

Central Virginia Burn Camp

1960 Candlewyck Drive

Charlottesville, VA 22901

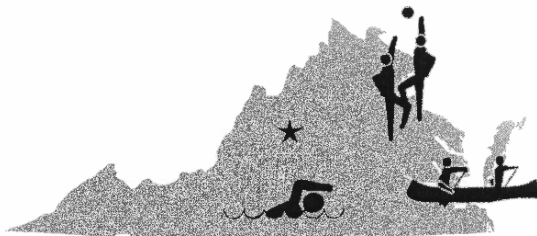
(434) 263-6566

fax -1-800-903-6350 (please call or email to be sure your fax
has come through)

cvbc1999@yahoo.com

www.vaburncamp.org

"Friend" or "Like" us on Facebook



THIS FORM MUST BE COMPLETED AND SENT BACK BY MAY 1

**FOR 2022, WE REQUIRE THAT ALL CAMP PARTICIPANTS, INCLUDING
CAMPER, BE FULLY VACCINATED AGAINST COVID-19:**

VACCINATED: _____ YES _____ NO

CAMPER/FAMILY INFORMATION

A good camping experience has many educational and psychological values. We ask that campers and their families share with our staff some of their specific goals and ideas about camp. We also need some background on the camper so that we may effectively plan camp. Please fill this out carefully and completely.

CAMPER'S NAME: _____

AGE: (now) _____ (at camp) _____

NAME CAMPER LIKES TO BE CALLED: _____

DATE OF BIRTH: _____ SEX: **M** **F**

SCHOOL NAME: _____ GRADE THIS FALL: _____

T-SHIRT SIZE: **ADULT** or **CHILD** (circle one) **S** **M** **L** **XL** **XXL** (circle one)

HOME ADDRESS _____

City, State, Zip Code _____

HOME PHONE NUMBER (_____) _____

Parent's or Guardian's Cell # (_____) _____ Work # (_____) _____

Parent's or Guardian's E- mail Address: _____

Parents' or Guardians' names _____

Who does the camper live with? _____

Who has legal custody? _____

ARE THERE ANY FAMILY CONCERNS WE SHOULD BE AWARE OF?

We may be able to provide transportation to and from camp from a few locations. Please let us know if you would like transportation from: *(circle one)*

Richmond Area Tidewater Area Northern Virginia
Or, I will be driving my child to and from camp _____

PARENT/GUARDIAN THOUGHTS ABOUT CAMPER:

Is the camper excited about camp? _____

In what ways can we help the camper grow and develop? _____

Does the camper get along with siblings, friends, teachers? _____

What about relationships with parents or other caregivers? _____

IS THERE ANYTHING ELSE SPECIFIC TO THE CAMPER WE NEED TO KNOW? _____

CAMPER THOUGHTS:

What do you like to do and what are your interests or hobbies? _____

What are you looking forward to about camp? _____

What activities do you want us to include at camp? _____

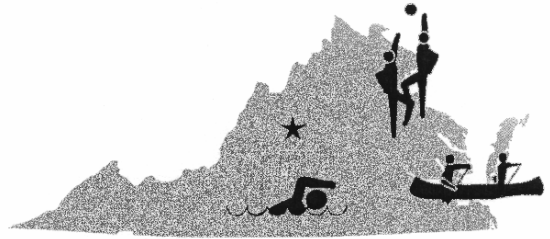
What activity do you wish we would not have? _____

Do you have any requests regarding cabin mates or counselors? _____

ANY EXTRA THOUGHTS ABOUT YOURSELF OR CAMP YOU WISH TO SHARE? _____

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Camp Directors

Leslie Baruch

Tim Wright

HEALTH HISTORY

MUST BE FILLED OUT BY PARENT OR GUARDIAN

**FOR 2022, WE REQUIRE THAT ALL CAMP PARTICIPANTS, INCLUDING CAMPERS, BE FULLY VACCINATED AGAINST COVID-19:
VACCINATED: _____ YES _____ NO**

Please list major illnesses the camper has had: _____

HOSPITALIZATIONS: (Other than their burn injury):

_____ Date _____
_____ Date _____

NON-BURN RELATED OPERATIONS/FRACTURES:

MEDICAL CONDITIONS

Fainting__ Snoring__ Hayfever__ Sinus Trouble__ Sore Throats__ Asthma__
Heart defect__ Bleeding disorder__ Constipation__ Sleep walking__
Bed wetting__ Eczema__ Obesity__ Diabetes__ Epilepsy__
Ear Infections__ Headaches__ Athlete's foot__ Mononucleosis__
Shortness of Breath__ Psychiatric Treatments__ ADD__ ADHD__
Developmental Disability__ Other _____

MEDICAL CONDITIONS
SCHEDULES

TREATMENTS

MEDICATION

Immunizations MUST BE current to participate in camp.

