



**THE LITTLE HEART
HEROES FUND**

2024 HEART HEROES CAMP APPLICATION

Camp will take place from July 5 to 7, 2024 at

Camp Kindle 29479 Range Road 6.1 A, Water Valley, AB T0M 2E0

Dropoff and Pickup at Camp Kindle (about 1 hr NW of Calgary)

A complete application includes ALL OF THE FOLLOWING:

___ A completed application form

___ A copy of your child's most recent cardiology clinic note (please request from your pediatrician/family physician or pediatric cardiologist and include with your application)

___ One waiver form from Little Heart Heroes

___ A medical release form in case we need to request any further information from your pediatrician/family physician or pediatric cardiologist

___ Two forms from Camp Kindle (Dietary restrictions and waiver)

Incomplete applications will not be considered and will be returned for completion.

Please send you completed applications to: heartheroescamp@gmail.com

We appreciate the timely completion of forms **sent via email**. If you don't have access to a scanner, forms can be dropped off or mailed to:

Heart Heroes Camp, Attn: Dr. Rehana Chatur
11044 82 Ave NW #205, Edmonton, AB T6G 0T2

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*

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: |

MEDICAL BACKGROUND

| | |
|--|---------------------------------------|
| Cardiac Diagnosis/es: | |
| Surgeries: | Non-Cardiac Medical Diagnoses: |
| 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: | |

DAILY LIVING

| |
|---|
| Dressing: No assistance Minimal Moderate Total Describe: |
| Eating: No assistance Minimal Moderate Total Describe: |
| Brushing Teeth: No assistance Minimal Moderate Total Describe: |
| Showering: No assistance Minimal Moderate Total Describe: |
| 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 BiPAP Describe (L/min and ability to provide a full day's supply of oxygen): |
| Swimming Ability: |
| Other (please specify): |

SLEEPING

| |
|--|
| 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

| |
|--|
| 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 |

DIET AND EATING HABITS

| |
|---|
| Diet: Regular Vegetarian Celiac Other (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 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 |
| Other (please specify): |

COMMUNICATION

| |
|--|
| Verbal: Yes No |
| If non-verbal, has consistent Yes/No: Yes No |
| Please describe: |
| Camper understands what is said to them? Yes No |
| Camper is able to express their needs to camp staff? Yes No |
| Wears: (please circle all that apply) Glasses Hearing Aid Contact Lenses Other (specify): |
| Other (please specify): |

MENTAL, EMOTIONAL, LEARNING, AND SOCIAL HEALTH

| |
|---|
| Has been diagnosed with a condition that impacts learning (ADHD, sensory processing disorder?) Yes No |
| Has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder? Yes No |
| Has an emotional health concern? Yes No Specify: |
| During the past academic year, saw/is currently seeing a professional to address mental/emotional concerns? Yes No |
| Has had a significant life event that affects their daily life? Yes No |
| <i>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.</i> |
| Circle any types of behaviors that apply to the camper: <i>No unusual behavior Wanders/runs away Temper Tantrums Physically aggressive Self-injurious Verbally aggressive Withdrawn/Shy Other</i> |
| <i>Please explain any checked behaviors and their frequency and methods of dealing with these behaviors:</i> |

CONSENT

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 can to keep camp free for all families.

COVID 19 Policy: While we encourage vaccination, it is not mandatory for participation at camp. We have decided not to impose any pre-camp testing or masking requirements.

CONSENT: I acknowledge that I have thoroughly read and understand the camper criteria for 2024. 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.

I understand that The Little Heart Heroes Fund, Heart Heroes Camp, Camp Kindle, and/or any of their agents or representatives will not be held responsible for any illness or injury, including but not limited to COVID 19, contracted at camp.

Name of Parent/Guardian:

Signature of Parent/Guardian:

Date:



The Little Heart Heroes Fund (ALL CAMPERS)

Certification of Consent and Authority, Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement

TO: The Little Heart Heroes Fund' and employees, representatives, volunteers, officers, and agents (hereinafter referred to collectively as "Little Heart Heroes")

Please Print:

I/we, _____ (Parents or Guardians of) _____
hereby sign this agreement on behalf of myself, my personal representatives, heirs and assignees.

