



Camp Ronald McDonald for Good Times®

1250 Lyman Place, Los Angeles, CA 90029

www.rmhcsc.org/camp

Phone (310) 268-8488

Fax (310) 473-3338

This application is available to any child who is being or has been treated for cancer and their family members without regard to race, color, gender, religion or national origin. Due to limitations of space, and to offer Camp to other families, only brothers and sisters of patients and two adults per family are allowed. Final acceptance into Camp shall be determined after thorough review of expected medical and behavioral condition at time of session.

Patient Camper's First Name _____ Last Name _____

Patient's Age _____ Birth Date ____/____/____ Male Female Will this be your first time attending camp: Yes No

2019 FAMILY CAMP SESSIONS - Pick session and transportation (Family Campers limited to one session per year)

Transportation:

Sessions	Dates	*Patient Age	Bus from Los Angeles	Bus from Loma Linda	Drive to Camp
Family Camp 1	<input type="checkbox"/> April 26 th -28 th	Infant - 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Camp 2	<input type="checkbox"/> May 3 th -5 th	Infant - 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campamento Familiar 1	<input type="checkbox"/> May 10 th -12 th (Spanish Speaking)	Infant - 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Camp 3	<input type="checkbox"/> September 13 th -15 th	Infant - 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campamento Familiar 2	<input type="checkbox"/> October 4 th -6 th (Spanish Speaking)	Infant - 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Family Camp is for patient's ages 0-8 OR First-time Families

FAMILY ACCOMODATIONS

Camp Ronald McDonald for Good Times' families stay in comfortable, but modest cabins. Each cabin is heated, has electrical outlets and bunk-style beds with mattresses. All cabins have toilet rooms within the cabin and showers attached or close by. Each family will **share a cabin with at least one other family**. We match families based on camp experience and similar age of children to provide the best support experience possible and to provide opportunities for camper families to get to know each other.

FAMILY CONTACT INFORMATION

Address _____ Home Phone (_____) _____
 City _____ State _____ Zip Code _____ Mom Cell Phone (_____) _____
 Email _____ Dad Cell Phone (_____) _____
 County _____ Primary Language Spoken at Home: English Spanish
 Hospital _____ Other _____
 Patient's Mother's/Guardian's Name _____ Work Phone(_____) _____ Employer _____
 Patient's Father's/Guardian's Name _____ Work Phone(_____) _____ Employer _____
 Patient lives with: _____ If child does not live with both parents, who has legal custody? _____

FAMILY INFORMATION: This information will not affect your family's ability to attend Camp Ronald McDonald for Good Times

Number of People in Household: _____
 Family Ethnicity: African-American Asian / Pacific Islander Caucasian Latino American Indian Other
 Family Income: \$0-\$24,000 \$24,001-\$30,000 \$30,001-\$35,000 \$35,001 - \$40,000
 \$40,001-\$70,000 \$70,001-\$90,000 \$90,001 - Above
 Approximate Annual Medical Expenses: _____
 Preferred Language: _____

EMERGENCY CONTACT(S): Person to be contacted in case of an emergency other than a family member at Camp

Name _____ Relationship to Child _____

Work Phone () Home Phone () Cell Phone ()

Family Members Attending (other than patient): **In the field below, please write Relationship to PATIENT*

1. First Name Last Name Relationship Birth date / /

Dietary restrictions and/or special food, if necessary:

List any medications taken regularly

Indicate any recent Injuries, hospitalizations (last 2 yrs), restrictions or limitations that may affect participation in camp activities

2. First Name Last Name Relationship Birth date / /

Dietary restrictions and/or special food, if necessary:

List any medications taken regularly

Indicate any recent Injuries, hospitalizations (last 2 yrs), restrictions or limitations that may affect participation in camp activities

3. First Name Last Name Relationship Birth date / /

Dietary restrictions and/or special food, if necessary:

List any medications taken regularly

Indicate any recent Injuries, hospitalizations (last 2 yrs), restrictions or limitations that may affect participation in camp activities

4. First Name Last Name Relationship Birth date / /

Dietary restrictions and/or special food, if necessary:

List any medications taken regularly

Indicate any recent Injuries, hospitalizations (last 2 yrs), restrictions or limitations that may affect participation in camp activities

5. First Name Last Name Relationship Birth date / /

Dietary restrictions and/or special food, if necessary:

List any medications taken regularly

Indicate any recent Injuries, hospitalizations (last 2 yrs), restrictions or limitations that may affect participation in camp activities

6. First Name Last Name Relationship Birth date / /

Dietary restrictions and/or special food, if necessary:

