

Hope With Heart Camper Application



August 2 - 8, 2020

A place for you to be included.

Dear Campers and Camper Families,

I hope your year has been happy and healthy. Hope With Heart is looking forward to seeing new faces and all our returnees this year! Our camp will run Sunday, August 2 to Saturday, August 8, 2020. Enclosed you will find your Hope With Heart camper application. Please be sure to keep our **application deadline of April 30, 2020** in mind. This deadline ensures our staff has proper time to review and vet all medical information so appropriate planning and accommodations are put in place. ***I cannot stress enough how important it is that the deadline is met.*** If there are any issues or concerns you have about meeting the deadline please contact Joanne Geanoules right away via email or by phone so she can address any concerns and help keep you on track throughout the application process. Jo's contact info is: hopewithheartcares@gmail.com Cell: 201-264-2845

Applications may be emailed, faxed or hardcopy mailed:

Email: hopewithheartcares@gmail.com

Fax: 201-621-6674

Mail: Hope With Heart, PO Box 354, Waldwick, NJ 07463

Initial Contact: We ask that you take a moment today to send an intent email to Jo Geanoules at hopewithheartcares@gmail.com with your contact information, camper name, age and gender. This will let us know immediately that your child will be attending camp. Please adhere to this request promptly. Our attendance numbers determine costs and allow us to budget accordingly. Thank you in advance for sending your intent email right away.

Application: **Please return completed application no later than April 30, 2020.** Submit the application, including any upcoming appointment dates on the application so that we can follow up after your camper sees their doctor(s). Please keep us informed of anything else that may delay the application process. *If you are unsure your child will be attending camp, I encourage you to go through the application process "just in case."*

We understand doctor appointments are scheduled after April 30, 2020. Please remember, if your child has a follow-up visit with the cardiologist or any further cardiac testing (Holters, Stress Test) or procedures (cardiac cath) after 4/30/2020, it is imperative to submit that information before final acceptance in the camp program. We suggest you schedule the necessary appointments early.

Please double check the enclosed checklist to ensure you have included all necessary forms.

For any medical questions, please feel free to contact me by phone at 201-741-0683.

For questions regarding the application process, please contact Jo at 201-264-2845 or via email at hopewithheartcares@gmail.com. Keep this letter for your records to refer throughout the application process as it contains all of Hope With Heart's contact information.

I am looking forward to seeing you all this August!

Sincerely,
George Kipel, M.D.
Hope With Heart Medical Director

Application Process

After you send your intent email to hopewithheartcares@gmail.com, please start completing the application to ensure it will be **submitted before 4/30/2020**. It may take some time for you to gather necessary information from physicians, so please start early keeping that in mind.

The application must be completely filled out. No application will be processed without all sections being complete. When all necessary information is submitted, your application will be processed. Please type or print clearly in black or blue ink and make sure your email address is legible. We ask that you do not staple your child's application.

Please note:

- **Tetanus should be after 08/11/13.**
- **If your child has a pacemaker you will need to include a Pacemaker Interrogation.**
- **If your child had a transplant you will need to include the last biopsy.**
- **It is your responsibility to follow-up with your physician for his/her forms.**

You will be notified when the application is received and again when it is approved. We will then send you directions to camp as well as a list of things to bring. We will also provide, via email, arrival times to your camper to check in. **On Saturday, August 8th camper pick up is at 10:30am.** Please notify us if you will be picking up your camper early. Please note the drop off and pick up times on your calendars.

Again, if there are any questions along the way concerning your child's applications, please contact Jo Geanoules immediately at 201-264-2845 or at hopewithheartcares@gmail.com.

HOPE WITH HEART'S RECEIPT OF APPLICATION DOES NOT GUARANTEE A SPOT AT CAMP. ONCE ALL APPLICATION INFORMATION HAS BEEN RECEIVED AND THE CHILD IS CONSIDERED MEDICALLY APPROPRIATE TO ATTEND, WILL YOUR CHILD BE ACCEPTED TO CAMP. ALL CAMPERS MUST BE BETWEEN THE AGES OF SEVEN AND SEVENTEEN.

Application Checklist

Did you remember to enclose all of the following?

- ___ Camper Personal Data Form 1
- ___ Camper Personal Data Form 2
- ___ Camper Personal Data Form 3
- ___ Health History Part 1
- ___ Current Immunization Record ***Tetanus must be after 8/10/2013**
- ___ Health History Part 2
- ___ Health History Part 3
- ___ Medication & Treatment
- ___ Consent Form
- ___ Physical Examination Parts 1 & 2 ***Must be completed by a Physician**
- ___ **Baseline EKG *Performed after 1/1/2020**
- ___ The last follow-up letter from the cardiologist dated after 3/1/2020
- ___ Copy of medical insurance card (front & back)
- ___ Two recent photos of your camper taken in 2020
- ___ Pacemaker/Defibrillator Interrogation dated after 3/1/2020 ***Pacemakers only**
- ___ Last biopsy ***Transplant only**

Personal Data Form 1 of 3

Camper Name: _____ Nickname: _____

Date of Birth: ____/____/____ Age on 8/10/2020: _____

Please choose a t-shirt size for your camper (circle one):

YOUTH XSmall or Small

ADULT Small, Medium, Large, XLarge, or XXLarge

Returning Camper? Yes No

Street Address: _____

City, State, Zip: _____

Diagnosis: _____

Are there any special needs that we need to be aware of (i.e. wheelchair accessibility, etc)?

