



DAY CAMPER APPLICATION

Ventilation Assisted Child's Name: _____

Nickname: _____ Birthdate: ___/___/___ Male__ Female __ **T-shirt size** _____

Each camper MUST be accompanied at all times by a designated experienced caretaker (a parent, other adult family member, or nurse). The above named child's designated caretaker will be:

NAME (Please Print)	RELATIONSHIP	T-Shirt Size
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Other family members who will be coming to camp are:

Name	Nickname (if any)	Relationship	Age	T-Shirt size
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

VENTILATION ASSISTED CHILD'S INFORMATION

Diagnosis: _____
 Oxygen ___ Amount (liters per minute) ___ hours per day ___
 Tracheostomy Dependent ___ Ventilator Dependent ___ Weight: _____
 Allergies: _____

PHYSICIANS:

Name _____ Specialty _____
 Street _____ Phone _____
 City _____ State _____ Zip _____

Name _____ Specialty _____
 Street _____ Phone _____
 City _____ State _____ Zip _____

Special diet (if any): _____

Walks alone ___ Needs assistance ___ Wheelchair ___ Electric ___ Manual ___
 Paraplegic ___ Quadriplegic ___

Verbal communication: Yes ___ No ___ If NO, please explain how your child communicates: _____

Education: Homebased ___ School setting ___ both ___ Current grade level: _____

Interests, Hobbies, Recreation: _____

TRANSPORTATION: Families must provide their own transportation to and from camp and may be asked to provide their own field trip transportation if buses are filled.

We heard about VACC Camp from: _____

HOW DO YOU THINK YOUR VENTILATION ASSISTED CHILD AND YOUR FAMILY WILL BENEFIT FROM COMING TO CAMP: _____

HOLD HARMLESS AGREEMENT: I, the parent of the minor child(ren) named in this application, together with my heirs and legal representatives, release and discharge Nicklaus Children's Hospital, its heirs and legal representatives, of and from any and all claims, demands, rights and causes of action of whatever kind and nature, arising from, and by reason of, any and all known and unknown, foreseen and unforeseen causes of action that may be sustained by me or my child(ren) as a consequence of our attendance at the Dr. Moises Simpser VACC Camp. I agree to indemnify Nicklaus Children's Hospital against loss from any and all further claims, demands and actions at law or in equity that may hereafter at any time be made or brought by me or anyone on my behalf for the purpose of enforcing a further claim for damages on account of my and my child(ren)'s attendance at the Dr. Moises Simpser VACC Camp.

CONSENT FOR PHOTOGRAPHY: I, the parent of the minor child(ren) named in this application, hereby grant full permission to Nicklaus Children's Hospital to prepare, use, reproduce, publish and exhibit my and my minor child(ren)'s names, pictures, portraits, likenesses, or voices, or any or all of the above, in connection with VACC Camp in any manner deemed necessary by Nicklaus Children's Hospital. I hereby waive all rights of privacy or compensation which I may have in connection with the use of my and my minor child(ren)'s names, pictures, portraits, likenesses, voices, or any or all of the above in connection with the Dr. Moises Simpser VACC Camp and any use to which the same may be put, applied or adapted by Nicklaus Children's Hospital.

I UNDERSTAND THAT CAMPERS ARE SELECTED BASED ON THEIR ABILITY TO INTERACT WITH OTHERS AND TO BENEFIT MATERIALLY FROM SOCIAL OPPORTUNITIES OFFERED BY THIS PROGRAM. I UNDERSTAND THAT OUR APPLICATION WILL BE SCREENED TO VERIFY OUR ELIGIBILITY TO ATTEND VACC CAMP. I GIVE MY CONSENT FOR CAMP STAFF TO DISCUSS MY VENTILATION ASSISTED CHILD'S MEDICAL AND DEVELOPMENTAL STATUS WITH THE PHYSICIAN(S) NAMED IN THIS APPLICATION.

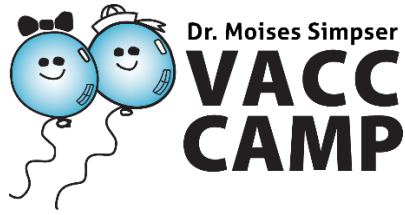
Home Address: _____
_____ **Phone:** _____

EMAIL ADDRESS: _____ (very important that we have your email address as that is how we communicate with everyone)

Signature of Parent or Guardian Relationship Date ____/____/____
Daytime Phone: _____

Signature of Parent or Guardian Relationship Date ____/____/____
Daytime Phone: _____

Please include a recent full-length photograph of your child, and photos of every person attending camp with you.



COVID -19 Disclosure

As you are most likely aware, research has shown and confirmed that risk of exposure to COVID-19 exists in all public places where people gather and are present. In accordance with the CDC (Centers for Disease Control and Prevention), it has also been confirmed that COVID-19 is a very contagious disease which can lead to severe illness or death. Senior citizens and people with underlying medical conditions are at a higher risk and especially vulnerable.

You are expected to make your decision to participate in the Moises Simper's VACC Camp with this information and knowledge.

By signing this letter, you are assuming all risks related to exposure to COVID-19.

We have read the above information concerning the risk of COVID-19 exposure; we fully understand the risk and take full responsibility of all consequences from being exposed.

Signatures of Parents of VACC Camper Family

Parent 1 signature:

Print name:

Parent 2 signature:

Print name:

Signature of Caretaker for the Camper

Caretaker Signature:

Print name:

Camper Name:

Date:

We look forward to seeing all of you at camp enjoying this wonderful opportunity and experience of being able to all get together!



Dr. Moises Simpser
**VACC
CAMP**

COVID -19 Vaccination Information Disclosure

Camper Family Members

Age

Vaccinated	Not vaccinated
Vaccinated	Not vaccinated
Vaccinated	Not vaccinated
Vaccinated	Not vaccinated
Vaccinated	Not vaccinated
Vaccinated	Not vaccinated
Vaccinated	Not vaccinated

Please scan or take a photo of each COVID 19 vaccine certificates and submit those together with the filled application and all other forms included signed. If any member of the family is not vaccinated please explain why.

Signatures of Parents of VACC Camper Family

Parent 1 signature:

Print name:

Parent 2 signature:

Print name:

Camper name:

Date: