



14248 F Manchester Road, PMB #310
Manchester, MO 63011

Phone: (314) 482-5973 Email: info@gatewayhemophilia.org

February 15, 2014

Dear Parents and Campers,

Gateway Hemophilia Association is excited to announce Camp Notaclotamongus 2014, for children with bleeding disorders! Camp will be held Wednesday, June 4th through Saturday, June 7th at the Living Well Village in Imperial, MO. Camp is located about a half hour south of downtown St. Louis. We invite children between the ages of 7 and 17 to attend. To be eligible for camp, the child must meet one of the following criteria:

- Diagnosed with hemophilia or another bleeding disorder
- Diagnosed as a carrier of hemophilia or another bleeding disorder

The purpose of Camp is to learn about bleeding disorders, develop skills to care for bleeding disorders and to have fun! Campers will have the opportunity to meet new friends and participate in a variety of traditional camp activities. The Gateway Hemophilia Association and the staff of volunteers want this to be an exceptional camp experience for all the campers!

Qualified medical staff from Cardinal Glennon HTC and St. Louis Children's Hospital HTC will be on site to address any medical issues that arise during your child's camp experience. Each camper's oral medications and factor will be inventoried and secured in the "Med Shed" by our camp medical staff. Dr. John Puetz will serve as our Medical Director and oversees all medical issues.

We at GHA feel that education is a very important aspect of camp and have included educational components with the goals of building self-confidence, treatment and management of their disorder, positive attitudes, appropriate decision making skills and independence. It is our hope that many children will learn self-infusion and make lifelong friendships during camp week.

Enclosed you will find the camp application, medical forms, and releases to return. **PLEASE REVIEW THESE FORMS CAREFULLY AND FILL THEM OUT COMPLETELY.** EACH FORM IS IMPORTANT. A registration fee per camper, payable to GHA is due along with these forms, at the time of application. Fee is as follows:

- Applications received **BY April 1: \$25 registration fee**
- Applications received **AFTER April 15: \$35 registration fee**
 - **NO applications accepted after May 1!!!**

EVERY CAMPER MUST TURN IN ALL FORMS BY THE DEADLINE, TO:

GHA Camp Notaclotamongus
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CAMP NOTACLOTAMONGUS - 2014
(Complete All Information)

Camper Name: _____ Birth Date: _____ Age: _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name of Parents or Guardian: _____

Address: _____
(If different from above)

Check the Preferred Phone # Home _____ Work _____ Cell _____

Phone #'s: Home () _____ Work () _____ Cell () _____

Email address: _____

Emergency Contact: Name _____ Relationship _____

Phone: () _____ 2nd phone: () _____

TRANSPORTATION

Arrival at camp (12-3 p.m.) on 6/4/14:

- I will bring my child to camp
- My child will ride with _____
- I am able to give another child a ride
- Please help me find a ride for my child

Pick up from camp on 6/7/14 awards 10:30 a.m.

- I will pick up my child
- My child will ride with _____
- I am able to give another child a ride
- Please help me find a ride for my child

LUNCH WILL NOT BE PROVIDED ON WEDNESDAY: Please eat lunch before arriving at camp

LUNCH WILL NOT BE PROVIDED ON SATURDAY: Please plan to eat after leaving camp

Camper's T-Shirt Size: Youth: S 2/4 M 6/8 LG 10/12 XL 14/16
Adult: S M LG XL 2X



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CAMP NOTACLOTAMONGUS – 2014
PARENT PROVIDED MEDICAL INFORMATION
(Complete All Information)

- The information on this form is to assist us in determining appropriate care for your camper.
- Health history must be filled out by parents/guardians of minors or by adults over the age of 18.

Name _____ DOB _____ Age _____
Last First

Home address _____
Street address City State ZIP

Gender: Male Female

Custodial parent/guardian _____ Home phone (____) _____

Home address _____
If different from above Street address City State ZIP

In an emergency, notify the following people, listed in order of preference. Please include each parent or guardian on this list.