1. I/we acknowledge that the Little Heart Heroes provides a wide variety of recreational activities and outdoor pursuits programs. In addition, I/we acknowledge that Little Heart Heroes takes all reasonable precautions through compliance with current operating standards and practices to minimize risk involved with participation in activities offered by Little Heart Heroes.
2. I/we acknowledge that certain recreational activities and outdoor pursuits including but not limited to rafting, kayaking, hiking, mountain biking, team learning, rock climbing, mountaineering, caving, backpacking, high and low ropes initiatives, climbing wall and related summer camping activities and other Little Heart Heroes activities involve **INHERENT RISKS** that may cause serious injury and possibly death to participants.
3. As a parent or guardian of a child/children participating in Little Heart Heroes activities I am aware of potential risks, including but not limited to COVID 19 exposure, and give my/our **CONSENT** to allow my/our child/children to participate in activities.
4. I hereby **WAIVE ANY AND ALL CLAIMS** which I may have against Little Heart Heroes and any or all Little Heart Heroes employees, representatives, volunteers, officers, and agents and **RELEASE Little Heart Heroes** from and against all losses, costs, damages, expenses, liabilities, claims, demands and causes of action of whatever kind including all legal fees and costs (collectively, the "Claims") regardless of when they arose and howsoever arising for illness, injury, death, property damage or any other loss whatsoever sustained by my/our child/children as a result of my/our child/children's participation in Little Heart Heroes activities, including, without limitation, while present at a Little Heart Heroes camp, **DUE TO ANY CAUSE WHATSOEVER (excluding gross negligence)**.
5. I hereby agree to indemnify and save harmless Little Heart Heroes and Little Heart Heroes employees, representatives, volunteers, officers, and agents from and against all Claims regardless of when they arose and howsoever arising, that Little Heart Heroes sustain, incur or may be subject to and which Little Heart Heroes would not have sustained, incurred or be subjected to except as a result of my participation in Little Heart Heroes activities or while present at a Little Heart Heroes camp, **DUE TO ANY CAUSE WHATSOEVER (excluding gross negligence)**.
6. Medication administration and Emergency Medical Care - In the event that my/our child/children require emergency medical care I hereby **GIVE MY PERMISSION** to the authorized persons in charge of the Little Heart Heroes activities to secure treatment for and to **AUTHORIZE HOSPITALIZATION, INJECTIONS, ANESTHESIA, or SURGERY** as necessary for **EMERGENCY CARE**.

PARENT/GUARDIAN INITIAL: _____

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE LITTLE HEART HEROES AND A RELEASE AND INDEMNITY FOR ALL CLAIMS.

Signed this _____ day of _____, 20____, at _____ (place).

Parent/Guardian Signature

Parent/Guardian Signature

Witness Signature

Printed Name of Parent

Printed Name of Parent

Printed Name of Witness



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AUTHORIZATION FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION

Pursuant to the Personal Health Information Protection Act, 2004 PHIPA This request for patient records is made with implied consent, solely for the purposes of providing healthcare or assisting in providing healthcare for the above-named patient. There is no information that the patient has expressly withheld or withdrawn their consent to this disclosure.

| | |
|-------------------------|---------------------|
| First Name: | Last Name: |
| Date of Birth: | Age: |
| Health Card No: | |
| Current Address: | |
| City, Province: | Postal Code: |

RELEASE WILL BE SHARED WITH THE HEART HEROES MEDICAL TEAM

PHI TO BE RELEASED:
RECENT RECORDS RELATING TO MY CHILD'S CARDIAC HISTORY OR OTHER RELEVANT
MEDICAL HISTORY THAT WOULD IMPACT THEIR PARTICIPATION IN CAMP

Authorization: In accordance with PHIPA, authorization must be signed by the patient or the substitute decision maker. If the Person signing is not the patient, state relationship and authority to do so.

