



# Camp Jeremy 2019

## July 15<sup>th</sup> – 19<sup>th</sup>



*Camp Jeremy* offers an opportunity for transplant recipients and their siblings between the ages of 5 and 16 to participate in a wide range of activities including swimming, arts & crafts, nature study, archery, rock wall, tennis, beach volleyball, music, group games, and more.

*Camp Jeremy* is held at Mermaid Country Day Camp (MCDC), which is located at Mermaid Lake, Inc., a 65-acre recreation complex in Blue Bell, PA. This year, *Camp Jeremy* begins on Monday, July 15, 2019 and ends on Friday, July 19, 2019. *Camp Jeremy* begins around 9:00am each morning and ends at 3:30 pm each afternoon. Transportation is available from Al DuPont Children's Hospital and Gift of Life Donor Program.

The inspiration behind *Camp Jeremy* was Jeremy Clemens, a young heart transplant recipient who worked as a counselor at Mermaid Country Day Camp for several years. In his memory, his family is continuing in the tradition by having transplant recipients enjoy a week at camp.

**\*Limited spots available, please return this completed registration form as soon as possible!**

### Camp Facilities:

- Swimming Pool 70 x 30 meters
- Wading Pool
- Water slide and pool slides
- 7 Tennis Courts
- Tennis rebound wall
- 9 Hole, par 3 Golf Course
- 18 hole Miniature Golf Course
- 2 Miniature B-ball Courts
- 4 Baseball / Softball fields
- 5 multi-purpose athletic fields
- 3 Newcomb / Volleyball Courts
- Putting Green
- 3 Basketball Courts
- Street Hockey Court
- Tetherball Courts
- Archery Range
- Ceramics Studio
- Ropes Course
- Climbing Wall
- Playgrounds
- Game Room
- Jewelry Studio
- Arts and Crafts Pavilion
- Indoor space for rainy days

### PLEASE PRINT ALL INFORMATION

#### Registration Form:

\_\_\_\_\_

**Camper's Last Name**

\_\_\_\_\_

**Camper's First Name**

\_\_\_\_\_

**Camper's Date of Birth**

**Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Day Phone:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**My child's hospital for transplant follow-up:**

\_\_\_\_\_

**Type of Transplant:** \_\_\_\_\_

**Date of Transplant:** \_\_\_\_\_

Sibling

**Check One:**

- I will register my child and provide transportation to and from camp.
- I will register my child and will require transportation from:  
 \_\_\_\_\_ AI DuPont Children’s Hospital, Wilmington, DE  
 \_\_\_\_\_ Gift of Life Donor Program, 401 North 3<sup>rd</sup> St., Philadelphia, PA 19123

**\* Families will be contacted the week before camp with exact pick-up and drop-off times (typically 7:45 a.m. and 4:30 p.m.)**

**The Terms of Enrollment**

- Acceptance of a camper for enrollment is based on Mermaid Country Day Camp (MCDC)/Camp Jeremy receiving an accurately completed application.
- MCDC/Camp Jeremy have the right to limit transportation services.
- The camper and parents agree to abide by the rules and regulations set forth by MCDC/Camp Jeremy for the health, safety and welfare of the campers.
- MCDC/Camp Jeremy reserves the right to terminate the enrollment of any camper whose health condition, conduct, influence or behavior is deemed by MCDC/Camp Jeremy unsatisfactory or detrimental to the best interest of the camp and/or others at the camp.
- The camp will not be responsible for the camper’s equipment or personal belongings, while in transit or involved with camp activities.
- The parent or guardian gives Camp Jeremy permission to use photographs and videos of the camper in Camp Jeremy promotional materials. Please see additional Camp Jeremy Photo waiver.
- The parent or guardian’s signature authorizes the camper to travel in camp vehicles and participate in programs, activities and field trips sponsored by MCDC/Camp Jeremy.
- The campers must be covered by medical and hospitalization insurance provided by the parent or guardian for the duration of the camp season.

