



CAMP COCO 2019 – Pirate Shenanigans

Camp COCO (Children's Oncology Camp Organization) is a one week residential camp for children diagnosed with cancer or blood disorders between 6 and 17 years of age. Our camp is designed so that the children can do regular camp activities that other camps provide but under close observation by medical staff trained to care for children with cancer and blood disorders.

Come join the Camp COCO crew for some adventure and "Pirate Shenanigans" as we search for hidden treasure, spend some time on the water and make some memories along the way! Example of activities: swimming (handicap accessible pool), canoeing, horseback riding (lead only), fishing, arts and crafts, archery, nature hikes, games and campfires.

All children need a chance to share fun and recreational activities, to build lasting friendships, and develop self-confidence and independence. Camp COCO was founded in 1986 and continues to offer this experience to children located in central and southern Illinois at no cost to the participant families. At Camp COCO, we believe children can do almost anything and want to provide them the opportunity to challenge themselves in a safe and nurturing environment.

Please come join us for a week full of fun, opportunities and friendships!

~ THE CAMP COCO STAFF

2019 – CAMP COCO – PIRATE SHENANIGANS

Dear Camp COCO Campers and Families,

Welcome to Camp COCO 2019! Whether you are a first-time applicant or a returning camper, the enclosed information is very important to apply to camp this summer. Children with blood disorders or cancer diagnoses living in central and southern Illinois are eligible to apply. Please read all enclosed materials thoroughly.

Reservations will be made upon receipt of a completed application that includes a health physical completed by the child's physician. The DEADLINE for receiving completed applications is May 1, 2019. Our contract with the campsite requires that no applicants can be accepted after this date. There will be no exceptions. If the application packet is not complete, a reservation will not be held for your child.

Applicants must be age six prior to June 15 and can be no older than 17. **Children age six to ten may also submit an application for one sibling to attend with them. If you are eligible to bring a sibling, an application for the sibling is included in this packet that includes a physical form to be completed by their physician. Please do not copy the application and send in for a sibling if not eligible. Children with the eligible diagnosis will receive priority for space available and all will be accepted on a first-come, first-serve basis.** Others will be placed on a waiting list. Space is limited to 100 campers, so please complete the application accurately and completely and return it as soon as possible in the postage-paid envelope provided. If you have any questions, please feel free to contact us at 217-545-8042.

This year's camp will begin on **Sunday, June 23rd** and will end on **Friday, June 28th** at the Timber Pointe Outdoor Center, located on Lake Bloomington, Illinois. Campers will come directly to camp. Campers are to be **PICKED UP AT CAMP ON FRIDAY, JUNE 28th – PROMPTLY AT 10:00 A.M.** You are responsible for getting your child to and from camp.

The security and safety of our campers is extremely important. We have a formal check-in and check-out process. This process does take some time so please be patient with us. For security reasons, we cannot accept campers who will need to leave and return to camp for outside activities. Once your child has arrived at camp, they must stay on-site. Parents/guardians will be required at registration to designate the person who will be picking up the camper on the following Friday. The designated person will be **required to sign out the camper, and must be prepared to show identification.**

As the applications are received, they will be processed in a timely manner and your child should receive an acceptance packet no later than the last week of May. If you have any questions regarding the application process or in general about Camp COCO, please feel free to contact us at 217-545-8042 or by email campcoco@siumed.edu.

Sincerely,

Camp COCO Staff

SIU Medicine/Department of Pediatrics
PO Box 19658
Springfield IL 62794-9658
Phone: 217-545-8042
Fax: 217-545-4788

RULES & REGULATIONS

Several rules of camper behavior should be understood and agreed to by the camper and parent/guardian before attending camp. Please discuss with your child the following rules and the importance of adhering to them during his/her time at Camp COCO. The form must be signed by both of you in order to participate.

1. No camper shall go outside of camp boundaries except during regularly scheduled out-of-camp activities.
2. No camper shall go to the pool area unless accompanied by a staff member. No camper shall go in the water except during regular scheduled activities under supervision of a water safety instructor.
3. No camper may enter the cabin areas or cabins, other than their own, unless a counselor is present.
4. No one shall play with any fire-fighting apparatus at camp. All such equipment shall be kept in its designated place unless being used to extinguish a fire. This includes garden hoses unless supervised by staff.
5. It will be against camp regulations for any camper to have matches, lighters, knives (including pocket knives), guns of any kind in his or her possession. Threats or "claims" of having any unsafe items will be treated seriously and addressed as such.
6. Drugs and alcohol – The possession or use of controlled substances (including marijuana) and alcoholic beverages are forbidden by law. Possession or use of any alcoholic beverage or non-prescription drugs by campers is an indication that the individual has chosen to separate himself/herself from the camp community.
7. Smoking – Smoking is not permitted. It will be against camp regulations for any camper to have cigarettes in his or her possession.
8. Vehicles – No camper may ride in or on cars at any time, even if it is parked.
9. Use of Camp Equipment – Camp equipment is provided for camp to use – not personal use. Help us take care of it. See that it is properly used, not abused, and returned to its proper place. Wear and tear caused by normal use is expected, however, there can be a considerable loss of equipment through carelessness.
10. Borrowing – Campers are discouraged from borrowing each other's things.
11. Possession of Special Personal Equipment – Please do not bring valuable personal possessions (stereos, cameras, jewelry, cell phone, etc) to the camp since we cannot be responsible for them. Money is not required at camp. Campers are discouraged from bringing money to camp.
12. Gambling – Gambling is not permitted within the camp at any time.
13. Language – Foul or abusive language is not permitted at camp.
14. Camper must adhere to all rules and are expected to be cooperative with every counselor and staff of Camp COCO as well as any volunteers.
15. No camper is allowed to strike or physically harm anyone at any time during camp. Words, attitudes and behaviors can be as destructive as physical harm and will be dealt with seriously.