Camper's immunizations are current: _____yes _____no

ALLERGIES:

Types: _____

What is the usual reaction? _____

What is the usual treatment? _____

To your knowledge, has the camper been exposed to any infectious disease within the past four weeks? _____yes _____no If yes, please explain: _____

I agree to notify the camp if there are any changes in the camper's medical status between now and the time the child arrives at camp. (initial) _____

Does the camper have any dietary restrictions? _____

Can your child be given over-the-counter medication if needed? (eg: Tylenol for a head ache, Pepto-Bismol for upset stomach, Benadryl for allergy or insect sting) _____

Girl Campers Only: Has menstruation occurred? yes__ no____
Has the camper been educated about the facts of menstruation? yes__ no__

BEHAVIORAL HEALTH

Does your child have a history of behavior problems? If yes, please explain

Does your child have a history of discipline problems at school? _____
If yes, please explain _____

Has the camper ever consulted a physician, psychotherapist or school counselor concerning an emotional problem? Is there an emotional trait we should be aware of? _____

INSURANCE INFORMATION

Medical Insurer: _____

Policy Number: _____

IF PARENT/GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY, PLEASE NOTIFY:

Name _____ Phone _____ (home) _____ (cell)

Name _____ Phone _____ (home) _____ (cell)

I, _____ (print name), the PARENT or GUARDIAN (circle one) of _____ (print name of camper), hereby affirm that the health history above is correct so far as I know, and that the camper described has permission to engage in all camp activities, except as specifically noted by me or, below, by the examining physician.

If I cannot be reached in an emergency, I hereby give permission to the personnel of the camp to seek proper treatment for the child's injury or illness.

Signature _____

Relationship to camper _____ Date _____

MUST BE SIGNED BEFORE A PHYSICIAN WILL TREAT

BURN HISTORY

Date of Burn _____ Date of Discharge from initial admission _____

Name of hospital where treated _____

Percent of Body Surface Area Burned and location _____

Briefly describe how the burn happened: _____

Is there anything else we need to know about the burn injury? _____

Reconstructive surgery done, or plans for future surgery: _____

REHABILITATION NEEDS

Does the child currently wear pressure garments, splints or other orthopedic devices? ____yes ____no If yes, please explain: _____

Does the child currently use special lotions or creams? ____yes ____no If yes, please explain: _____

Does the child have any special exercise needs while at camp?

____yes ____no If yes, please explain: _____

Is the child currently receiving any physical and/or occupational therapy? If he/she is, what type and how often? _____

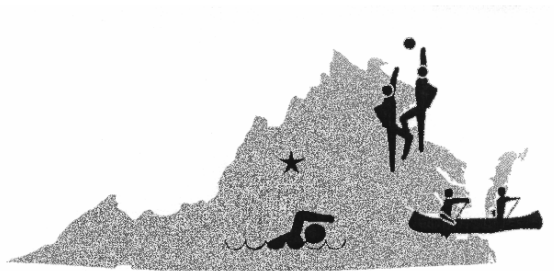
THERAPIST(S) NAME(S) AND PHONE NUMBERS:

Are there any physical limitations that may affect the child's activities?

Do you have any special concerns you would like the camp counselors or directors to address? If yes, please explain:

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PHYSICIAN'S REPORT

Page 1

TO BE FILLED OUT BY PHYSICIAN

To be completed by a licensed M.D. prior to arrival at camp. The purpose of this report is to ascertain whether the camper a) can engage in strenuous activity; b) has a communicable disease that could be conveyed to others; c) has a medical, physical, or emotional condition needing the special attention of the camp staff.