**I agree to comply with all of the terms of enrollment as stated above.**

\_\_\_\_\_

Parent or Guardian’s Signature                      Parent or Guardian’s Name *(Please Print)*      Date

**Please sign and return the registration form by Friday, June 14, 2019 to:**

*Gift of Life Donor Program, Attn: Karen Keener, 401 North 3<sup>rd</sup> St., Philadelphia, PA 19123*

*If you have any questions about Camp Jeremy, contact Karen Keener in the Community Relations Department at (215) 557- 8090, extension 1128, fax (215) 599-2051, or email kkeener@donors1.org*

# Medical Information Sheet

**\*Please Print All Information\***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Organ(s) Transplanted: \_\_\_\_\_ Date of (Last) Transplant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal code/Zip: \_\_\_\_\_

Bee Sting allergic:  Yes  No Other Allergies: \_\_\_\_\_

Circle: Boy/Girl Age: \_\_\_\_\_ Date or Birth: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_ - \_\_\_\_\_

Work: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

**In the event of an emergency and the primary contact listed above is not available, notify:**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_ - \_\_\_\_\_

Work: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_ - \_\_\_\_\_

Work: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Doctor Contact Information:**

Family Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Family Orthodontist: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Area Hospital Information:**

The Primary Hospitals in the servicing Blue Bell area are Suburban General and Einstein Medical Center Montgomery Hospital. In the event of an emergency and a choice is possible, which hospital would you prefer:

Check one:  Suburban General Hospital  Einstein Medical Center Montgomery Hospital

Will your child be taking any medications?  Yes  No

Will your child require help in taking this medication?  Yes  No

If yes, what type of medication is he/she taking? \_\_\_\_\_

Why are they taking this medication? \_\_\_\_\_

Do we have permission to give your child Children's Tylenol?  Yes  No

Is the camper allergic to any medications?  Yes  No

Does your child have any allergies?  Yes  No



**Medical Information Sheet Continued on Next Page**

Does the camper have any handicaps or chronic ailments that we should be aware of?

Yes  No If yes, list & explain: \_\_\_\_\_

Has the camper been identified with any learning disabilities, or other medical conditions that may effect participation in camp activities or programs?  Yes  No

List & explain: \_\_\_\_\_

Are there any specific activities that, for health purposes, should be limited or restricted?

List & explain the specific limitations: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Do you have any suggestions or health related information that would help camp personnel in helping the camper? \_\_\_\_\_

This medical information form is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Parent or Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Insurance Coverage**

I/We the parent(s) or guardian(s) of the enrolling camper, certify that the camper is covered by adequate medical/hospitalization insurance for the duration of the camp season. I/We understand therefore, that the cost of medical services due to any injuries sustained by the camper will be the financial responsibility of the parent or guardian. The camper enrolled is covered by the following medical/hospitalization insurance.

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Authorization**

I hereby give permission to the medical personnel selected by the camp director to provide emergency medical treatment. I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for the child mentioned above. This form may be faxed or photocopied. I hereby assume the responsibility for payment for any emergency medical treatment.

Parent or Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# Medical Waiver

This medical waiver must be completed by your physician in its entirety and submitted to Karen Keener, Community Relations Coordinator, by **Friday, June 14, 2019**.

Although you are conditionally registered for Camp Jeremy as a camper, **in order to participate in all of the activities your last transplant must have been functioning for at least six (6) months and you must be authorized by a physician to participate.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Organ(s) Transplanted: \_\_\_\_\_ Date of (Last) Transplant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal code/Zip: \_\_\_\_\_

Bee Sting allergic:  Yes  No Other Allergies: \_\_\_\_\_

List all prescription and non-prescription medications and dosages (attach additional sheets, if necessary):

\_\_\_\_\_  
\_\_\_\_\_

Swimming, Tennis, Golf, Basketball, Softball, Baseball, Tetherball, Archery, Volleyball, Ropes Course, Climbing and Street Hockey
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Please review the list of activities that this camper may participate in during Camp Jeremy and **mark statement A, B or C** below.

- A. NO RESTRICTIONS.** I have reviewed the proposed activities for Camp Jeremy and approve the **above named camper's participation in any combination of activities listed.**
- B. SOME RESTRICTIONS.** I have reviewed the proposed activities for Camp Jeremy and **do not approve his/her participation in the following events.**  
\_\_\_\_\_
- C. COMPLETELY RESTRICTED.** I have reviewed the proposed activities for Camp Jeremy and **do not approve his/her participation in any of the events listed.**

Is this individual in good general health?  Yes  No Blood Pressure: \_\_\_\_/\_\_\_\_ Diabetic:  Yes  No

Other special issues, special needs, comments:

\_\_\_\_\_  
\_\_\_\_\_

I certify that I have reviewed the above information, examined the above-named participant and have concluded that he/she is fit to participate in Camp Jeremy as indicated in statement above:

SIGNATURE OF PHYSICIAN: \_\_\_\_\_

Date of recipient's last physical: \_\_\_\_\_

Name of Physician (Please print): \_\_\_\_\_

Office Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please complete and return forms by Friday, June 14, 2019 to:**

**Gift of Life Donor Program, Attn: Karen Keener**

**401 North 3<sup>rd</sup> Street, Philadelphia, PA 19123**

**Fax: (215) 599-2051 Email:kkeener@donors1.org**



## Camp Jeremy Check List

**Please make sure all campers have the following items each day:**

- **Backpack** – Every kid will be responsible for carrying their own items.
- **Sunblock** – We are in the sun most of the day and reapply sunblock several times. Please make sure your child has the sunblock you prefer them to use every day.
- **Refillable Water Bottle** – Hydration is a must! Please pack a full water bottle for your child every day. There are stations to refill them throughout the day.
- **Sneakers & Socks** – Some of the activities require sneakers and socks, so if your child wears sandals to camp please make sure these are in their bag.
- **Bathing Suit & Towel** – One of the favorite activities at camp is swimming. All children will be given a swim test to determine what parts of the pool they are able to play in. If they do not have a bathing suit they are not allowed in the pool.

### Optional items to send to camp:

- **Snacks** – We eat lunch (provided by camp) at a scheduled time each day. If you think your child may require a morning/afternoon snack please provide one. Please **DO NOT** send candy or items that can melt.
- **Goggles** – These are not provided by camp, so if your child prefers them to swim please provide them.
- **Plastic Bag** – Please include a plastic bag if you would like wet items to stay separate.

### The following items are not allowed to be used at camp:

- **iPods/iPads**
- **Cell Phones**
- **Video Games**

Please contact Karen Keener if you have any questions at 215-557-8090, ext. 1128 or [kkeener@donors1.org](mailto:kkeener@donors1.org)



# Camp Jeremy 2019 Photo Release Form

Child's Name: \_\_\_\_\_

City and State: \_\_\_\_\_

Would you like us to send a photo of you to your local news media?  Yes  No

My Local Newspaper and Radio Stations are: \_\_\_\_\_

Yes, I consent to the use of photographs and the name of my child to promote organ and tissue donation. I understand that their name and photos may be used, but are not limited to newspaper articles, brochures, displays, television, radio and on the Gift of Life Donor Program's social media pages including: Facebook, Instagram, Pinterest, Twitter, and E-newsletters. I hereby acknowledge that this authorization is volunteered without obligation of any kind on the part of Gift of Life Donor Program, partners, their employees, and designated agents. This authorization is given without hope or expectation of reward or compensation of any kind. I hereby waive my right to inspect or approve materials which may from time to time be created by Gift of Life Donor Program and partners, which may include my name, image, photo, likeness or voice. I, together with my heirs, assigns, agent, guardians, and legal representatives hereby release Gift of Life Donor Program and partners from any and all claims, liabilities, and losses that may arise from its use of their name, image, photo, likeness and voice.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

As a parent, I am interested in learning more about:

- Volunteering
- Receiving Gift of Life's e-mail blast

Please contact Karen Keener with any questions: [kkeener@donors1.org](mailto:kkeener@donors1.org) or 215-557-8090.



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