To be completed by parent/guardian and returned
no later than May 1st, 2019 to be considered to attend
Camp COCO 2019.



PATIENT MEDICAL HISTORY AND INFORMATION FORM

Name _____ Birthdate _____ Age at Camp _____
first middle last

Diagnosis _____ Date of Diagnosis _____ Treatment: On or Off
Circle

If the diagnosis is a type of tumor, please list location of tumor: _____

Bone Marrow Transplant? Yes or No If yes, month & year? _____
Circle

Gender: Male / Female T-Shirt Size: *(circle)* Child Medium Child Large Small Medium Large XLarge XXLarge
Circle

Home Phone _____

Parent/Guardian _____
Name Relationship

Parent/Guardian Email Address _____

Patient Address _____

City _____ State _____ Zip _____

Is the above address the same for the parent/guardian? _____ If no, please list the address, city, state, & zip below.

Parent/Guardian Name & Phone _____
1st contact phone Alternative contact phone

Parent/Guardian Name & Phone _____
1st contact phone Alternative contact phone

Emergency Contact Person #1 _____
1st contact Alternative contact

Emergency Contact Person #2 _____
1st contact Alternative contact

Name of Pediatric Oncologist & Hospital _____

Office/After Hours Phone _____

Primary Care Physician _____

Office/After Hours Phone _____

Camper's Name: _____

To be completed by Parent/Guardian:

My child has NO KNOWN ALLERGIES

Allergies – List all known and please describe reaction and management of the reaction.

Medication Allergies: (for example: penicillin, codeine, Phenergan, Sulfa)

Food Allergies: (for example: peanuts, shellfish, strawberries, lactose intolerance)

Other Allergies: (for example: insect stings, hay fever, ragweed, lotion, soap)

My child has NO DIETARY RESTRICTIONS

Dietary Restrictions: (for example: vegetarian, no pork products, no dairy) _____

My child has a central line. My child has a port.

My child DOES DOES NOT have permission to go swimming in a chlorine-treated swimming pool. Entire line including tubes will be covered with a large occlusive dressing and all dressings will be changed immediately following swimming.

Parent/Guardian Signature: _____ Date: _____

My child does NOT take any medications on a routine basis.

CURRENT MEDICATIONS: Please list all meds and mark all times that apply:

Name/Strength/Dose/Frequency	Breakfast	Lunch	Dinner	Bedtime	Comments
<i>Example: Ferriprox 500 mg tablets Takes 1 tab (500 mg) 3 times daily</i>	<i>500 mg 1 tab</i>	<i>500 mg 1 tab</i>	<i>500 mg 1 tab</i>		

Camper's Name: _____

To be completed by Parent/Guardian:

GENERAL HEALTH QUESTIONS (Please explain "yes" answers in the space provided to the side of each question.)

Has your child/Does your child:

- 1. Had any recent injury or infectious disease? Y N _____
- 2. Have a chronic or recurring illness/condition other than cancer? Y N _____
- 3. Been hospitalized in the last 18 months? Y N _____
- 4. Had surgery in the last 18 months? Y N _____
- 5. Have frequent headaches? Y N _____
- 6. Ever had a head injury? Y N _____
- 7. Ever been knocked unconscious? Y N _____
- 8. Wear glasses, contacts, or protective eye wear? Y N _____
- 9. Ever passed out during or after exercise? Y N _____
- 10. Ever been dizzy during or after exercise? Y N _____
- 11. Ever had seizures? Y N _____
- 12. Ever had chest pain during or after exercise? Y N _____
- 13. Ever had frequent ear infections? Y N _____
- 14. Have an orthodontic appliance? Y N _____
- 15. Have a history of bedwetting? Y N _____
- 16. Ever had high blood pressure? Y N _____
- 17. Ever been diagnosed with a heart murmur? Y N _____
- 18. Ever had back problems? Y N _____
- 19. Ever had problems with joints (knees, ankles)? Y N _____
- 20. Have any skin problems (itching, rash, acne)? Y N _____
- 21. Have diabetes? Y N _____
- 22. Have asthma? Y N _____
- 23. Had mononucleosis in the past 12 months? Y N _____
- 24. Had problems with diarrhea/constipation? Y N _____
- 25. Have problems sleepwalking? Y N _____
- 26. If female, begun menstrual cycle? Y N _____
- 27. Ever had an eating disorder? Y N _____
- 28. Have ADD/ADHD? Y N _____
- 29. Ever been treated for depression? Y N _____
- 30. Ever been treated for blindness or deafness? Y N _____
- 31. Ever had problems with temper tantrums? Y N _____
- 32. Use crutches, wheelchair, walker, prosthesis, electric scooter? (You are required to send this equipment to camp.)

Immunizations: Up-to-date NOT Up-to-date; please explain _____

My child has **NO** restrictions while attending the week of Camp COCO.

Please list any physical restrictions or activity limitations (for example – no prolonged sun exposure, no competitive sports, sight or hearing loss, limb amputation, has difficulty walking distances, requires assistance to dress or eat).

