

San Jose Burn Foundation



THE SAN JOSE FIREFIGHTERS BURN FOUNDATION

Sponsors the 2018 KIDS BURN CAMP

Friday April 27th through Sunday April 29th

Where: YMCA Camp Campbell

Meeting Time: Friday April 27th at 3:00 pm

255 S. Montgomery Street, San Jose, CA 95110 (Meeting at SJFD Training Center)

Return Time: Sunday April 29th at 3:00 pm (Pick up at SJFD Training Center)

255 S. Montgomery Street, San Jose, CA 95110

Foundation Website <http://www.sjfirefightersburnfoundation.org>

What is camp all about? Camp is fun!!!!!! Camp is a healthy, happy and enriching environment for your child's growth and development. Camp is for children ages 6 to 17 who have survived burn injuries. Counselors and staff who volunteer their time supervise the campers. Most of the counselors and staff have attended camp for many years. The counselors and staff consist mostly of firefighters, paramedics and nurses, however there are many other staff with different professions, backgrounds and talents. Volunteers who are 18 and older are counselors in training (CIT) and work with the seasoned counselors. There are many activities at camp and on Saturday, we go on a field trip to Santa Cruz Beach Boardwalk and lots of other surprises. Additionally, we have a dedicated camp nurse for the whole weekend.

Sponsorship: All expenses during camp are paid for by the San Jose Firefighters Burn Foundation and partnering organizations.

Thank you so much and we look forward to seeing you, returning and new campers. Please call with any questions.

- Joe Pereira Co-Camp Director 831-239-8933
- Dan Vega Co-Camp Director 408-515-7656

Applications are mailed or emailed to:

Tina Thibeau-Boyd RN

Camp Nurse

2151 Oakland Rd. #5

San Jose California 95131

Email ttb111@comcast.net

Phone: 831-419-7824

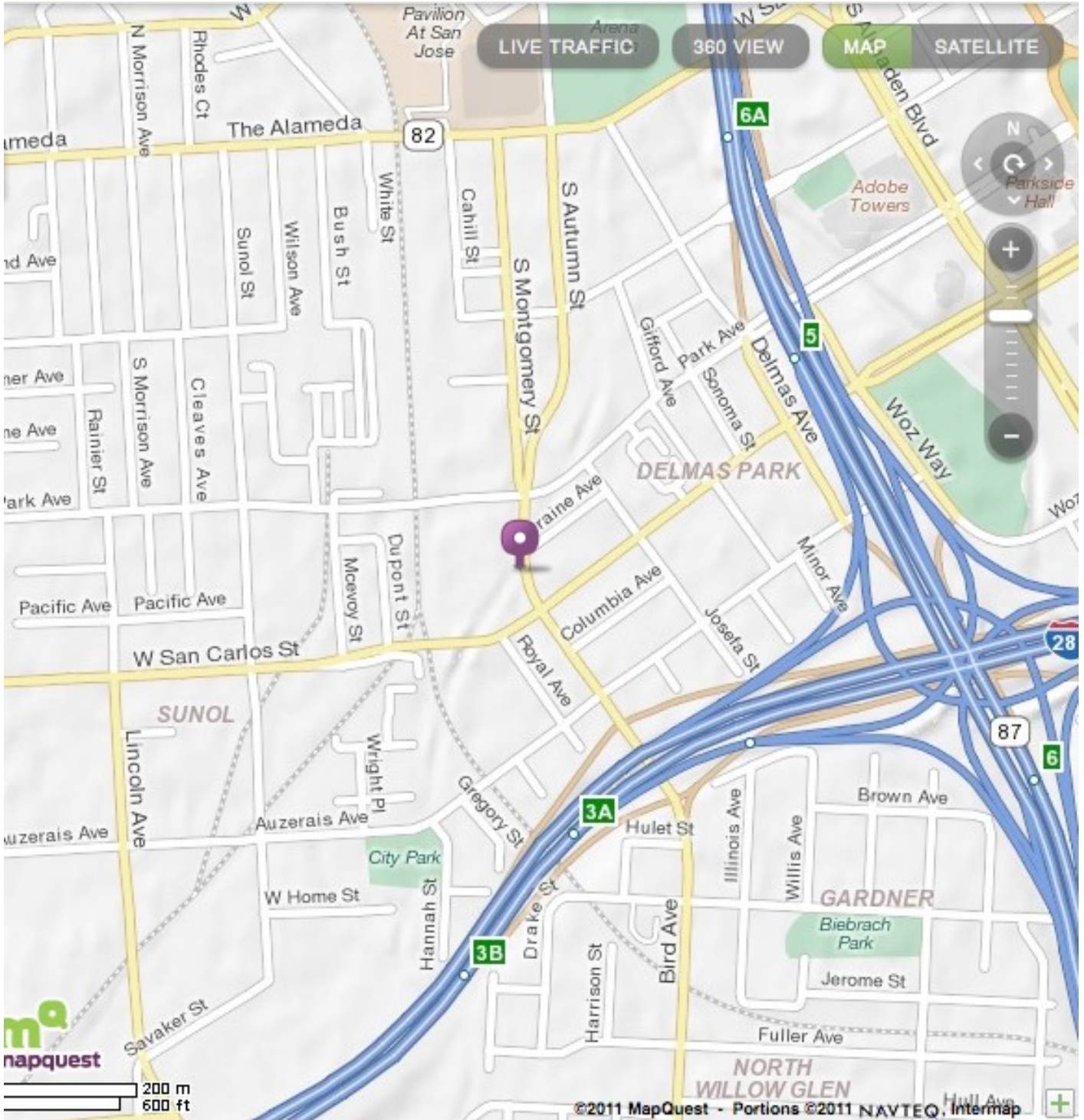
The Internal Revenue Service requires that the San Jose Fire Fighter Burn Foundation, Inc. advise you that your contribution is tax-deductible to the fullest extent of the law. Tax Exempt ID Number 77-0266672. Please retain this letter for your records.



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San Jose Fire Department Training Center. Camper drop off and pick up location
255 S. Montgomery Street, San Jose, CA 95110