- 1) Name _____ Relationship _____ Phone (____) _____
Business Phone (____) _____ Cell Phone (____) _____
- 2) Name _____ Relationship _____ Phone (____) _____
Business Phone (____) _____ Cell Phone (____) _____
- 3) Name _____ Relationship _____ Phone (____) _____
Business Phone (____) _____ Cell Phone (____) _____
- 4) Name _____ Relationship _____ Phone (____) _____
Business Phone (____) _____ Cell Phone (____) _____

If traveling/vacationing when your child is at camp, please indicate how we may be able to reach you:

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

****Please attach a photocopy of the front and back of health insurance card on a full sheet of 8 1/2 x 11 paper****



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Bleeding Disorder Diagnosis: (Check) Factor VIII ___ Factor IX ___ vWD ___ Other ___
 Severity: Mild Moderate Severe
 Inhibitor: Yes No Most recent inhibitor titer/date _____
 Where are infusions usually done: (Check) Home ___ Clinic ___ Hospital ER ___ Other ___
 Who does the infusion: (Check) Camper ___ Parent ___ Other ___
 How is the infusion delivered: (Check) Port ___ Peripheral ___ Name of Factor: _____
 Dose _____ Frequency _____ Are there any target joints? ___ If so, please list: _____

ALLERGIES		
<input type="checkbox"/> No known allergies		
My camper is allergic to: <input type="checkbox"/> Food <input type="checkbox"/> Medication <input type="checkbox"/> The environment (insect stings, hay fever, etc.)		
ALLERGY	REACTION	TREATMENT
Food		
Medication		
Other		
DIETARY REQUIREMENTS		
<input type="checkbox"/> My camper eats a regular diet		
Does NOT eat: <input type="checkbox"/> red meat <input type="checkbox"/> pork <input type="checkbox"/> dairy products <input type="checkbox"/> poultry <input type="checkbox"/> seafood <input type="checkbox"/> eggs		
Lactose intolerant <input type="checkbox"/> yes <input type="checkbox"/> no		
Celiac disease <input type="checkbox"/> yes <input type="checkbox"/> no		
Any other dietary concerns?		

Signature of Parent or Guardian

Date



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**CAMP NOTACLOTAMONGUS – 2014
CAMPER PHYSICAL EXAMINATION FORM**

To Be Completed By Physician

Medication: This camper will not take any daily medications while attending camp.

This camper will take the following daily medications while at camp:

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. *Please review camp instructions about required packaging/containers below.*

Name of Medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should NOT be given**



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Acetaminophen (Tylenol)	Ibuprofen (Advil, Motrin)
Phenylephrine decongestant (Sudafed PE)	Pseudoephedrine decongestant (Sudafed)
Antihistamine/allergy medicine	Guaifenesin cough syrup (Robitussin)
Diphenhydramine antihistamine/allergy medicine (Benadryl)	Dextromethorphan cough syrup (Robitussin DM)
Sore throat spray	Generic cough drops
Lice shampoo or cream (Nix or Elimite)	Antibiotic cream
Calamine lotion	Aloe
Laxatives for constipation (Ex-Lax)	Bismuth subsalicylate for diarrhea (Kaopectate, Pepto Bismol)

IMPORTANT INFORMATION REGARDING MEDICATIONS TO BE TAKEN AT CAMP.....

1. Any medication that your Medical Provider requires to be administered at camp must be in its original pharmacy container labeled with the name of the person, name of the medication, dosage, and the frequency of administration. Please send only the correct amount of medication.
2. All medicines are kept in the Health Center and administered by our nurses. The exceptions are: off-camp trips when staff give the medications under the direction of the nurse; asthma inhalers and epi-pens with the written authorization from your Health Care Provider for self-administration.
3. All medications should be picked up at the Health Center by a person age 18 or older before departing for home. All medications not picked up will be destroyed.

I give permission for my child to be given the Over-the-Counter medications listed above (or generic equivalent), if needed, while at Camp. Doses to be administered as per package directions. I have crossed off any medications I do not want my child to be given.

Camper Name _____



Signature of Parent/Guardian or Adult Camper/Staff



Signature _____

Print Name _____ Date _____



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Please describe any current health conditions requiring medication, treatment or special consideration while at camp:

- Ear infections Headaches Asthma Sensitive to sun
- Prosthesis hearing impairments Seizures/convulsions Diabetes
- Kidney disease Bedwetting Orthopedic/Bone Learning disabilities
- Heart problems Other: If checked, please provide details

IMMUNIZATION HISTORY: Has your child been immunized for any of the following?

- MMR (Measles, Mumps, Rubella) Chicken Pox Whooping Cough (Pertussis)/DTap/TdaP
- Date last Tetanus booster/DTaP/TdaP _____
- My child has never been immunized

CAMPER INFORMATION

Describe any restrictions regarding swimming:

Describe any difficulties your child is having now, physically or emotionally:

Describe your child's special qualities (quiet, active, hobbies, interests, etc.):



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AGREEMENT, CONSENT, WAIVER AND RELEASE FORM

CAMPER NAME: _____

PROGRAM: GHA Camp Notaclotamongus 2014

Please read this information completely before signing. Its effect is to release the Gateway Hemophilia Association (GHA) and Living Well Village from any liability resulting from your participation in the program activity named above and waives all claims for damages or losses against the GHA and Living Well Village.

In consideration of GHA making arrangements for and permitting and assisting me in participating in the above named program activities, I exercise my own free choice to participate voluntarily in activities, understand and assume all associated risks, and promise to take due care during such participation. I hereby release and discharge, indemnify and hold harmless GHA and Living Well Village, and their member officers, agents, employees and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, costs and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any loss and/or bodily injury and/or disability, arising from my participation in the above named program.

I understand that infusion therapy will be provided as needed at camp. I understand that treatment for routine illness and acute bleeding episodes (DDAVP and concentrates) will be supervised by the medical/nursing staff. I understand it will be necessary for me to send factor concentrate and/or DDAVP to camp with my child. If a diagnostic procedure, hospitalization, or other specialized therapy is needed, the cost of such care is my responsibility. I give my authorization for the medical staff to administer medical care and administer routine medications to my child.

I agree to allow my child to participate in the educational portion of camp including general hemophilia/bleeding disorder information, home infusion therapy, and possibly HIV/AIDS discussion.

I understand that I am solely responsible for any costs arising out of any bodily injury and/or disability or property damage sustained through my/my child's participation in normal or unusual acts associated with the above named program.

I believe that my child is in good health, and affirm that their participation in the above named program activities will in no way aggravate any condition(s) present. If in doubt, I will seek further medical advice.

The undersigned does consent that photographs, video or motion pictures may be taken of the named applicant during the camp period, and that said photographs, video or motion pictures may be published in newspapers, magazines, television, publicity releases and/or other media, or program presentations by the GHA.

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 medical staff, camp directors, camp volunteers, GHA volunteers and others. Such permission shall include any and all medical treatment which is necessary or desirable in the absolute discretion of any such physician or hospital. This medical care shall include, but is not limited to, examinations, treatments, immunizations, injections, anesthesia, surgery, and other procedures, etc.

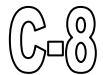
I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release, Assumption of Risk and Waiver.

SIGNATURE: Parent or legal guardian

Date



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AGREEMENT, CONSENT, WAIVER AND RELEASE FORM

CAMPER NAME: _____

PROGRAM: GHA Camp Notaclotamongus 2014

With the understanding that the GHA will make every reasonable effort to prevent accidents, injuries, or other mishaps, I acknowledge the following:

The undersigned does hereby agree to allow participation of applicant in all camp activities (except those restricted)

The undersigned gives permission for the applicant to ride in vehicles operated or leased by the GHA and The Living Well Village.

The undersigned recognizes the right of the Camp 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 campers or others health and safety at camp or camp property. The undersigned further agrees to pick up the camper immediately upon being notified of such termination. **(Parents: Please discuss this behavioral contract with your child.)**

The undersigned agrees not to send the applicant to GHA if he or she has been exposed to a contagious disease within three (3) weeks of the starting date of camp, and to notify GHA if this situation arises.