If yes, please explain _____

Please check any of the following that apply to the camper:

Pacemaker Heart Transplant Defibrillator

Please check any of the following for which you consent to our medical staff administering to the camper in the dosage for his/her weight:

Motrin Tylenol (acetaminophen) Pepto-Bismol Benadryl Delsyn Cough Syrup

If your child has attended other camps, please list them here with year attended:

Personal Data Form 2 of 3

Camper Name: _____

PARENT/ GUARDIAN INFORMATION

Parent / Guardian Name(s): _____

**If not parent, please state relationship on line above*

Day Phone: _____ Night Phone: _____

Cell Phone: _____ Email: _____

**Please circle preferred contact phone number: Day Night Cell*

If a parent/ guardian is not available in case of an emergency, please notify:

Emergency contacts must be 21 years of age or older

Name: _____ Relationship to Camper: _____

Address: _____

Day Phone: _____ Night Phone: _____

Cell Phone: _____ Email: _____

OR

Name: _____ Relationship to Camper: _____

Address: _____

Day Phone: _____ Night Phone: _____

Cell Phone: _____ Email: _____

Parent/ Guardian Signature: _____

Date: _____

Personal Data Form 3 of 3

Camper Name: _____

PEDIATRIC CARDIOLOGIST

Pediatric Cardiologist Name: _____

Street Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

PRIMARY PEDIATRICIAN

Pediatrician Name: _____

Street Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

HEALTH INSURANCE INFORMATION

Policy Holder's Name: _____

Health Insurance Company: _____

Policy #: _____ Group #: _____

Please include a clear copy of your insurance card, both front & back.

Date of campers next doctor's appointment(s), if after 4/30/2020: _____

It is your responsibility to return this application complete with all attachments. Please follow up with your physician to ensure the physical exam and any follow-up letters have been completed and sent in. Your child may not be eligible for camp if the application is received after the final due date of April 30, 2020. We must hear from camper families on any issues regarding the deadline as soon as they arise. Thank you for your cooperation.

Health History Form 1 of 3

Camper Name: _____

Diagnosis: _____

Heart Surgery or Procedures - include type and dates: _____

Please include a clear copy of your child's up to date immunizations.

Does the applicant have any of the following? Please explain below and include dates.

Asthma _____

Diabetes _____

Ear infection _____

Scoliosis _____

Other surgery/ hospitalization _____

Other chronic/ serious illness _____

Fracture, dislocation/ orthopedic injury _____

Migraines/ frequent headaches _____

Eating disorders _____

Dietary restrictions _____

Bed wetting _____

Anxiety/ depression _____

Any other physical disability _____

None of the above _____

Health History Form 2 of 3

Camper Name: _____

Does the applicant have seizures? Yes No

Are they under control with medication? Yes No

Type of seizure: _____ Frequency: _____

What may stimulate the onset of a seizure? _____

Is the applicant allergic to any medication? Yes No

If yes, please list: _____

Reaction: _____

Treatment: _____

Does the applicant have any environmental allergies? Yes No

If yes, please list: _____

Reaction: _____

Treatment: _____

Does the applicant have any food allergies? Yes No

If yes, please list: _____

Reaction: _____

Treatment: _____

Health History Form 2 of 3
continued

Camper Name: _____

Is the applicant allergic to bee stings?

Yes No

Reaction: _____

Treatment: _____

Menstrual History- if applicable

First menstrual date: _____

Abnormal menstrual history?

Yes No

Please explain: _____

Treatment: _____

Health History Form 3 of 3

Camper Name: _____

Are there any learning disabilities (i.e. ADD, ADHD, Perceptual Impairment, etc.)? Yes No

If yes, please explain: _____

Has the camper ever displayed any emotional or behavioral problems? Yes No

Has the camper ever been under treatment for emotional or behavioral problems? Yes No

If yes to either question above, please explain in detail and include suggestions for successfully managing the situation: _____

Are there concerns/ issues that we should be aware of in order for us to provide the proper care for your child (i.e. do you anticipate any problems with your child meeting his/her own physical needs)?

Is child currently being treated for any other condition in addition to heart disorder? Yes No

If yes, please provide detail & treatment: _____

**Submit last follow up letter from the treating specialist along with this application (i.e. Pulmonologist, allergist, etc.)*

**** If your child has a pacemaker, please send the transmission box with your child to camp.****

Medication & Treatment

Please use a separate sheet of paper if necessary.