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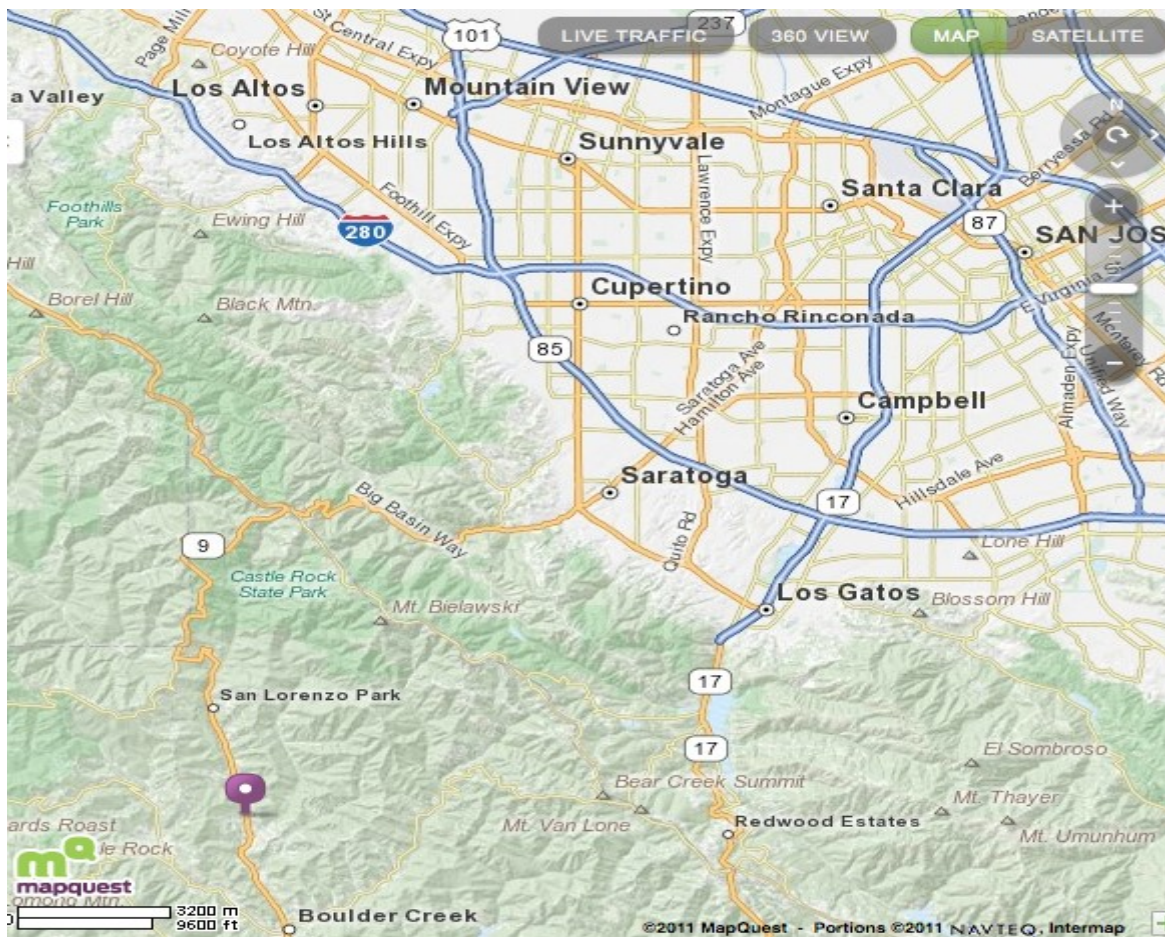
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YMCA Camp Campbell: www.ymcasv.org/ymcacampcampbell

16275 State Route 9, Boulder Creek, CA 95006

(831) 338-2128



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Medical Examination Form-Camper/Counselor

**TO BE COMPLETED BY PHYSICIAN, PHYSICIAN’S ASSISTANT OR ADVANCED NURSE
PRACTITIONER**

Medical Health Exams: All campers/counselors must have a current medical health exam on file with us every 2 years. A medical health provider, a physician, a physician’s assistant, or nurse practitioner must do this.

Please fill out this entire form carefully and completely. This information is necessary for camp staff to properly prepare to meet the needs of the campers/counselors. All information is kept confidential and is for staff use only. Incomplete forms may delay or prevent your child from being registered for camp.

Name Birth Date

Health Insurance Provider Primary Physician Phone

The purpose of this report is to ascertain whether the camper can engage in strenuous activities, has a communicable disease that could be conveyed to others or has a medical, physical or emotional condition that would require special attention by the camp staff.

HEALTH HISTORY (Please explain any “YES” answers-attach additional sheets if needed)

Cardiovascular disease ___Yes ___No	Lung disease. ___Yes ___No
Muscular disease ___Yes ___No	Epilepsy ___Yes ___No
Diabetes ___Yes ___No	Seizures, convulsions or
Fainting ___Yes ___No	Dizziness or frequent headaches ___Yes ___No
Food allergies ___Yes ___No	Allergies to medicines ___Yes ___No
Psychiatric disorder ___Yes ___No	Communicable disease ___Yes ___No
Immunizations are current ___Yes ___No	Currently taking medication ___Yes ___No

MEDICATIONS – List all, Include route, dosage and frequency:

BLOOD PRESSURE: _____ PULSE: _____

SIGNATURE OF AUTHORIZED MEDICAL EXAMINER Date Phone

City State Zip Code

CAMPER APPLICATION:

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Childs Last Name First Name Nickname

