



Gretna Glen Camp & Retreat Center
87 Old Mine Road
Lebanon, PA 17042
Phone: 717-273-6525
Fax: 717-273-6045
Email: campcando@gretnaglen.org
Website: www.gretnaglen.org

Dear Parent/Guardian of Patient Camper:

The Camp Can Do Trustees, Can Do Committee Members and Gretna Glen Camp & Retreat Center are excited to offer this exciting camp opportunity. There are two ways to register. You may use the this document or go to gretnaglen.org and click on Camp Can Do

Dates for Patient Camp

Week 1: August 2-8, 2015

Week 2: August 9-15, 2015

Bus transportation is available from St. Christopher's Hospital in Philadelphia, PA (**Week 1 Only**) ; A.I. DuPont Hospital for Children in Wilmington, DE (**Week 1 & 2**) ; Lehigh Valley Hospital in Lehigh (**Week 2 Only**).

Criteria for eligibility to attend:

Children must be between ages of 8 and 17

Children who have completed treatment prior to their 5th birthday are not eligible to attend camp

Children who have special needs will be considered on a case-by-case basis

Please check off the required information below and return by June 1st, 2015

- | | |
|--|---|
| <input type="checkbox"/> Application | <input type="checkbox"/> Activity Sheet for the week attending |
| <input type="checkbox"/> Physical Exam Form (with physician signature) | <input type="checkbox"/> Consents and Authorizations (initial each) |
| <input type="checkbox"/> Camper Agreement (signed by camper/parent) | <input type="checkbox"/> Copy of Insurance Cards |

Please be sure that the physician and parent/guardian signatures or initials are included, for we CANNOT officially register your child without them. Unsigned forms will be returned to you.

If you have any questions regarding registration, please feel free to contact Gretna Glen's Office at 717-273-6525.

Sincerely,

Tom Prader-Week 1 Director, Stephanie Cole-Week 2 Director, & Apryl Miller-Gretna Glen Camp Director

2015 Camp Can Do Patient Camper Application

August 2-8, 2015 August 9-15, 2015
(Choose one date)

If filling out a paper application please fax to (717)273-6045 or mail to: Gretna Glen Camp & Retreat Center, Attn: Camp Can Do, 87 Old Mine Road, Lebanon, PA 17042. This application MUST be completed by a parent or legal guardian.

INSURANCE INFORMATION: Please send a copy of child's health insurance and prescription coverage card(s) with this application.

Name: _____ Nickname: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____ Date of Birth: _____ Age: _____ Grade in school: _____

T-Shirt Size (Adult Sizes): Small Medium Large X-Large XX-Large

Have you been to Camp Can Do before? Yes No If yes, number of times: _____

Will your child need bus transportation to and from camp? Yes No

If yes, choose location: DuPont (Week 1 & 2) St. Christopher's (Week 1 Only) Lehigh (Week 2 Only)

EMERGENCY CONTACT (must be a parent or legal guardian)

Name: _____ Daytime phone: (_____) _____

Evening: (_____) _____ Cell: (_____) _____ Relationship: _____

If above cannot be reached: Name _____ Daytime phone: (_____) _____

Evening: (_____) _____ Cell: (_____) _____ Relationship: _____

PHYSICIAN INFORMATION:

Name: _____ Office phone: (_____) _____

Treatment Center _____

If female, has camper begun menstruation? Yes No If not, has she been told about menstruation? Yes No

List any special dietary restrictions or special food needs: _____

Does camper have a problem with any of the following?

Bedwetting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Personal Hygiene	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eating	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dressing Self	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Following instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nightmares	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Getting along w/others	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sleepwalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is there anything else you would like to share with Camp Can Do staff so that they can provide the best possible camp experience for your camper? _____

CAMP CAN DO CAMPER PHYSICAL EXAM FORM

IMPORTANT!!

Please have participant’s physician fill out the information below and return to Gretna Glen Camp & Retreat Center, ATTN: Camp Can Do, 87 Old Mine Road, Lebanon, PA 17042.

Please remember that our campers are in all different stages of treatment and many campers may be immune compromised. It is EXTREMELY important that if your child has any drainage from ears, nose, and/or mouth or have any open wounds it must be cultured. Camp medical staff must be notified of culture results prior to attending camp.