Camper Name: _____

Medications	Dosage	Exact Time of Administration

Are there any problems taking medication? Yes No

If yes, please explain: _____

Please give any special instruction for giving medication and be VERY specific: _____

Is there any other pertinent information the camp nurse should know? If so, please explain:

If there is any change in your child's medical status or medication after submitting this application, the camp nurse must be notified in writing.

All medications must be accompanied by ORIGINAL PRESCRIPTION BOTTLES. It is helpful if you provide your child's medication separated in a weekly box, with extras in original bottles.

Parent/ Guardian Signature: _____

Date: _____

Consent Form

PARENT AUTHORIZATION

I authorize my child, _____, to attend Hope With Heart's 2020 camp program from August 2, 2020 to August 8, 2020. I also authorize the taking of photographs and videos, which may be used for publicity or posting pictures to www.hopewithheart.com and/or Hope With Heart's social media sites. No full names or locations are posted on social media.

Parent/ Guardian Signature: _____

Relationship: _____ Date: _____

HOLD HARMLESS AGREEMENT

I, _____, agree to save, protect, indemnify, defend, and hold harmless the Hope With Heart organization and the Warwick Conference Center, their employees and volunteers against any loss, damage or expense by reason of any suits, claims, demands, judgments, and any other causes of action associated with the operations of the Hope With Heart Camp program.

This agreement is in effect from 12:00 am August 2, 2020 through 11:59 pm on August 8, 2020.

Parent/ Guardian Signature: _____

Relationship: _____ Date: _____

PARENT'S MEDICAL AUTHORIZATION

The health history provided in this application is correct. The person herein described has permission to engage in activities deemed appropriate by camp staff, except as noted by me and /or the examining physician. I authorize Hope With Heart staff to administer medications. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Hope With Heart Board of Directors to hospitalize, secure proper treatment for, and so order injection, anesthesia or surgery for the above named child.

Parent/ Guardian Signature: _____

Relationship: _____ Date: _____

Physical Examination 1 of 2
TO BE COMPLETED BY A LICENSED PHYSICIAN

Camper Name: _____ DOB: _____

This examination must be completed within three months of the due date of the application. Copies of other examinations performed within the three month period are acceptable if the following is provided:

CODE: ___ Satisfactory ___ Unsatisfactory ___ Not Examined

Height _____ Weight _____ Blood pressure _____ Posture _____

Teeth _____ Lungs _____ Abdomen _____ Henria _____

Skin _____ Extremities _____

Left Eye _____ Right Eye _____ Glasses/ Contacts? Yes No

Left Ear _____ Right Ear _____ Aids? Yes No

Allergies (please specify): _____

General appraisal: _____

Oxygen Saturation Rate: _____

Heart Diagnosis: _____

Baseline EKG: _____ Date: _____

**A copy of an EKG taken after 1/1/2020 must be provided with this application
to Hope With Heart by 04/30/2020.**

Continued on next page...

Physical Examination 2 of 2
TO BE COMPLETED BY A LICENSED PHYSICIAN
... continued from previous page

Camper Name: _____ DOB: _____

Recommendations and activity restrictions at camp: _____

Other pertinent information: _____

Prescription Medications:

The camper must bring a twelve-day supply of all prescription medications. Provide names and times to be administered. All medications must be clearly labeled and in original containers.

I have examined the person named above and reviewed the health history attached. It is in my opinion that this person is physically able to attend Hope With Heart's camp program.

Examining Physician: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Physician's Signature (required): _____



HOPE WITH HEART

PO Box 354

Waldwick, NJ 07463

(201) 244-0776

Program Description- for applicant's physician

Dear Physician,

Hope With Heart is an annual (medically supervised) recreational and social experience, which provides children with heart problems, ages 7 to 17, an environment of relaxation and fun. Here, with appropriate limitations, children with heart disease discover among their peers that they can safely enjoy moderate physical activity. They are also encouraged to voice the questions they usually cannot ask, share the concerns they must usually hide, and learn to feel the pride and self-respect that is usually beyond their reach.

Hope With Heart is unique because it accepts high-risk children with limited life expectancies. Attendees have encountered a wide range of heart problems, including valve replacements, pacemakers & transplants. All medical aspects are overseen by The Pediatric Center for Heart Disease at Hackensack University Medical Center. We have cardiac care nurses in residence throughout camp.

The camp is diverse in many ways. Each new season brings representatives of various races, ethnicity, and creeds. Our campers come primarily from the tri-state area, but there are no geographic restrictions.

Our philosophy and policy is simple: any child with a serious heart problem deserves to enjoy what Hope With Heart can offer.

We are a not for profit organization with a dedicated group of individuals who volunteer their time to provide a true camp experience for these children. We are incorporated in the State of New Jersey with an established Board of Directors and By-Laws. We are classified as a Membership organization, where members consist of all parents and guardians. Members bear no obligation but are invited to attend our annual meeting.

Thank you for helping your patient become a Hope With Heart Camper.

Sincerely,

The Board of Directors
Hope With Heart