Birth Date Age

Mailing Address City State Zip Code

Street Address (if different than above) City State Zip Code

Home Phone Cell Phone

Email Address

What is your T-Shirt size and Sweatshirt size? PLEASE CIRCLE

Child Size: T-shirt XS Small Medium Large XL
Sweatshirt XS Small Medium Large XL

Adult Size: T-shirt XS Small Medium Large XL 2XL 3XL
Sweatshirt XS Small Medium Large XL 2XL 3XL

Parent Questions:

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Child lives with: __both parents __mother __ father __foster parent's ____ grandparents

Father's Name	Address	Phone	Email
---------------	---------	-------	-------

Mother's Name	Address	Phone	Email
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Siblings: _____

Date of child's burn injury? _____

How was your child burned?

Areas of body burned Percent of body surface area burned? _____

Has your child attended camp? Yes /No If yes, when? _____

Please share your thoughts:

~~1=~~In what way do you think we can help your child grow and develop?

~~2=~~Does your child have any specific fear of things or situations?

~~3=~~Does your child have any specific problems associated with academic performance?

~~4=~~What sports, hobbies or clubs has your child participated in during the past year?

~~5=~~Has your child experienced any significant life changes in the past year?

Medical History

Filed out by Parent:

San Jose Burn Foundation



Health Insurance Provider

Policy Number

Primary Care Physician Address Phone Number

Child's Health History-Please check all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> ADD/ADH | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Drug Abuse | |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Sinuses |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Eczema | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Snoring |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Headaches | <input type="checkbox"/> Frequent Sore Throats |

Previous History-Please check all that apply

- | | | | |
|--------------------------------------|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Diphtheria |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Pneumonia | | |

Has your child been exposed to any infections diseases in the past four weeks? Yes/ No
If yes, what?

ALLERGIES: FOOD, MEDICINE, ETC.

Does your child have any dietary restrictions? Yes No

If yes, what? _____

MEDICATIONS:

All medications must be in their original containers and/or clearly labeled

Is the child taking any medication prescription or over the counter? Yes No

Please list all medications:



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Name of Medication Dosage Amount Time Reason for Medication

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Name of Medication Dosage Amount Time Reason for Medication

Name of Medication Dosage Amount Time Reason for Medication

Name of Medication Dosage Amount Time Reason for Medication

Name of Medication Dosage Amount Time Reason for Medication

Does your child have any medically related restrictions that will limit him/her from participating in activities? Yes No If yes, what?

Has your child been hospitalized for any reason other than a burn injury? Yes No
If yes, what? _____

Has your child experienced any non-burn related operations or fractures? Yes No
If yes, what? _____

Reconstruction admissions: most recent operations including date and specific area:

Treatment Authorization

I hereby testify that the health history provided herein is correct to the best of my knowledge and that the person described has permission to engage in all prescribed camp activities except as noted. I agree that the San Jose Firefighters Burn Foundation Kids Burn Camp Medical Staff or their authorized agents may administer over-the-counter medication (or generic equivalents) and/or prescription medication (as advised by a physician) if deemed medically necessary. This includes, but is not limited to; Betadine, Benadryl, Pepto Bismol, Ibuprofen, Tylenol, Neosporin, Sunblock, Sting ointment, Blistex and Visine.

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I also understand that reasonable measures will be taken to safeguard the health and safety of all participants at all times, and that I will be notified as soon as possible in case of any emergency affecting my child.

In the event I cannot be reached in an emergency, I hereby give my permission to the San Jose Firefighters Burn Foundation Kids Burn Camp Medical Staff to secure and administer treatment at my expense, including emergency medical or surgical treatment as may be necessary, Including, but not limited to, x-rays, routine tests, treatment, and necessary related transportation for my child.