CONSENT TO RELEASE HEALTH INFORMATION UNDER HIPAA ACT

I understand and acknowledge the following:

- That Camp Notaclotamongus is a medically based program sponsored by the Gateway Hemophilia Association
- That camp is conducted by volunteers
- That the information submitted on registration forms may contain health information about my child
- That the protected health information can be used and disclosed to healthcare organizations for the purpose of treatment, healthcare operations and payment for medical treatment while my child attends camp
- That camp volunteers of the Gateway Hemophilia Association may have access to information contained in the healthcare record or camp registration forms, as needed, in order to conduct the camp program

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. I do hereby authorize _____
_____ (name, address, phone) to pick up the camper.

Please list anyone in particular you do NOT want to pick up your child. _____

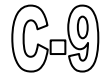
In witness whereof I have hereunto executed this **Agreement, Consent & Release** on this date:

SIGNATURE: Parent or legal guardian

Date



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Camp Notaclotamongus - Personal Behavior Contract- 2014

We are glad you have chosen to attend Camp Notaclotamongus this year! Camp life offers many unique opportunities and experiences for you and your fellow campers. We hope you make new friends, learn a lot, and have a great time!

At Camp Notaclotamongus we expect campers and volunteers to encourage, support, and show respect toward one another. Each person at camp has a responsibility to make camp life positive and enjoyable. We expect all campers to follow the behavior expectations outlined below.

Behavior Expectations

1. Campers will treat everyone in the camp community with respect at all times and show respect for others' personal belongings, privacy, and feelings.
2. Campers will remain with their counselors, follow directions, and abide by camp rules.
3. Campers will not be involved with smoking, alcohol use, illegal drugs, weapons, vandalism, theft, or any other illegal behavior.
4. Campers will use appropriate language; profanity will not be tolerated.
5. Campers will remain in camp unless on an escorted approved camp activity or for a medical emergency that requires transportation to an outside medical facility.
6. Campers will respect the camp facility and its equipment. Campers will be responsible for all damage due to negligence or intentional vandalism.
7. Campers will sleep in their assigned cabins each night.

Consequences

If a camper chooses not to follow the previously listed behavioral expectations, the following consequences may be issued depending on the severity of the situation.

1. Counselors will discuss the behavior with the camper.
2. Camper will be given a "time out" or not allowed to participate in a subsequent activity.
3. Camp Director will be notified and address the behavior with the camper.
4. Parents/Guardian will be contacted by the child and/or camp staff to discuss behavior.
5. Camper will be dismissed from camp. Parent/Guardian will need to pick up the camper.

I have read and understand the Camp Notaclotamongus Personal Behavior Contract and have discussed it with my child. I agree to support the behaviors and consequences listed above.

Parent/Guardian Signature

Date

I have read and understand the Camp Notaclotamongus Personal Behavior Contract and have discussed it with my parent/guardian. I agree to follow the behaviors listed above.

Camper Signature

Date



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CAMPER DRESS CODE:

GIRLS:

- Bathing suits should be one-piece or two piece athletic style (tank top style that top covers torso, regular bottoms. No bikinis or thong type swimsuits. Neither the top nor bottoms of the swimsuit should be tied.
- No revealing tops should be worn (no halters/tank tops, low cut tops, or no bare midriffs)
- No mini skirts (The finger tip rule applies)
- No offensive T-shirts should be worn (no tobacco or alcohol advertisement, no offensive sayings).
- Closed toed shoes should be worn during certain activities (climbing wall, etc.)

BOYS:

- Boxer type bathing suits (no Speedos, cut-offs)
- Pants should not be too long or too baggy (Rear end must be covered at all times)
- No offensive T-Shirts should be worn (no tobacco or alcohol advertisements, no offensive sayings).
- Closed-toed shoes should be worn during certain activities (climbing wall, etc.)

I will adhere to the dress code stated above.

Camper Signature: _____

Date: _____

Parent Signature: _____

Date: _____