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2023 Heart Heroes Camp Application

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| Applicant Information |
| First Name: | Last Name: |
| Gender: | Preferred Pronouns: |
| Date of Birth: | Age: |
| AHC No:  | Weight (kg): |
| Current Address: |
| City, Province: | Postal Code: |
| T-Shirt/Sweater Size: | Pants Size: |

\*Please specify Adult or Kids for the clothing Sizes

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| Parent OR Guardian Information |
| Custody Status (Circle): Mother Father Both Crown Ward Other (Specify): |
| Primary Contact: Dr Mr Mrs Ms  | Relationship to Camper: |
| First Name: | Last Name: |
| Email:  | Cell No: |
| Address: |
| City, Province: | Postal Code: |
| Home Number: | Work Number: |
| Secondary Contact: Dr Mr Mrs Ms  | Relationship to Camper: |
| First Name: | Last Name: |
| Email:  | Cell No: |
| Address: |
| City, Province: | Postal Code: |
| Home Number: | Work Number: |

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| Medical Background |
| Cardiac Diagnosis/es: |
| Surgeries: |
| Last Hospitalization (date, diagnosis, treatment required): |
| Immunizations up to date: Yes No  | COVID Vaccines: Yes No |
| Pediatrician: | Cardiologist: |
| Current Address: |
| Asthma: Yes No |
| Allergies: Yes No List Type (Food Medication, Latex, etc):Severity: EpiPen: Yes No |
| Seizures: Yes No Last Seizure:Seizure Type/Severity/Frequency: |

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| Medications |  |
| Medication: | Dose/Route of Administration | Time(s) Administered: |
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\*Please add additional medications on a separate sheet

Daily Living

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| Dressing: No assistance Minimal Moderate TotalDescribe: |
| Eating: No assistance Minimal Moderate TotalDescribe: |
| Brushing Teeth: No assistance Minimal Moderate TotalDescribe: |
| Showering: No assistance Minimal Moderate TotalDescribe: |
| Ambulation: No assistance Walker Wheelchair Other Mobility Aid (Please Specify):Describe:If assistance required, does it prevent ability to swim/be in water? Yes No  |
| Oxygen: None Nasal Cannula (Home Oxygen) CPAP BiPAPDescribe (L/min and ability to provide a full day’s supply of oxygen): |
| Other (please specify):  |

Sleeping

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| Fear of the Dark: Yes No If yes, describe: |
| Sleeping Difficulties: Yes No If yes, describe: |
| Cabin Mate Request:*(NOT GUARANTEED)* |
| Other (please specify):  |

Bowel/Bladder Routine

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| Is the camper independent in toileting? Yes No  |
| Does the camper require assistance getting on/off toilet? Yes No  |
| Does the camper need reminders? Yes No  |
| Is the camper on a toileting schedule? Yes No  |
| Does the camper have bladder control?Daytime: Yes No Nighttime: Yes No  |
| Does the camper require the following?Pull Ups at Night: Yes No Suppositories: Yes No Enemas: Yes No  |

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| All Little Heart Heroes Fund and Heart Heroes Camp programming is funded through donations from individuals and businesses. Without these donations, we would not be able to offer high quality, cost-free recreational programs. By signing below, you agree that we are permitted to take and use photos and video of your child at camp to help promote the Little Heart Heroes Fund and Heart Heroes Camp.Camp is free. We have a camp by donation policy. We wanted to ensure that cost would not be a barrier to participation. Please donate what you are able to keep camp free for all families. |
| *CONSENT: I acknowledge that I have thoroughly read and understand the camper criteria for 2023. I acknowledge that to the best of my knowledge, the information on this application form is correct. I agree to inform Little Heart Heroes of any changes to my child’s medical condition prior to the start of camp. To meet your child’s needs I give permission for the personal information collected in this application to be shared with the staff members who will care for my child.* |
| Name of Parent/Guardian:  |
| Signature of Parent/Guardian: Date: |
|  Please send you completed applications to: heartheroescamp@gmail.com |

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| **Diet and Eating Habits** *Little Heart Heroes provides a Peanut and Nut* ***aware*** *environment.*  |
| Diet: Regular € Vegetarian € Celiac € Other (please specify): €  |
| Texture: Regular € Bite sized € Pureed €  |
| G-Tube Feeds: N/A € Pump € Syringe € Gravity € Formula (include feeding schedule): |
| Eating Habits: Average € Picky € How long does it take the camper to eat? (minutes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Difficulties with: None € Swallowing € Chewing € Drinking (If yes, please describe) |
| Does the camper: Get pale, sweaty, or choke with eating? Yes € No € Sound congested or mucousy after eating? Yes € No €  |
| **Communication with Camp Staff** |
| Verbal? Yes € No € If non-verbal: Has consistent YES/NO: Yes € No € (please describe)  |
| Camper understands what is said to him/her? Yes € No €  |
| Camper is able to express his/her needs to camp staff? Yes € No €  |
| Wears: (Please select all that apply) Glasses € Hearing aids € Contact lenses € |
| **Mental, Emotional, Learning and Social Health** |
| 1. Has been diagnosed with a condition that impacts learning (ADHD, sensory processing disorder?) Yes € No €
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| 1. Has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder? Yes € No €
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| 1. Has an emotional health concern (specify)? Yes € No €
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| 1. During the past academic year, saw/is currently seeing a professional to address mental/emotional concerns? Yes € No €
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| 1. Has had a significant life event that affects their daily life? Yes € No €
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| *If you answered yes to any of the above, please attach written information about the event (death of a loved one, family change, divorce, adoption), its impact on your child’s life, and care tips for cabin staff to help facilitate your child’s participation in this program.* |
| Circle any types of behaviors that apply to the camper: No unusual behavior Wanders/runs away Temper Tantrums Physically aggressive  Self-injurious Verbally aggressive Other Withdrawn/ShyPlease explain any checked behaviors and their frequency and methods of dealing with these behaviors:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are there any camp activities that must be avoided: Yes € No € Please list: |
| Has the camper ever been away from home before? Yes € No €  |
| Is homesickness anticipated? Yes € No €  |
| Does the camper most easily make friends with children who are: Older € Younger € Same age €  |
| Does the camper most enjoy spending time: Alone € In groups € Both €  |
| Does the camper elicit behaviors that will require 1:1 supervision? Yes € No €  |
| Have we forgotten anything? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |