

2010



Hope With Heart

Summer Application Forms

January 15, 2010

Dear Campers and Camper Families,

Happy New Year! I hope your year has been happy and healthy for you all. The first part of our process is applications. Please make sure you check all deadline dates. These deadlines ensure our offices have proper time to review both medical information and appropriate planning and accommodations can take place. I cannot stress enough how important it is that the deadlines are met. If there are any problems or complications meeting these deadlines please contact the Hope With Heart office at (973) 728-3854 as soon as you are aware of any timeline concerns. Our mailing address for application and application information is:

**Hope With Heart
P.O. Box 737
Harriman, NY 10926**

Please send in the Quick Application form as soon as you receive the application. You MUST return the Quick Application A.S.A.P. This will not ensure a spot at camp, but does give Hope With Heart a general idea of camper numbers. If when you receive this, you are unsure your child will be attending camp, I encourage you to go through the application process, "just in case." Our April 30, 2010 deadline date needs to be upheld. Please call us if you have any questions, concerns or roadblocks in the application process.

I am looking forward to seeing both new faces and all our returnees this year. Our camp will run from Sunday, August 15 until Saturday, August, 21, 2010. We will once again be giving arrival times to our camper families after their application is complete. You will be notified by e-mail as to what time your camper may check in. Check out time will be at 10:30 on Saturday morning on the 21st. Please note the pick up time on your calendars.

Please feel free to contact us by phone at (973) 728-3854 or email us (there is a link to send mail on our website www.hopewithheart.com ~ mail@hopewithheart.com) with any questions you may have. The website will be updated shortly. One of our staff members will be sure to contact you with answers to your concerns.

I am looking forward to seeing you all this August!

Sincerely,

Mary Ellen Hurley
Camp Director
Hope With Heart

For any immediate concerns, feel free to contact me personally at 845-537-6602. Our new fax number is: 845-537-6602. Keep this letter for your records to refer throughout the application process as it contains all of Hope With Heart's contact information.

Application Process

***The quick registration form should be filled out and mailed in **immediately**. This will NOT hold your child's place while the application is being processed, but it gives Hope With Heart an idea on how many campers will be possibly be attending the 2010 camp session.

The application booklet must be completely filled out and returned directly to Hope With Heart. No application will be processed without the following sections being completed: Personal Data Form (pgs 1&2), Health History (pgs 1-3), Medication and Treatment, Consent Form, Physical Examination, as well as, a baseline EKG, a letter from your cardiologist, and a copy (front & back) of your insurance card. When all of the above mentioned forms are completed and returned your application will be processed. Please note if your child has a pacemaker you will need to include a Pacemaker Interrogation. Those applicants who have a transplant should include the last biopsy.

Please type or print clearly in black or blue ink and do NOT staple your child's application.

Please be aware, it is your responsibility to follow-up with your physician for his/her forms. Then please forward them to:

**Hope With Heart
P.O. Box 737
Harriman, NY 10926**

You will be notified when the application is received and again when it is approved.

***Please remember, if your child has a follow up visit with the cardiologist or any further cardiac testing (Holters, Stress Test) or procedures (cardiac cath) after April 30, 2010, it is imperative to submit that information before final acceptance in the camp program.**

Please be aware: No transportation is provided.

Please start the process early to ensure that all the paperwork can be processed, reviewed and approved in time for your child to go to camp. We suggest you schedule the necessary appointments early – remember **the final due date for the completed application is April 30, 2010.**

If there are any questions, concerns, or issues concerning your child's applications, please contact us immediately at the above address, this phone number (973) 728-3854 or via the following web sites: www.hopewithheart.com ~ mail@hopewithheart.com.

2010 Hope With Heart Camp Application

Sunday, August 15, 2010 to Saturday, August 21, 2010

APPLICATION CHECKLIST

Did you remember to enclose:

- Quick Registration
- Camper Personal Data
- Health History
- Medication & Treatment
- Consent Form
- Physical Examination – **MUST BE COMPLETED BY A PHYSICIAN**
- Baseline EKG performed after 1/1/10**
- The last follow up letter from your cardiologist dated after 3/1/10
- A copy of your insurance card (front & back)
- Pacemaker/Defibrillator Interrogation Dated after 3/1/10
- Last Biopsy (transplant only)
- Senior Contract (Campers age 16 & 17 only)
- Two recent passport sized photos (photos must have been taken in 2010)

The complete examination form, a Baseline EKG, copy of the last follow up letter from your cardiologist visit, a pacemaker interrogation (for pacemakers only), the last biopsy (for transplants only), and a copy of your insurance card (front and back) must be returned with the application

to the address below by April 30, 2010.