CAMPER'S NAME _____

1. Does the camper have any significant:

- a) Medical condition _____no _____yes
- b) Physical condition _____no _____yes
- c) Emotional condition _____no _____yes
- d) Psychological condition _____no _____yes
- e) Communicable disease _____no _____yes
- f) Allergic condition _____no _____yes

If yes on any of the above, please explain:

Condition or Disease

Treatment

2. Does the camper need medications while at camp? _____no _____yes

Medicines

Routes, Dosages, and Frequency

3. Immunizations, including against COVID-19, MUST BE current to participate in camp.

Camper's immunizations are current: _____yes _____no

4. If this patient is over 12 years old, has he/she had his/her 2nd MMR vaccination? _____no _____yes

PHYSICIAN'S REPORT

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5. Does patient have epilepsy? _____no _____yes
6. Does patient have diabetes? _____no _____yes
7. Does patient have any allergies? (food, drug, plants, insects, etc...) _____no _____yes If yes, please explain: _____

8. Name of family physician: _____

Phone number: _____

9. Is there any condition that you feel would prevent this camper from participating in strenuous activity or are there limitations you would like built into his/her activity program? _____no _____yes If yes, please comment: _____

10. **Physical Exam** (/ normal, x abnormal)

Date ____/____/____ Height ____ft. ____in. Weight ____lb.

Blood Pressure ____/____ Pulse ____/minute

Vision OD ____ OS ____ Throat ____ Chest ____

Genitalia ____ Neck ____ Heart ____ Hernia ____

Eyes ____ Lungs ____ Abdomen ____ Lymph nodes ____

Ears ____ Nose ____ Thyroid ____

GENERAL COMMENTS : _____

DOCTOR'S SIGNATURE: _____

DOCTOR'S NAME: _____

(please print)
DATE ____/____/____ **PHONE** ____-____-____

ADDRESS: _____

(street)

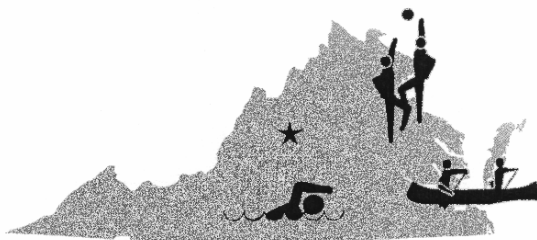
(city)

(state)

(zip code)

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Camper's Code of Conduct

While at camp, you have the right to be treated with respect and courtesy by all who provide camp services to you. As a camper, you also have a responsibility to act respectfully and courteously towards other campers, staff and guests. Disrespectful behavior or refusing to comply with safety rules or any regulation in place for the health and well-being of the entire camp body is inappropriate. If the camper displays disruptive or harmful behavior, every effort will be made to address the behavior and to work with the camper. If the camper's behavior does not change after counseling, support, and a phone call to his or her parents, **it will result in the camper being sent home.**

I understand that this Code of Conduct is in place to help ensure that all campers and staff have the best time possible at Central Virginia Burn Camp!

Parent Signature: _____

Camper Signature: _____

WAIVER AND RELEASE

In consideration of the Central Virginia Burn Camp, ("CVBC") and Camp Holiday Trails ("CHT") undertaking a camping program ("Camp") of therapeutic benefit for the health and welfare of (Camper's Name)_____ (hereinafter called "Camper") and activities incidental thereto, including transportation provided by CVBC to and from certain Camp events, at the request of the undersigned acting on behalf of all of the Camper's parents or guardians, the undersigned agrees, represents and certifies as follows:

1. I am a parent or legal guardian of the Camper and have full and complete authority to execute this waiver and release.
2. I am aware of, and have discussed with the Camper's other parents and guardians, the active nature of the Camp and the various risks attendant to some of its activities. I have also discussed those activities and risks with the Camper, in an age-appropriate manner, and emphasized to him or her the importance of being careful and vigilant while at Camp. I and the Camper's other parents and guardians understand that those activities and the attendant risks could result in damage to property and personal injury, including death. To the fullest extent possible under the laws of the Commonwealth of Virginia, and on behalf of the Camper, I agree to assume all such risks, known and unknown, except to the extent that they arise from or are caused by the recklessness or willful misconduct of CHT, CVBC, or their agents.
3. I understand that CVBC is a charitable organization and that Virginia's charitable immunity doctrine precludes the Camper or any other beneficiary of CVBC's services

from recovering damages from CVBC for the negligent acts of CVBC's agents, so long as CVBC exercised due care in obtaining the services of those agents.