1. Does your child require supplemental nutrition such as TPN or feeding/gastrostomy tube?

2. Cabins are assigned by chronological age. Is your child able to function at his/her age level?

Camper's Name: _____

3. Is there anything we should know about your child that will make his/her adjustment to camp smoother? Is this his/her first time away from home without you? Are there any behavioral issues that we should know that would enable us to assist your child while he/she is at camp? _____

4. Please indicate any further information about your child's medical or emotional needs that you feel we should know. Any special or unusual bedtime rituals? _____

5. Does your child have any special interests or hobbies? Favorite sports or activities? _____

PRN (AS NEEDED) MEDICATION CONSENT

Please check off whether your camper is able to receive these PRN medications and circle his/her preferred type of that medication. Your signature below authorizes the camp medical staff to administer such medications when they are needed throughout the week of camp.

<input type="checkbox"/> Acetaminophen (Tylenol)	Liquid	Chewable	Tablet	Given for headaches and mild pain relief
<input type="checkbox"/> Ibuprofen (Motrin, Advil)	Liquid	Chewable	Tablet	Given for headaches and mild pain relief
<input type="checkbox"/> Diphenhydramine (Benadryl)	Liquid	Chewable	Tablet	Given for allergy
<input type="checkbox"/> Loratidine (Claritin)	Liquid	Dissolvable tab	Tablet	Given for allergy
<input type="checkbox"/> Pseudoephedrine HCL (Sudafed)			Tablet only	Given for congestion
<input type="checkbox"/> Guaifenesin-DM (Robitussin)	Liquid only			Given for cough
<input type="checkbox"/> Magnesium-Simethicone (Mylanta)	Liquid only			Given for stomach indigestion/heartburn
<input type="checkbox"/> Calcium carbonate (TUMS)		Chewable only		Given for stomach indigestion/heartburn
<input type="checkbox"/> Docusate sodium (Colace)	Liquid		Capsule	Given for constipation
<input type="checkbox"/> Polyethylene glycol (Miralax)	Powder	Dissolve in:		Given for constipation

Parent/Guardian authorization:

The above/previous health history information is correct and complete as far as I know, and the person (camper/child) herein described has permission to engage in all camp activities except as noted by me or my child's physician.

Parent/Guardian Signature _____ Date _____

Printed name _____

RULES & REGULATIONS

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16. No camper shall go outside of camp boundaries except during regularly scheduled out-of-camp activities.
17. No camper shall go to the pool area unless accompanied by a staff member. No camper shall go in the water except during regular scheduled activities under supervision of a water safety instructor.
18. No camper may enter the cabin areas or cabins, other than their own, unless a counselor is present.
19. No one shall play with any fire-fighting apparatus at camp. All such equipment shall be kept in its designated place unless being used to extinguish a fire. This includes garden hoses unless supervised by staff.
20. It will be against camp regulations for any camper to have matches, lighters, knives (including pocket knives), guns of any kind in his or her possession. Threats or "claims" of having any unsafe items will be treated seriously and addressed as such.
21. Drugs and alcohol – The possession or use of controlled substances (including marijuana) and alcoholic beverages are forbidden by law. Possession or use of any alcoholic beverage or non-prescription drugs by campers is an indication that the individual has chosen to separate himself/herself from the camp community.
22. Smoking – Smoking is not permitted. It will be against camp regulations for any camper to have cigarettes in his or her possession.
23. Vehicles – No camper may ride in or on cars at any time, even if it is parked.
24. Use of Camp Equipment – Camp equipment is provided for camp to use – not personal use. Help us take care of it. See that it is properly used, not abused, and returned to its proper place. Wear and tear caused by normal use is expected, however, there can be a considerable loss of equipment through carelessness.
25. Borrowing – Campers are discouraged from borrowing each other's things.
26. Possession of Special Personal Equipment – Please do not bring valuable personal possessions (stereos, cameras, jewelry, cell phone, etc) to the camp since we cannot be responsible for them. Money is not required at camp. Campers are discouraged from bringing money to camp.
27. Gambling – Gambling is not permitted within the camp at any time.
28. Language – Foul or abusive language is not permitted at camp.
29. Camper must adhere to all rules and are expected to be cooperative with every counselor and staff of Camp COCO as well as any volunteers.
30. No camper is allowed to strike or physically harm anyone at any time during camp. Words, attitudes and behaviors can be as destructive as physical harm and will be dealt with seriously.

I, as a parent of a child attending Camp COCO, have discussed the above with my child and agree that my child should follow the above behavior/conduct regulations and understand that if he/she does not follow them; I as a guardian/parent(s) may be called to pick him/her up from camp.

Signature of Parent/Guardian

Date

**SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE
PATIENT CONSENT AND AUTHORIZATION TO BE PHOTOGRAPHED,
FILMED, VIDEOTAPED AND/OR INTERVIEWED**

I/we, _____ hereby authorize the Board of Trustees of Southern Illinois University, and its School of Medicine ("SIU"), in partnership with _____ (when applicable), to photograph or otherwise record and use, reproduce, publish, distribute, broadcast, and exhibit my image, likeness, and/or voice, or that my child, by still or moving pictures, digital photographs or recordings, videotape, audiotape, and printed or other media (including, without limitation, the Internet), for any purpose, including advertising, news, promotion and/or educational purposes, such as presentations, and publications.

I understand and agree that such photographs and/or other recordings, and all copyrights and other rights and interests therein, shall be owned exclusively by SIU. I further understand and agree that such photographs and other recordings may be edited, cropped, or otherwise modified by SIU at its discretion, and that I waive any right to inspect or approve any finished product. I/we also waive any claims for defamation or copyright infringement connected with the above uses.