MEDICAL DIAGNOSIS

Camper Name _____ Date of Diagnosis _____

Diagnosis _____

Treated with (check all that applies): Chemotherapy Radiation Surgery Other

Has camper completed therapy: Yes No If yes, date of most recent treatment? _____

Type of treatment: _____ (if treatment or medications are to be administered at camp, please note instructions below)

Drug Name & Strength	Dose	Frequency

IV MEDICATIONS	Dose	Frequency

Date of last tetanus immunization _____ Date of Hepatitis vaccine _____
Height _____ Weight _____ Allergies _____
Food Allergies _____
Describe any special conditions or care needed while at camp _____
Describe any physical disabilities, limitations or restrictions _____

DEVICES: (PLEASE CHECK) glasses contacts hearing aid prosthesis

IV Access: (PLEASE CHECK) Broviac/Hickman Port/Pasport PICC None

Blood product transfusions & special handling/pre-medications: _____

List any laboratory studies or treatments to be done (with dates) while participating at camp. Include special instructions and information about medications used to prevent nausea, vomiting and pain management:

MOST RECENT BLOOD COUNT: Please attach a copy of participant's most recent lab results report. For anyone currently undergoing treatment, these labs should be done within 30 days of the participant's arrival at camp.

Physician Signature

Date

**Please return this form to:
Gretna Glen Camp & Retreat Center
Attn: Camp Can Do
87 Old Mine Road, Lebanon, PA 17042 – Phone 717-273-6525 or Fax
717-273-6045**

CONSENT AGREEMENT, AUTHORIZATION AND RELEASE

This Consent Agreement, Authorization & Release must be read and signed by a parent or legal guardian for the camper to be eligible to attend Camp Can Do. Participants full name: _____(PLEASE PRINT)

_____**RELEASE OF LIABILITY (please initial)** The undersigned, parent or legal guardian of the above-named camper, do hereby give (our/my) permission and consent to the participation of the camper in all activities of Camp at Gretna Glen including the trip to Hershey Park and we do hereby release and discharge the Camp Can Do, Gretna Glen, it's agents, employees and officers and their respective successors, heirs, and assigns from all claims, demands, action, judgments or causes of action of any nature whatsoever, which the undersigned or the camper, now has or may in the future have as a result of any injury of injuries arising out of the participation by the camper in the activities of Camp at Gretna Glen. We understand that certain activities of Camp may be hazardous and except as indicated herein, we know of no reason why the camper should not participate in such activities. We have excused this consent and release with full knowledge of its significance and we understand all of its terms. In witness whereof, intending to be legally bound hereby, we have executed this consent and release this day and year first below written.

_____**CONSENT FOR MEDICAL TREATMENT (please initial)** *Camp Can DO & Gretna Glen is in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)* I hereby give permission to the medical personnel at Camp Can Do Camp to provide routine health care: to administer medications including those listed on the health form and common over-the-counter medications, to order X-rays, laboratory tests, and treatment; to release records necessary for medical care; and to provide or arrange necessary transportation for my child in the event of an illness or emergency. In such an event, the Director, or designee, is authorized to act in my behalf in securing medical treatment, including hospitalization. I certify that the information provided in the medical history is to the best of my knowledge, complete and accurate. I know of no reason(s), other that the information indicated on this form, why my son/daughter should not participate in all camp activities. I take full responsibility for any medical problems (illness/injury) that occur as a result of my failure to disclose medical condition, restrictions, and limitations of my child.

_____**PHOTO AND VIDEO CONSENT (please initial)** I consent that photographic and/or video pictures may be taken of my child for the purpose of obtaining publicity for Camp Can Do. I also give consent for my child to be interviewed for television or newspaper while he/she is attending Camp Can Do.

_____**CODE OF CONDUCT (please initial)** All campers will follow all the bus rules while en-route to and from camp. Each camper is to take a full and active interest in all parts of the planned program, including attending all activities as scheduled. All campers will be in the assigned cabins at the nightly curfew time specified by the camp director. Campers will respect the rights and property of other campers and staff. Campers will follow all Gretna Glen camp rules. Campers should refer any problems or concerns they are having to their counselors or another staff member.

_____**BUS CODE OF CONDUCT (please initial)** Stay seated at all times; noise level should be such not to distract the driver; there will be no throwing objects or other disruptive behavior and passengers should enter and leave the vehicle under the direction of a staff member and/or driver and use the buddy system if leaving the vehicle.

