following items may NOT be brought to camp: cell phones, any kind of snack food, pop, chewing gum, candy, beverages, electronic games, computers, radios, music players of any kind, electrical appliances, tobacco, alcohol, drugs or any related paraphernalia;**
- _____ **I have . . . (please check):**
- _____ Signed the Routine Medical Treatment Release (page5);
- _____ Signed the Emergency Medical Treatment Release (page6);
- _____ Signed or denied consent for Media Release (page6);
- _____ Signed the Assumption of Risk and Liability (page7); and
- _____ Obtained physician's signature for any prescription meds. (page 2)
- _____ Obtained a notary seal & signature on the Permission to Travel Form (page8)

Thank You!

MS Youth Camp 2013

The Greater Illinois Chapter is able to offer MS Youth Camp free of charge to our participants through the generous support of the Cantalupo family. While we try to accept every child who applies to youth camp, completing an application does not guarantee acceptance.

Applications will be responded to on a first come basis. We will review every application to determine if medical and safety needs can be met. In addition to the application, a family interview *may* take place before a final decision on the application is made. We strive to provide equal opportunity and will work with you to plan for special needs. Please know, however, that some individual needs may be greater than we are able to accommodate. Camp this year is open to youth entering 4th through 12th grades in the fall of 2013.

Campers that are accepted will be required to attend a mandatory family orientation in mid April 2013 in the Chicago-land area. Confirmation letters regarding application status and family orientation will be mailed by the end of March to all applicants.

We are excited to be able to offer this opportunity to your family and look forward to connecting with you around this year's MS Youth Camp and other programs and events offered throughout the year.

All applications must be completed and returned by:
Friday, March 15.

Space at camp is limited. Incomplete applications or those received after March 15, 2013 may be placed on a waiting list.

Please send completed applications to:

National MS Society, Greater Illinois Chapter
Attn: Meagan Kehoe
525 W. Monroe St., Suite 900
Chicago, IL 60661

If you have questions regarding the application, contact Meagan at
Meagan.Kehoe@nmss.org or (312) 423-1171