I/we hereby expressly release SIU, its trustees, officers, employees, volunteers, and agents, from any and all claims or demands that I or my child might have against any of them to any remuneration or damages in connection with the use of the photographs and other recordings referred to herein.

IN WITNESS WHEREOF this permission form is executed this _____ day of _____, _____

Child's name: _____

Signature/Designee

Printed Name

Street Address

City, State, ZIP

Telephone

CAMP COCO PARENTAL CONSENT AND WAIVER OF CLAIM FORM

I/We hereby give permission for my/our child, _____, to attend Camp COCO during the period from June 23 through June 28, 2019. Camp COCO will be held at Timber Pointe Outdoor Center on Lake Bloomington, Hudson, Illinois. Approximately 50 – 100 children between the ages of 6-17 years of age will be attending the camp. Camp COCO will be staffed by counselors and medical staff from SIU School of medicine and camp counselors supplied by Timber Pointe Outdoor Center. All personnel work under the direction of Timber Pointe Camp Director in conjunction with the Director of Camp COCO.

I/We understand the acceptance of my child at Camp COCO is contingent upon the recommendations of my/our child's physician, and I/we agree to have the physician fill out the required health form prior to my child coming to camp. I/We give my/our permission for my/our child to participate in all camp activities including, but not limited to, horseback riding, swimming and field trips unless any such activities are specifically contraindicated. I/We am assured that any activity requiring transportation via moving vehicle will have a driver 21 years of age or older and I/we release that driver from responsibility should there be an accident in which my/our child is injured which is not the fault of the driver. I/We understand that I/we will be called in the event of any major illness or injury. I/We will provide, or make provision for, my/our child's transportation to and from camp. I/We also understand that Camp COCO at Timber Pointe Outdoor Center assumes no responsibility for my child's property.

I/We understand that camp offers a variety of activities that are potentially dangerous which could result in injury and even death, such as swimming, canoeing, rock climbing, horseback riding and field trips. I/We understand that although Camp COCO has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible for Camp COCO to guarantee absolute safety. Further, I/we waive any claim which may arise against the Board of Trustees of Southern Illinois University and/or its employees as a result of the campers' participation in the camp program. I/We acknowledge that there can be no guarantee of absolute safety or the risk and unforeseen accidents, and consent to the participation of the above named participant in the camp session. Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the activities at Camp COCO, on behalf of my/our child, his/her family, heirs and personal representative(s), I/we agree to assume all the risks and responsibilities surrounding my/our child's participation in the activities at Camp COCO including transportation related thereto, and in advance release, waive, forever discharge, and covenant not to sue the Board of Trustees of Southern Illinois University and its members, officers, agents, employees, representatives, and volunteers, (the "Releasees") from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I/we may have or that may hereafter accrue to us, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by my/our child or by any property belonging to me/us or my child, whether caused by the negligence of carelessness of the Releasees, or otherwise, while in, on, upon, or in transit to or from the premises where Camp COCO, or any of Camp COCO's activities occur or is being conducted.

Although I/we remain free to withdraw my/our child from camp at any time, I/we understand that, in order for my/our child to derive full benefit from the experience, it is expected that he/she will be permitted to complete the camping experience without parental intervention.

I/We have discussed and reviewed the attached Camp COCO Behavior/Conduct Regulations with my/our child. I/We understand that failure to abide by these rules could result in appropriate consequences. I/We understand that Camp COCO staff will do their best to deal with any questionable situation responsibly, but I/we understand that Camp COCO has the right to send a camper home immediately if it is felt that the incident warrants it, in the sole discretion of Camp COCO staff.

Parent/Guardian Initials _____ Date _____

CONSENT TO TRANSPORTATION AND PROMOTIONAL ACTIVITIES

I/We give permission for my/our child to be transported by employees, officers or agents of Camp COCO including transportation however required to and from the organized activities.

I/We hereby give the Board of Trustees of Southern Illinois University School of Medicine full permission to record and use, copyright, reproduce, publish, distribute, and exhibit my child’s picture, likeness, and/or voice by videotape, photograph, or audiotape for purposes of undergraduate and graduate medical education or news oriented programming disseminated via cable or broadcast television media. I hereby waive any right that I may have to inspect and/or approve the finished product or the use to which it may be applied.

I certify that the following statements have been fully covered to my satisfaction:

- 1. I understand that I do not have to permit my child to be videotaped, photographed, or audiotaped unless I so desire, and that I may stop my child’s participation in any of these activities at any time without prejudice.
- 2. I understand that I will not receive any personal compensation, but that my child’s participation could serve an important purpose for health and patient education.

Parent/Guardian Initials _____ Date _____

CONSENT TO MEDICAL AND EMERGENCY CARE

I/We give permission to the medical personnel of Camp COCO or to the medical personnel selected by Camp COCO to act on my/our behalf and administer the necessary medical care to my/our child. It is understood that all attempts possible will be made to contact me/us in the event that emergency care or otherwise is required.

I/We consent to the administration of oral therapies and appropriate medical care as necessary, by qualified medical personnel of Camp COCO.

Medication Policy: All medications submitted at registration **MUST** be in the **ORIGINAL CONTAINER WITH THE CAMPER’S NAME PRINTED ON THE BOTTLE**. This includes over-the-counter medications. Ziploc bags, other bottles, bottles printed with someone else’s name, or any other type of container besides the original, **will not be accepted**. Actual dosage listed on the bottle must be followed unless there is a written note from the prescribing doctor outlining different indications. **There can be no exceptions to this policy.**

Parent/Guardian Initials _____ Date _____

TERMS TO CONTINUE UNTIL PROVOKED IN WRITING

The Child Consent and Waiver Form shall become effective as the date last signed below.

In signing this Release, I/we, as the parent or legal guardian of my/our child, acknowledge and represent that we have fully informed ourselves of the content of the foregoing waiver of liability and hold harmless agreement by reading it before signing, and I/we understand that we sign this document as a free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made.

This form shall bind me/us, my/our representatives, successors and/or administrators.

Signature of Legal Guardian/Parent and Date

Witness Signature and Date

Signature of Legal Guardian/Parent and Date

Witness Signature and Date



Participant Name:

Program:



Participant and/or Parent/Guardian Consent and Release of Liability



PLEASE READ THIS SECTION CAREFULLY BEFORE SIGNING, and be aware that in participating in any program whether it be a program of Central Illinois Easter Seals, Timber Pointe Outdoor Center, a Contracted Partner Group, a Guest Rental Group, a Fund Raiser, the Teams Challenge Course, or the High Ropes Course, using or renting Timber Pointe Outdoor Center facilities and/or equipment, you will be waiving and releasing all claims for injuries, loss, or property damage that you (or your child) might sustain arising in any manner from programs, activities, events, and/or the use of the facilities or equipment. *This section must be filled out and signed by each participant (or their parent/guardian) or they will not be allowed to participate or use the facilities or equipment at Timber Pointe Outdoor Center.*

Acknowledgement of Risk or Injury Clause—As a participant in the program or event, I recognize the risk and acknowledge that there are certain risks of physical injuries, including death, damages, property damage, or loss which I (or my child) may sustain as a result of participating in any and all activities connected with such programs, events, and/or the use of the facilities or equipment.

Waiver of Claim for Injury Clause—I agree to waive and relinquish all claims that I (or my child) may have for injuries or damages, as a result of participating in the programs, events, and/or using the facilities or equipment, against National Easter Seals Easter Seals, Central Illinois, Easter Seals Timber Pointe Outdoor Center, and their officers, agents, servants, employees, and affiliates.

Release from Liability Clause—I do hereby fully release and discharge National Easter Seals, Easter Seals Central Illinois, Easter Seals Timber Pointe Outdoor Center, and their officers, agents, servants, employees, and affiliates from any and all claims for injuries, including death, damages, property damage, or loss which may have or which may in the future accrue to me (or my child) on account of participation in the program, events, and/or use of the facilities or equipment.

Indemnity and Defense Clause—I further agree to indemnify and hold harmless and pay defense costs and defend National Easter Seals, Easter Seals Central Illinois, Easter Seals Timber Pointe Outdoor Center, and their officers, agents, servants, employees, and affiliates from any and all claims resulting from injuries, including death, damages, property damage, and/or loss sustained by me (or my child) and arising out of, connected with, or in any way associated with the activities of the program, event, or the use of the facilities or equipment.

Consent to Medically Treat —While participating at Easter Seals' Timber Pointe Outdoor Center; if an accident should occur requiring medical and/or surgical treatment, I authorize Easter Seals' Timber Pointe Outdoor Center Executive Director or the designated responsible person to select and empower the local EMS system, nurses, physicians and/or surgeons to administer medical care to me. I absolve Easter Seals Timber Pointe Outdoor Center staff, nurses, physicians and/or surgeons from any and all liability for their acts rendered in good faith.

Consent to Medically Treat Minor—The undersigned, in case of emergency and in the event the undersigned cannot be reached by telephone, does hereby give permission for medical treatment by a physician or hospital selected by the Executive Director. Such permission shall include any and all medical treatment which is necessary or desirable in the absolute discretion of any such physician or hospital. **The undersigned recognizes the right of the Executive Director, in his/her absolute discretion, to terminate the undersigned's stay at any time due to disciplinary or medical actions which might jeopardize the camper's or others' health, safety, or well being at camp.** The undersigned further agrees to pick up the participant immediately upon being notified of such termination. If someone other than the undersigned is to pick up the applicant at the end of the camp session, such person must present **written** authorization from the undersigned.

Signature of Participant

Emergency Contact Name and #

Date

MINOR CONSENT TO PARTICIPATE & TREAT: I hereby give my permission for the participant (named above) to attend the program or event for which he/she is registering for and in the event of an accident/illness, Timber Pointe Outdoor Center administration has my permission to secure emergency medical care as needed until I can be reached.

Signature of Parent or Guardian of Minor Participant if participant is under the age of 18

Emergency Contact Name and #

Date

Camper Name:

Guardian Name:

Parent/Guardian or Applicant Agreement, Consent, and Release:

PLEASE READ THIS SECTION CAREFULLY BEFORE SIGNING, and be aware that in registering and participating in this program, and using the facilities and equipment, you will be waiving and releasing all claims for injuries, loss, or property damage that you (or your child) might sustain arising in any manner from this program or the use of the facilities or equipment. This section must be filled out and signed by each participant (or their parent/guardian) or they will not be allowed to participate or use the facilities or equipment.

Acknowledgement of Risk or Injury Clause—As a participant in the program, I recognize the risk and acknowledge that there are certain risks of physical injuries, including death, damages, property damage, or loss which I (or my child) may sustain as a result of participating in any and all activities connected with such program and/or the use of the facilities or equipment.

Waiver of Claim for Injury Clause—I agree to waive and relinquish all claims that I (or my child) may have for injuries or damages, as a result of participating in the program and/or using the facilities or equipment, against National Easter Seals and Easter Seals Inc., and their officers, agents, servants, employees, and affiliates.