_____**LOSS OF PRIVILEGES AT CAMP OR BE SENT HOME IF (please initial)** deliberate destruction of facilities or equipment; intentionally harming another camper or staff member; possession or use of fireworks, firearms or knives; possession or use of un-prescribed drugs or alcohol; serious or repeated violations of general camp rules or possession of tobacco products.

_____ **CAMPER CELL PHONE POLICY (please initial and sign)** At camp we discourage the possession and use of cell phones. We believe that it hinders the full camp experience. Due to current times and the growth in technology we realize that not having a cell phone may seem unorthodox. To accommodate this we have decided to allow campers to use their cell phones at a time to be determined and with parent's written request. All cell phones will be collected at camper check in and put into a "cell phone bank" which will be kept safe by the director team. I also understand that Camp Can Do rules prohibit the use of cell phones at camp. In case of an emergency it is important to remember to call Gretna Glen at 717-273-6525.

- I wish to send a cell phone to camp with my child to participate in the cell phone bank.
- I do not wish to send a cell phone with my child and my child will not have one at camp.

X _____
Parent/Legal Guardian Signature

_____ **NO SUMMER MEDICATION HOLIDAYS (please initial and sign)** Camp Can Do strongly encourages all campers to continue with any behavior changing medications, such as Aderal, Dexedrine, Dextrostate, Concentra, Ritalin, etc. It is important that Camp Can Do maintain a certain structure and regiment, much like the school environment. Therefore, it is essential that your child remain on prescribed medication(s) the entire week of camp. This will help ensure the best camp experience for every camper. Often times, behavior that takes place when children are off of their usual medication can be disruptive to other campers and staff. As a result, your child may run the risk of being sent home in the event of a behavior issue. This is not an option that Camp Can Do wants to exercise.

X _____
Parent/Legal Guardian Signature _____
Date

CAMP CAN DO CAMPER CONTRACT

We want Camp Can Do to be as much fun as always. The following rules have been developed to ensure that everyone has a fun and safe camp. We would like campers and their parents to read the following rules and sign below if you understand and agree to follow them. This form **MUST** be signed in order to attend Camp.

GENERAL CAMP CAN DO AND GREYNA GLEN CAMP RULES WILL BE REVIEWED ON THE FIRST DAY OF CAMP

- Each Camper will follow all bus rules while riding to and from camp.
- Each Camper is to take a full and active interest in every part of the planned program, including attending all activities as scheduled.
- All campers will be in their assigned cabins at curfew specified by the camp director.
- Campers will respect the rights, property and feelings of others campers and staff.
- Campers will follow all Greytna Glen camp rules.
- Campers should refer any problems or concerns they are having to their counselors, camp director or medical staff.
- Campers will follow camp rules regarding communication devices (phones, cameras, MP3 players/iPods, etc.)
- Campers will follow Camp Can Do rules regarding social networking, Facebook & the internet.

BUS RULES

- ✓ Stay seated at all times
- ✓ Noise level should not distract the driver
- ✓ There will be no throwing objects or disruptive behavior
- ✓ Campers should enter and leave the bus as directed

CAMPER MAY LOSE PRIVILEGES OR BE SENT HOME IF THEY ARE INVOLVED IN THE FOLLOWING:

- ✓ Deliberate destruction of facilities or equipment
- ✓ Intentionally harming another person
- ✓ Possession or use of fireworks, firearms, knives or other weapon
- ✓ Possession or use of drugs or alcohol
- ✓ Serious or repeated violation of general camp rules
- ✓ Possession or use of tobacco products

Camper Signature (**REQUIRED**): I understand and agree to follow the Camp Can Do Camper Contract and am aware that I may lose privileges at camp or be sent home if I do not follow these rules:

Camper Name: (please print) _____

Camper Signature: _____ Date: _____

Parent Signature (**REQUIRED**): I have read and understand the Camp Can Do rules and I am aware that my child may lose privileges at camp or be sent home if rules are not followed. It is my responsibility to pick up my child should they be sent home because of their behavior.

Parent Signature: _____ Date: _____

ACTIVITY SHEET-Week 1

Please select 4 activities you are interested in and rank them in order by preference. We encourage parents to allow the camper to be part of the activity selections

_____ **Adventure Challenge** – campers of all ages are challenged in this activity, which takes them a step beyond where they thought they could go. A series of obstacles are overcome by climbing, reaching, stretching, and strategizing with teammates.

_____ **Archery** – Learn rules of safety and the basic skills of archery. Take the challenge of hitting various targets – even getting a bull’s eye.