Parents Signature: _____ Date: _____

Emergency Contact Relationship Phone

Emergency Contact Relationship Phone



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Psychological/Social History

~~1.~~ Has your child ever consulted a physician, mental health provider or school counselor concerning an emotional problem? ___ Yes ___ No

If yes, what was the approximate date of the last visit? _____

~~2.~~ At any time has your child been on medication for ADD, ADHD, depression, impulse control or seizure disorders? ___ Yes ___ No

If yes, what medication? _____

~~3.~~ Has your child's behavior ever led to school detention, suspension or expulsion?

___ Yes ___ No If yes, please explain _____

4. Is your child in a special education program? ___ Yes ___ No If yes, please explain

~~5.~~ Have there been any significant losses in your family within the past year?

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(i.e., the death of a family member, pet, divorce, etc.) If yes, please explain

7. Is your child currently dealing with any special issues such as peer or school pressure, a learning disability, family illness, alcohol, drug or cigarette use?

If yes, please explain _____

8. Have any destructive behaviors such as fire starting or cruelty to animals been brought to your attention?

___ Yes ___ No If yes, please explain

9. How many times has your family moved and/or changed schools in the past two years?

Rehabilitation Needs

10. Does your child presently wear pressure garments? ___ Yes ___ No

If yes, please send them to camp with your child and include any special instructions.

11. Does your child use lotion or cream on his/her skin? ___ Yes ___ No

If yes, please state what type and frequency of application _____

12. Does your child presently wear any splint(s) or orthopedic devices? ___ Yes ___ No

If yes, please state what type and the wearing schedule _____

13. Is your child presently receiving physical and/or occupational therapy?

If yes, how often _____

14. Does your child have any physical limitations that may affect his/her participation in any camp activities?

___ Yes ___ No If yes, please explain

15. Do you have any special concerns you would like the camp medical staff to address?

___ Yes ___ No If yes, please explain



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Transportation to and from Camp

Please indicate how your child will be arriving and departing from camp

My child will arrive at camp by:

- Camp provided transportation from the training center
 We will provide our own transportation directly to camp

My child will depart from camp by:

- Camp provided transportation to the training center
 We will provide our own transportation directly from camp

Please list the names of a person who will be authorized to pick-up your child upon returning to camp or in the event of an emergency. Your child will only be released to one of the individual's listed below.

Identification will be required.

Name Relationship Phone _____

Name Relationship Phone _____

Photo Release

During your child's stay at camp, he/she may be participation in any activity that is being photographed or recorded; occasionally these photographs or recordings may be used for promotional purposes.

- Yes, I do give permission for my child to be photographed or recorded
 No, I do not give permission for my child to be photographed or recorded

Signature _____

Date _____

Liability Release

I, the undersigned, certify that I am the legal parent or guardian of the above participant that he/she is in good physical condition and I give my permission for him/her to participate in the activities at the SJFFBF Kids Burn Camp. I further understand that SJFFBF Kids Burn Camp is a physically active program. Injuries and exposure to changing temperatures are potential dangers. Proper clothing and equipment are required. I further acknowledge that potential injuries include strains, sprains, cuts, abrasions, broken limbs and even accidental death. I agree to assume full responsibility for any injuries or damages incurred or cause by him/her in connection with his/her stay at SJFFBF Kids Burn Camp.

Signature _____ Date _____

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Campers Behavioral Agreement

SJFFBF Kids Burn Camp promises to be a great experience for all involved! Please take a moment to go over the following guidelines carefully with your child before signing at the bottom. The focus of our entire program is on the kids. With this in mind, we have established the following list of behavioral expectations in an effort to assure that all involved understand them and have the safest and most enjoyable time possible. A camper's failure to meet these expectations will result in a systematic administration of supportive counseling and consequential actions. The SJFFBF Kids Burn Camp will utilize the "3-step process of discipline" outlined below as a means to ensure that all campers take care of themselves, their fellow campers and the environment.

STEP ONE.....The camper will be counseled by the Camp Directors(s).

STEP TWO.....The camper will again be counseled by the Camp Director(s), and may be restricted from participation in an activity(s). The camper's parent(s) or guardian will be notified by telephone of the child's behavior, the counseling provided and the consequential actions that will be taken if the behavior(s) continue.