Release from Liability Clause—I do hereby fully release and discharge National Easter Seals and Easter Seals Inc., and their officers, agents, servants, employees, and affiliates from any and all claims for injuries, including death, damages, property damage, or loss which may have or which may in the future accrue to me (or my child) on account of participation in the program and/or use of the facilities or equipment.

Indemnity and Defense Clause—I further agree to indemnify and hold harmless and pay defense costs and defend National Easter Seals, Easter Seals Inc., and their officers, agents, servants, employees, and affiliates, from any and all claims resulting from injuries, including death, damages, property damage, and/or loss sustained by me (or my child) and arising out of, connected with, or in any way associated with the activities of the program or the use of the facilities or equipment. The undersigned, in case of emergency and in the event the undersigned cannot be reached by telephone, does hereby give permission for medical treatment by a physician or hospital selected by the Executive Director. Such permission shall include any and all medical treatment which is necessary or desirable in the absolute discretion of any such physician or hospital. **The undersigned recognizes the right of the Executive Director, in his/her absolute discretion, to terminate a camper's stay at any time due to disciplinary or medical actions which might jeopardize the camper's or others' health, safety, or well being at camp.** The undersigned further agrees to pick up the camper immediately upon being notified of such termination. If someone other than the undersigned is to pick up the applicant at the end of the camp session, such person must present **written** authorization from the undersigned.

Photographic Release—In consideration of the furtherance of the purpose of National Easter Seals and Easter Seals Inc., I hereby grant permission to the same, to their officers, agents, and employees to take photographs or video of me (or my child) and to use my name in connection with any and all such photographs and in connection with any news release or story, and further, to use and distribute for publication any and all such photographs, video, news releases, and stories for any purpose they may deem proper. In granting such permission, I hereby relinquish any right, title, and interest I may have in such photographs, video, news releases, and stories and grant National Easter Seals and Easter Seals Inc., the right to use these products.

➡ **Yes, I give permission for myself, (Adult Camper or Staff Member) or my child to be photographed.**

OR

➡ **No, I do not give permission for myself, (Adult Camper or Staff Member) or my child to be photographed.**

If camper or staff member is UNDER age 18:

If camper or staff member is age 18 or older:

Signature of Parent or Guardian

Date

Signature of Adult Camper or Staff Member

Date



easterseals
Central Illinois

PARTICIPANT RELEASE FORM

Timber Pointe Outdoor Center Teams Challenge Course

Please print all information:

Participant's Name _____

Address _____ City, State, Zip _____

Phone _____ Sex _____ Medical Insurance Coverage _____

Emergency Contact Name _____

Emergency Contact Phone _____

Has your medical professional approved this activity? _____

Please list any medical information which may limit participation on the Teams Challenge Course _____

PROGRAM DESCRIPTION

The Timber Pointe Teams Challenge Course is an adventure-filled activity where groups of individuals attempt to conquer a set of pre-established objects and situations as a team. Objectives of the Teams Course include building group skills, teamwork, development of an appreciation for individual abilities and enhancing group structure. All course facilitators have extensive training and are certified in procedures and safety.

PLEASE READ – IMPORTANT INFORMATION

Easterseals is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize, however, that there is an inherent risk of injury when choosing to participate in such activities. Easterseals continually strives to reduce such risks and insists that all participants follow safety rules and instructions, which have been designated to protect the participant's safety. Please recognize that Easterseals does not carry medical accident insurance for injuries sustained in its programs. The cost of such insurance would make program fees prohibitive. Therefore, each person registering himself or herself or a family member for the Teams Challenge activity should review his or her own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make Easterseals responsible for the payment of medical expenses. Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the center requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

WARNING OF RISK AND WAIVER AND RELEASE OF ALL CLAIMS

The Timber Pointe Outdoor Center Teams Challenge Course is an activity in which, despite careful and proper preparation, instruction, skill level, medical advice, conditions, and equipment, there is still a risk of injury, including death. You are responsible for determining if you are physically fit and properly skilled for this activity. Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above program, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the Teams Course program.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participation in the program against Easterseals/Timber Pointe Outdoor center and its officers, agents, servants, and employees.

I do hereby fully release and discharge Easterseals/Timber Pointe Outdoor Center and its officers, agents, servants, and employees from any and all claims from injuries, damage, or loss which I or my minor child/ward may have or which may occur to me or my child/ward and arising out of, connected with, or in any way associated with the activities of the Teams Course.

I further agree to indemnify and hold harmless and defend Easterseals/Timber Pointe Outdoor Center and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the Teams Course.

In the event of an emergency, I authorize center officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child's/ward's immediate care, and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above program details, waiver and release of all claims and permission to secure treatment.

Photographic Release—In consideration of the furtherance of the purpose of National Easterseals and Easterseals, I hereby grant permission to the same, to their officers, agents, and employees to take photographs or video of me and to use my name in connection with any and all such photographs and in connection with any news release or story, and further, to use and distribute for publication any and all such photographs, video, news releases, and stories for any purpose they may deem proper. In granting such permission, I hereby relinquish any right, title, and interest I may have in such photographs, video, news releases, and stories and grant National Easterseals and Easterseals the right to use these products.

Signature of Participant (18 years or older) or Parent/Guardian:

Sign _____ Date _____

THIS FORM MUST BE SIGNED BY THE PARTICIPANT OR THE PARTICIPANT'S PARENT/GUARDIAN (if the participant is under the age of 18 years) OR PARTICIPATION WILL BE DENIED.

WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

WARNING

Following is the Illinois Equine Activity Act 745 I.L.C.S. 47/1.

WARNING

Under the Illinois Equine Activity Act, each participant who engages in an equine activity expressly assumes the risk of engaging in and is legal responsibility for injury, loss, or damage to person or property resulting in the risk of equine activities.

BEFORE SIGNING, PLEASE READ THIS ENTIRE DOCUMENT!!

The undersigned individual for himself or herself, his or her spouse and/or his or her children, ward, or any other minor he/she is representing with consent of minor's Parent/Legal Guardian to legally act as guardian (hereinafter collectively and individually referred to as the "Undersigned"), releases and holds harmless TIMBER POINTE OUTDOOR CENTER and anyone associated with the Timber Pointe Outdoor Center including, but not limited to the Rockin' P Public Riding Ranch, Inc. and their (Timber Pointe Outdoor Center and Rockin' P Public Riding Ranch, Inc.) respective owners, officers, directors, agents, clients, volunteers, independent contractors and employees (hereinafter collectively and individually referred to as the "Released Parties"), from any liability, claim or suit that may result directly or indirectly, wholly or in part, from the Undersigned's participation, rental, use or misuse of any equipment, animals or services furnished by the Released Parties.

(Initial) BY SIGNING THIS AGREEMENT, THE UNDERSIGNED ACKNOWLEDGES/ ACCEPTS ALL RISKS THAT INCLUDES BUT ARE NOT LIMITED TO THE FOLLOWING:

1. THE PROPENSITY OF ANY EQUINE, WHICH INCLUDES HORSES, PONIES, MULES, DONKEYS, OR HINNIES, TO BEHAVE IN WAYS THAT MAY RESULT IN INJURY OR HARM, OR DEATH TO THE PERSONS ON OR AROUND THEM INCLUDING THE UNDERSIGNED;
2. THE PROPENSITY OF AN EQUINE TO BE UNPREDICTABLE IN ITS REACTION TO SOUNDS, SUDDEN MOVEMENT, AND UNFAMILIAR OBJECTS, PERSONS INCLUDING THE UNDERSIGNED, OTHER ANIMALS, ETC.;
3. THE POSSIBILITY OF AN EQUINE TO ENCOUNTER THE HAZARDS OF SURFACE OR SUBSURFACE CONDITION THAT RESULT IN INJURY OR DEATH TO THE UNDERSIGNED*;
4. THE POSSIBILITY OF EQUINE COLLIDING WITH OTHER EQUINES OR OBJECTS THAT COULD RESULT IN INJURY TO THE UNDERSIGNED;
5. THE POTENTIAL OF THE UNDERSIGNED, OR AN OTHER PARTICIPANT TO ACT IN A NEGLIGENT MANNER THAT MAY CONTRIBUTE TO INJURY TO THE UNDERSIGNED OR OTHERS, SUCH AS FAILING TO MAINTAIN CONTROL OVER THE EQUINE OR NOT ACTING WITHIN HIS/HER ABILITY;
6. THE POSSIBILITY OF TACK FAILURE. TO THE BEST OF OUR KNOWLEDGE, TACK IS SOUND AND PROPERLY SECURED, HOWEVER, THERE IS A POTENTIAL OF FAILURE WHICH COULD RESULT IN FALLING FROM HORSES CAUSING SERIOUS INJURY AND/OR DEATH. THIS INCLUDES BUT IS NOT LIMITED TO THE POTENTIAL OF THE SADDLE GIRTHS LOOSENING DURING THE RIDE. NOTIFY A GUIDE OR SOMEONE IMMEDIATELY IF YOU FEEL TACK MAYBE INSECURE OR FAULTY;
7. THE POSSIBILITY, IF OTHER SERVICES ARE PROVIDED INCLUDING BUT NOT LIMITED TO A HAYRACK RIDE, LESSONS, CAMP ACTIVITIES THERE IS A RISK OF EQUIPMENT FAILURE, EQUIPMENT COLLISION, AND/OR HAZARDS OF SURFACE OR SUBSURFACE CONDITIONS THAT COULD RESULT IN INJURY OR DEATH TO THE UNDERSIGNED*;
8. THE NEED TO NOTIFY A GUIDE IF AT ANY TIME UNDERSIGNEDS FEELS THEY ARE IN DANGER, UNCOMFORTABLE, OR HAVE A QUESTION.

*Illustration: Unsatisfactory surface conditions caused by water, ice, snow, mud, or other substances that may effect footing; holes, ditches, culverts, fallen trees, branches, building materials, and debris that may or may not be apparent to Equines, Equipment or Participants; fence posts, gates, branches and other similar obstructions that may effect Equines, Equipment or Participant; subsurface conditions such as animal burrows that may cause the soil to provide inadequate support; any other surface or subsurface that may or may not be apparent to Equines or Participants and that may effect Equines, Equipment and Participants. This illustration and list of items is not exhaustive and is intended only to illustrate hazards of surface or subsurface,

(Initial) INSURANCE – BY SIGNING BELOW YOU, THE UNDERSIGNED, AGREE (for self and/or Minor(s) for which you are Parent/Legal Guardian/ Authorized Adult) IF MEDICAL TREATMENT OF ANY TYPE OR KIND BE REQUIRED, THAT YOUR or MINOR(S)' PERSONAL INSURANCE COMPANY AND/OR PERSONAL FUNDS SHALL PAY FOR ALL SUCH INCURRED EXPENSES INCLUDING BUT NOT LIMITED TO SERVICES PROVIDED BY HOSPITAL, DOCTOR(S), AND CLINICS. THE RELEASED PARTIES WILL NOT BE HELD LIABLE FOR ANY CLAIMS OR SUITS OF ANY TYPE OR KIND.