_____ **Arts & Crafts** – Children of all ages have fun creating crafts, which range from scrap booking, jewelry design, and tie-dye t-shirts to whatever the imagination allows.

_____ **Boating & Fishing** – Take your pick – catch the big one or maneuver the lake in a row boat, kayak, or canoe with the assistance and direction of the camp staff.

_____ **Digital Photography/Multi Media** – Campers learn the ins and outs of digital photography, including taking pictures of camp activities and/or Newspaper and video news casting...grab a video camera and a notepad and report all the camp news. We’ll even send copies of your news reports back home to the hospitals so they can see what you reported at camp!

_____ **Swimming Lessons** – Campers learn the ins and outs of swimming.

_____ **Ceramics & Painting** – In this activity, participants will create pottery, figurines, decorations or anything that can be molded from soft clay that hardens overnight, and use charcoal, paints and other mediums to explore creative talents.

_____ **Sports** - A variety of sports will be offered for this fun and physically active group.

_____ **Mountain Biking** – Campers 13 and older will take an off-site ride to explore the trails on and around Mt. Gretna.

_____ **Music** - Explore & learn to play music with traditional and non-traditional instruments including guitar, percussion and more. If you play an instrument, bring it and we’ll add that to the jam.

_____ **Fitness Training** – Enjoy cross training which includes aerobics, kick-boxing, MMA training and much, much more. Experienced members of our staff will teach you fun ways to stay in tip-top physical condition.

_____ **Outdoor Cooking** – In this campfire setting, each chef follows the counselor’s lead in creating traditional dishes, including Texas tommy’s & S’mores, and many other great-tasting foods such as cheese steaks and pizza.

_____ **Pine Car Derby/Rockets** – Build small cars from wood: each car comes with its own paint, stickers, and body kit. There will be a race at the end of the week to determine who has built the fastest car. Your car may also be judged on its paint job and how unique it is. You will also design, build, decorate, and fire your rocket. See how straight it goes. Will it survive the journey into space? You will find out during the rocket launching

_____ **The Look** – Girls 13 and older learn to build self-confidence with professional cosmetologists that teach hair, nail, and skin care.

_____ **Weird Science** – Create wacky science projects, gross chemistry and more!!!

Please check the boxes of activities that you might enjoy doing at camp

- Dance
- Nature Exploration
- Climbing Tower
- Acting/Theatre
- Other _____

ACTIVITY SHEET-Week 2

Please select 4 activities you are interested in and rank them in order by preference. We encourage parents to allow the camper to be part of the activity selections

_____ **Adventure Challenge** – campers of all ages are challenged in this activity, which takes them a step beyond where they thought they could go. A series of obstacles are overcome by climbing, reaching, stretching, and strategizing with teammates.

_____ **Archery** – Learn rules of safety and the basic skills of archery. Take the challenge of hitting various targets – even getting a bull’s eye.

_____ **Arts & Crafts** – Children of all ages have fun creating crafts, which range from scrap booking, jewelry design, and tie-dye t-shirts to whatever the imagination allows.

_____ **Boating & Fishing** – Take your pick – catch the big one or maneuver the lake in a row boat, kayak, or canoe with the assistance and direction of the camp staff.

_____ **Digital Photography** – Campers learn the ins and outs of digital photography, including taking pictures of camp activities.

_____ **Pine Car Derby/Rockets** – Build small cars from wood: each car comes with its own paint, stickers, and body kit. There will be a race at the end of the week to determine who has built the fastest car. Your car may also be judged on its paint job and how unique it is. You will also design, build, decorate, and fire your rocket. See how straight it goes. Will it survive the journey into space? You will find out during the rocket launching

_____ **Outdoor Cooking** – In this campfire setting, each chef follows the counselor’s lead in creating traditional dishes, including Texas tommy’s & S’mores, and many other great-tasting foods such as cheese steaks and pizza.

_____ **Sports** - A variety of sports will be offered for this fun and physically active group.

_____ **Swimming Lessons** – Campers learn the ins and outs of swimming.

_____ **The Look** – Girls 13 and older learn to build self-confidence with professional cosmetologists that teach hair, nail, and skin care.

Please check the boxes of activities that you might enjoy doing at camp

- Dance
- Science Experiments
- Swim Lesson
- Nature Exploration
- Biking
- Music Class
- Fitness Training
- Painting
- Climbing Tower
- Other _____