STEP THREE.....The camper's parent(s) or guardian will be notified and required to pick-up their child immediately. If the parent(s) or guardian is unable to provide immediate transportation home for the child, then transportation arrangements will be made for the child at the parent's expense. In the event that a child must be removed from the camp environment and the parent(s) or guardian cannot be contacted, the Camp Directors(s) will be required to contact local agents of county Child Protective Services (CPS), who will take protective custody of the child.

ACCEPTABLE BEHAVIORS INCLUDE:

- Campers will be expected to comply camp rules at all times.
- Campers will be expected to be attentive to and be respectful of all camp staff at all times.
- Campers will be expected to actively think and Listen.
- Campers will be expected to work together - the "Buddy System" must be used at all times.
- Campers will be expected to protect the environment.
- Campers will be expected to take care of any equipment they use, and return it to where they found it.

UNACCEPTABLE BEHAVIORS INCLUDE:

- Campers will not be allowed to act in a manner that exhibits racist or sexist activities or humor.
- Campers will not be allowed to threaten or harass any other camper or member of the staff.
- Campers will not be allowed to possess alcohol and/or illicit drugs at camp.
- Campers will not be allowed to smoke at camp. Any tobacco products will be .
- Campers will not be allowed to bring radios, pagers, cellular telephones or other electronic devices -
- Campers will not be allowed to possess fireworks of any kind at camp.
- Campers will not be allowed to use profanity at camp.
- Campers will not be allowed to run or fight at camp.
- Campers will not be allowed to throw rocks or sticks at anything!

The SJFFBF Kids Burn Camp reserves the right to remove from camp any camper whose behavior is, in the sole judgment of the Camp Director(s), is determined to be detrimental to the best interests of the children and adults using the camp facilities and/or the overall welfare of the camp program.

MY CHILD AND I HAVE READ AND UNDERSTAND THIS POLICY. OUR SIGNATURES SIGNIFY THAT WE UNDERSTAND AND AGREE TO THE CONSEQUENCES.

Parents Signature _____ Date _____

Camper's Signature _____ Date _____



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CAMP CLOTHING & EQUIPMENT

Camp Campbell should have a moderate temperature in the beginning of April. However, the weather can be unpredictable at that time of year. The mean temperature is a high in the upper 60's and a low in the mid 40's so come prepared for any options. It is possible for rain and cool temperatures this time of year.

BEDDING & LINENS

- Sleeping bag OR Blanket & Sheets
- (1 twin flat & 1 fitted)
- Pillow
- Pillowcase
- Towels (bath & swim)
- Washcloths
- Laundry bag (or old pillowcase)

CLOTHING

- Jacket or Sweater
- Shirts (long & short sleeved)
- T-shirts (long & short sleeved)
- Sweaters/Sweatshirts
- Jeans/Pants
- Shorts
- Underwear
- Socks
- Pajamas
- Belt
- Swimming suit
- Raincoat or poncho
- Cap or hat
- Tennis Shoes
- Shower thongs
- Sandals or aqua shoes (for swimming)

TOILET ARTICLES

- Toothbrush & toothpaste
- Comb & brush
- Shower-gel or Soap & plastic soap box
- Shampoo & conditioner
- Deodorant
- Moisturizing lotion

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- Sunscreen
- Other necessary toiletries (feminine hygiene products, Chapstick, Kleenex, etc.)
- Medicines (over-the-counter and prescription)
- Bug spray

NECESSARY EQUIPMENT

- Sunglasses
- Wide-mouth plastic water bottle or canteen (with shoulder strap or hip-pack, if possible)
- Flashlight & batteries
- Glasses or contacts (2 pair, if required)

OPTIONAL

- Camera
- Earplugs (you will be sleeping near others)
- Umbrella
- Guitar or other musical instrument
- Books

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