(Initial) BY SIGNING THIS WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT the Undersigned acknowledges that they have read and accepts this agreement. They and anyone associated with them, including but not limited to all of their heirs, do hereby voluntarily and forever releases, holds harmless and discharges the Released Parties from any and all claims, suits, actions, and/or liability of any type or kind (including but not limited to, damages for personal injury – hereinafter "personal injury" is understood to also include disabling injury that could alter life's activities and even death) that the Undersigned at any time may have or sustain as a result of participating in services provided, including but not limited to horse rental (i.e. Trail Ride), pony-on-a-lead, hayrack ride, day clinics, lessons, receiving instructions, receiving goods, or anything else connected with the Released Parties or other acts or omissions of any time or kind relating to the Released Parties. The Undersigned fully understands, acknowledges and agrees that there is a possibility of accidental or other physical injury when participating in services such as horse rental, pony leads, hayrack rides, day clinics, lessons etc. Nonetheless, the Undersigned further agrees to assume the risk of personal injury, and any and all other risk or any loss or injury of any type or kind whatsoever, including loss of use and any other indirect or consequential damages which the undersigned may suffer, resulting directly or indirectly, wholly or in part, from Released Parties services including but not limited to horse rental, pony-on-a-lead, and hayrack ride. Undersigned further agrees to indemnify and hold harmless the Released Parties from any and all loss, cost or expense suffered, and claims, demands, actions damages, and judgments of any nature asserted against the Released Parties as a result of the Undersigned's renting and/or participating in any services offered by the Released Parties.

(Initial) I, the Undersigned, have signed this WAIVER AND RELEASE OF LIABILITY AND IDEMNITY AGREEMENT form freely and willingly, without any pressure of any kind from anyone. I fully understand all of the contents of this Agreement and acknowledge that I and Minor(s) I am signing for have received instructions on the proper use of equipment (including tack) and/or horses/animals(s)/equipment rented. If signing as an Adult Representative for Minor(s), I acknowledge that I have permission from Minor(s)' parent or legal guardian to act as their legal guardian and to sign this waiver of liability. I take full responsibility for said Minor(s). I acknowledge that parent and/or legal guardian has stated that they will abide by all stated restrictions and releases in this form including but not limited to the agreement that the Timber Pointe Outdoor Center and Rockin' P Ranch Inc. or anyone associated with them (Released Parties), will not be held liable for any type or kind of expenses, claims and/or suits. This agreement will remain in effect until one or both parties cancel.

(Initial) COST AND FEES: In the event that Undersigned shall commence litigation in respect to this WAIVER AND RELEASE OF LIABILITY AND IDEMNITY AGREEMENT form, the Undersigned will be responsible for all cost and expenses, including attorney's fees incurred by BOTH parties as result.

SIGNATURE: _____ **DATE** ____ / ____ / ____
UNDERSIGNED- ADULT RENTER/PARTICIPANT MONTH DAY YEAR

ADDRESS: _____ **PHONE:** _____

FOR MINORS SIGN BELOW

NAME OF MINOR RENTER/PARTICIPANT FOR WHOM I AM LEGALLY RESPONSIBLE: _____

SIGNATURE: _____ **DATE** ____ / ____ / ____
UNDERSIGNED - PARENT/ LEGAL GUARDIAN/ADULT REPRESENTATIVE OF MINOR MONTH DAY YEAR



Camp COCO 2019

History and Physical

Camper's Name: _____

To be completed by Pediatric Hematologist/Oncologist or primary physician treating the child.
Form can be returned via fax to 217-545-4788.

Patient's previous or current oncologic/hematologic diagnosis:

Date of most recent treatment and drugs received:

Other medical conditions:

Past surgical history:

Central venous access:

- Patient has an implanted port
- Patient has an external central line

My patient DOES DOES NOT have permission to go swimming in a chlorine-treated swimming pool. Entire line including tubes will be covered with a large occlusive dressing and all dressings will be changed immediately following swimming.

Physician Signature: _____ Date: _____

Transfusion history including most recent date: _____

Bone marrow/Stem Cell transplant: Autologous _____ Allogeneic _____

date date

Complications/Late effects of transplant:

Immunizations: Up-to-Date NOT Up-to-Date; please explain: _____

CURRENT MEDICATIONS

MEDICATION	DOSE	ROUTE	FREQUENCY

Camper's Name: _____

VITAL SIGNS

HEIGHT	WEIGHT	TEMP	PULSE	RESP	B/P

PHYSICAL EXAMINATION

	NORMAL	COMMENTS
General		
HEENT		
Mouth/Dental		
Neck		
Respiratory		
Cardiovascular		
Gastrointestinal		
Genitourinary		
Lymphatic		
Skin		
Back, Extremities, Musculoskeletal		
Neurological		
Psychiatric		

Patient has **NO** physical restrictions while attending camp for the week.

Please list any physical restrictions for the patient while attending camp.

Please provide any other pertinent information including social history that will assist in the care of your patient while attending Camp COCO.

On the basis of this examination, on this date, I approve this child's participation in Camp COCO with the restrictions/limitations as written above.

Physician Signature

Date

Printed Name of Physician

Phone

Address

Fax

campers currently receiving treatment must bring a copy of their most recent laboratory results.