4. For myself and for all of the Camper's other parents or legal guardians, to the fullest extent of the law, I hereby waive, remise, release, and forever discharge the owners and operators of CHT and CVBC, and their respective officers, agents, employees, and representatives, from all liability, claims, or damages, except for those resulting from CHT's and/or CVBC's recklessness or willful misconduct, arising from or in connection with the Camper's presence at Camp, his or her use of any equipment or amenities on Camp property, and his or her participation in any activities at Camp, whether those claims and damages are caused in whole or in part by CHT or CVBC, any other person or entity, or a condition of Camp property. I covenant not to sue CHT, CVBC, or their agents for any such claims. **TO THE FULLEST EXTENT OF THE LAW, I AGREE THAT CHT, CVBC, AND THEIR AGENTS SHALL BEAR NO LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, WRONGFUL DEATH, OR CONSEQUENTIAL DAMAGES** arising from or relating to the Camper's presence at or participation in the Camp, regardless of the theory of liability. Nor shall CHT, CVBC, or their agents have any obligation to indemnify me or the Camper for any liabilities or losses he or she may incur vis-à-vis third parties while at the Camp or participating in Camp activities.
5. CHT and CVBC are hereby instructed and authorized to employ such emergency medical treatment as they see fit during the Camper's participation in any of the above-mentioned activities. If agents of CHT and/or CVBC determine, in the exercise of their best judgment in the circumstances, that the Camper requires immediate emergency treatment, and if they go on to administer that treatment, then CVBC, CHT, and their agents are released from any liability for their decisions and actions. The release in this paragraph is not intended to limit the scope of the release and waiver in Paragraph 4, above.
6. If the Camper develops a non-emergent medical condition, CVBC will notify me or another parent or legal guardian. I understand that if the condition is contagious or serious, the Camper may need to leave the Camp before the end of the session, and that I will be responsible for his or her transportation home.
7. By signing this waiver and release, I acknowledge and represent that I have read and understand each of the provisions. I understand that the Camper will participate in activities including, but not limited to, horseback riding, swimming, ropes course, canoeing, hiking, sports, fishing, and some field trips off the Camp property. Although these activities are well supervised and staffed by CVBC counselors and certified instructors, I understand (as noted above) that they entail risk, and that accidents happen.
8. Should any portion of this waiver be deemed unenforceable, the remainder shall remain in full force and effect.

Dated at _____ this _____ day of _____, 20____
(city or county and state) (date) (month) (yr)

SIGNATURE: (PARENT OR LEGALGUARDIAN) _____

WITNESS _____

PLEASE BE SURE TO HAVE A WITNESS SIGN THIS PAGE

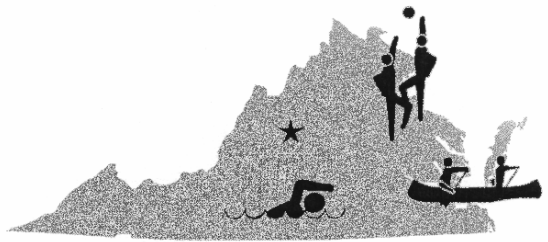
WHO WILL BE ALLOWED TO PICK UP YOUR CAMPER? *(This section must have at least two names.)*

1. _____

2. _____

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Tim Wright

Photography Release Form

I hereby grant permission for the taking of photographs of me / my child and for the use of the photos in furtherance of Central Virginia Burn Camp's mission. Additionally, I grant permission to release information regarding the photos, including my name and that of my child, for promotion of the Central Virginia Burn Camp. I understand that a photo of me / my child may be used without compensation to me.

Name: _____

Date of Birth: _____

Parent or Legal Guardian Name (if camper): _____

Address: _____

City and State: _____ Zip Code: _____

Telephone Number: (_____) _____

The photograph(s), video, and general information may be used as deemed appropriate in the administration of the Central Virginia Burn Camp, Inc. and Camp Holiday Trails, and may be published in, or used by, any media or publication (including newspapers, magazines, television, radio, pamphlets, brochures, websites, reports, etc.) without any liability on the part of the Central Virginia Burn Camp Inc., or Camp Holiday Trails.

Parent or Legal Guardian Signature (for camper): _____

Signature (Counselor or Volunteer): _____

Date Signed: _____