PRINT: Patient Name

PRINT: Witness Name

PRINT: Parent/Guardian Name

Witness Signature

Patient/Parent Signature

DATE

DATE

This authorization will be valid for a six month period as of the date of the signature unless specified otherwise. Withdrawal of Consent: This authorization may be withdrawn at any time, except with respect to actions already taken before the consent was withdrawn.

DIETARY RESTRICTION FORM

Camp Kindle requires completion of the following form:

| NAME | DIETARY INFORMATION |
|------|---------------------|
| | |
| | |
| | |
| | |



Kids Cancer Care Foundation of Alberta
(CAMPERS UNDER THE AGE OF EIGHTEEN)

CERTIFICATION OF CONSENT AND AUTHORITY, RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND
INDEMNITY AGREEMENT

TO: **KIDS CANCER CARE FOUNDATION OF ALBERTA** and employees, representatives, volunteers, officers and agents
(hereinafter referred to collectively as "Kids Cancer Care Employees").

Please Print:

I/we, _____ (Parents or Guardians of) _____

hereby sign this agreement on behalf of myself, my personal representatives, heir and assigns.

- I/we acknowledge that Kids Cancer Care provides a wide variety of recreational activities and outdoor pursuits programs. In addition, I/we acknowledge that Kids Cancer Care takes all reasonable precautions through compliance with current operating standards and practices to minimize risk involved with participation in activities offered by Kids Cancer Care.
- I/we acknowledge that certain recreational activities and outdoor pursuits such as rafting, kayaking, hiking, mountain biking, team learning, rock climbing, mountaineering, caving, backpacking, high and low ropes initiatives, climbing wall and related summer camping activities and other Kids Cancer Care activities throughout the year involve **INHERENT RISKS** that may cause serious injury and possibly death to participants.
- As a parent or guardian of a child/children participating in Kids Cancer Care activities I am aware of potential risks and give my/our **CONSENT** to allow my/our child/children to participate in activities.
- I hereby **WAIVE ANY AND ALL CLAIMS** which I may have against Kids Cancer Care and any or all Kids Cancer Care Employees and **RELEASE Kids Cancer Care and the Kids Cancer Care Employees** from and against all losses, costs, damages, expenses, liabilities, claims, demands and causes of action of whatever kind including all legal fees and costs (collectively, the "Claims") regardless of when they arose and howsoever arising for injury, death, property damage or any other loss whatsoever sustained by my/our child/children as a result of my/our child/children's participation in Kids Cancer Care activities, including, without limitation, while present at a Kids Cancer Care camp, **DUE TO ANY CAUSE WHATSOEVER (excluding gross negligence)**.
- I hereby agree to indemnify and save harmless Kids Cancer Care and Kids Cancer Care Employees from and against all Claims regardless of when they arose and howsoever arising, that Kids Cancer Care and/or Kids Cancer Care Employees sustain, incur or may be subject to and which Kids Cancer Care and/or Kids Cancer Care Employees would not have sustained, incurred or be subjected to except as a result of my participation in Kids Cancer Care activities or while present at a Kids Cancer Care camp, **DUE TO ANY CAUSE WHATSOEVER (excluding gross negligence)**.
- Medication administration and Emergency Medical Care** - In the event that my/our child/children require emergency medical care I hereby **GIVE MY PERMISSION** to the authorized persons in charge of the Kids Cancer Care activities to secure treatment for and to **AUTHORIZE HOSPITALIZATION, INJECTIONS, ANASTHESIA, or SURGERY as necessary for EMERGENCY CARE.**
PARENT/GUARDIAN INITIAL: _____

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE "KIDS CANCER CARE" OR "KIDS CANCER CARE EMPLOYEES" AND A RELEASE AND INDEMNITY FOR ALL CLAIMS.

Signed this _____ day of _____, 20____, at _____, Alberta.

Parent/ Guardian Signature

Parent/ Guardian Signature

Witness Signature

Printed Name of Parent

Printed Name of Parent

Printed Name of Witness