List any medications taken regularly

Indicate any recent Injuries, hospitalizations (last 2 yrs), restrictions or limitations that may affect participation in camp activities

FAMILY MEDICAL INFORMATION: (To be filled out by Parent or Guardian)

Indicate if any attending family member(s) has any of the following allergies or conditions:

- Insect Bite Allergy - If yes, who
- Hay Fever - If yes, who
- Severe Food Allergy - if yes, who & what
- Asthma - If yes, who
- Epilepsy - If yes, who
- Heart Condition - If yes, who
- Other

Recent operations or serious injuries:

Do you or your child use any special equipment such as wheelchair, prosthesis, crutches, walker or shower chair? Yes No

Describe

Family Physician Phone Number ()

PATIENT MEDICAL INFORMATION: (To be filled out by Parent or Guardian)

Patient Diagnosis

Hospital:

Does child have a portacath? Yes No

Does child have a central venous catheter (Hickman or Broviac catheter or PICC)? Yes No

Will the child need help with heparin flushes/ dressing changes? Yes No

Are there other special needs your child has that the nursing/medical staff should know about? (i.e. Shunt, G-tube, TPN, Ostomy, Diet/special foods)

→NOTE: Parents/Guardians are responsible for the administration of their family's medications. Our medical staff is available to assist you. PLEASE BE SURE TO BRING ALL MEDICATIONS, SUPPLIES, & EQUIPMENT WITH YOU TO CAMP.

Conditions of Family Camp Enrollment

Name of Patient Camper: _____
(Print Clearly)

The well being of each camper is of paramount importance to the staff of Camp Ronald McDonald for Good Times. The following acknowledgment and release is both a requirement of insurance coverage and an important reminder to you and your family.

1. I understand the programs offered through Camp Ronald McDonald for Good Times may take place in a wilderness environment and may include but is not limited to the following potentially hazardous activities: Hiking, camping, environmental education, swimming, initiative activities, high/low ropes course events, bouldering, and transportation. These potentially hazardous activities can cause personal injury, property damage, death or illness. I understand that Camp Ronald McDonald for Good Times does not require that I, or my child participate in the camp experience. In recognition of the potentially hazardous nature of participation, I, or my child, my heirs and assigns, hereby release and discharge Camp Ronald McDonald for Good Times and Ronald McDonald House Charities of Southern California and their directors, trustees, employees and staff from all claims and liability including all claims and liabilities from negligence arising from participation. I further agree to hold harmless and indemnify Camp Ronald McDonald for Good Times and Ronald McDonald House Charities of Southern California and its agents for all defense costs, including attorney's fees, and any other costs resulting in connection with my participation in this activity.

It is the intention of the undersigned to exempt and relieve Camp Ronald McDonald for Good Times and Ronald McDonald House Charities of Southern California and their directors, trustees, employees and staff from liability for personal injury, property damage or wrongful death caused by negligence.

2. Camp Ronald McDonald for Good Times and Ronald McDonald House Charities of Southern California accept no responsibility for the loss, damage or theft of property.
3. Should either parent or guardian that is not attending the Family Camp session, leave their place of residence; you will advise the camp administration where you can be contacted in case of emergency.
4. Camp Ronald McDonald for Good Times and Ronald McDonald House Charities of Southern California accident insurance program represents secondary coverage for campers. Any and all claims must be submitted primarily to the family's insurance company.

→ Medical claims go to: No Insurance
 MediCal # _____ CCS # _____
 Private Insurance (Name & Policy and/or Certificate #) _____
Ins. Co. Address _____ Ins. Co. Phone _____

5. In case of medical and/or surgical emergency, you authorize the medical staff of Camp Ronald McDonald for Good Times to render to or arrange for you or your family member to receive any x-rays, anesthetic, medical, dental, surgical diagnosis, treatment, and hospital care which is deemed advisable by and is to be rendered under, the supervision of any physician, dentist or surgeon licensed under the provisions of the California Medical Practice Act/or the California Dental Practice Act. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.
6. Camp Ronald McDonald for Good Times and Ronald McDonald House Charities of Southern California have absolute permission to use your and /or your family members image in print or on tape or film for any lawful purpose whatsoever.
7. All information is correct so far as I know and family herein described has permission to engage in all prescribed camp activities, except as noted by me and the examining physician.

I have read this entire release of claims and fully understand it. I have satisfied my questions and concerns regarding the above mention activities by talking with representatives of Camp Ronald McDonald for Good Times.

→ Parent/Guardian Signature: _____ Date: _____