All components must be returned directly to:

Hope With Heart
P.O. Box 737
Harriman, NY 10926

Phone Number (973) 728-3854 Fax Number (845) 360-5433

www.hopewithheart.com ~ mail@hopewithheart.com

Please remember, if your child has a follow up visit with the cardiologist or any further cardiac testing (Holters, Stress Test) or procedures (cardiac cath) after April 30, 2010, it is imperative to submit that information before final acceptance into the camp program.

2010 Hope With Heart Camp Application Quick Registration

PLEASE RETURN THIS FORM AS QUICKLY AS POSSIBLE.

HOPE WITH HEART'S RECEIPT OF THIS FORM WILL **NOT** GUARANTEE A SPOT AT CAMP.
ONLY UNTIL THE CHILD IS CONSIDERED MEDICALLY APPROPRIATE AND ***ALL APPLICATION INFORMATION HAS BEEN RECEIVED*** WILL YOUR CHILD BE ACCEPTED TO CAMP. ALL CAMPERS MUST BE BETWEEN THE AGES OF SEVEN AND SEVENTEEN.

Child's Name: _____

Nick Name: _____

Address: _____
(Number & Street)

Age on 8/15/10: _____ (City) _____ (State) _____ (Zip Code)
DOB: _____ / _____ / _____

Diagnosis: _____

Are there any special needs that we need to be aware of? (i.e. wheelchair accessibility, etc?)

No Yes _____

Is the child a returning camper? No Yes

Name of Contact Parent or Guardian: _____
(If not parent, please state relationship)

Address: _____
(Number & Street)

Day Phone: _____ (City) _____ (State) _____ (Zip Code)
() - () -

Night Phone: _____
Cell Phone: _____ E-Mail: _____ @ _____

Camper's T-shirt size is (**circle one**) : Children's size: XS S or Adult size: S M L XL XXL

**PLEASE REMEMBER THAT A COMPLETED APPLICATION IS DUE ON APRIL 30, 2009.
THE QUICK REGISTRATION AND ALL APPLICATION COMPONENTS SHOULD BE SENT
DIRECTLY TO HOPE WITH HEART AT THE FOLLOWING ADDRESS:**

**Hope With Heart
P.O. Box 737
Harriman, NY 10926
FAX: (845) 360-5433**

If you have any questions or concerns you can reach us at the above address, the following phone number (973) 728-3854 or via our website at mail@hopewithheart.com ~ www.hopewithheart.com.

SEND THIS FORM TO HOPE WITH HEART IMMEDIATELY!

2010 Hope With Heart Camp Application

Personal Data Form 1 of 2

Campers Name: _____

DOB: ____/____/____

Is this a returning applicant? Yes No

Parent/Guardian: _____
(If not parent, please state relationship)

Address: _____
(Number & Street)

Day Phone: () - _____ Home Work
(City) (State) (Zip Code)

Night Phone: () - _____ Home Work

Cell Phone: () - _____ E-Mail: _____ @

Parent/Guardian: _____
(If different) (If not parent, please state relationship)

Day Phone: () - _____ Home Work

Night Phone: () - _____ Home Work

Cell Phone: () - _____ E-Mail: _____ @

If a parent/guardian is not available in case of an emergency, please notify:
All emergency contacts must be 21 years of age or older

Name: _____ Relationship to camper: _____

Address: _____

Day Phone: () - _____ Home Work

Night Phone: () - _____ Home Work

Cell Phone: () - _____ E-Mail: _____ @

OR

Name: _____ Relationship to camper: _____

Address: _____

Day Phone: () - _____ Home Work

Night Phone: () - _____ Home Work

Cell Phone: () - _____ E-Mail: _____ @

My child's contact information may may not be published in the camper address book to be distributed to all campers at the end of the camp season.

Parent/Guardian's Initials: _____

2010 Hope With Heart Camp Application

Personal Data Form 2 of 2

Pediatric Cardiologist

Camper's Name: _____ DOB: _____ / _____ / _____

Pediatric Cardiologist: _____

Address:

(Number & Street)

(City)

(State)

(Zip Code)

Phone:

() -

Fax:

() -

Diagnosis: _____

Primary Pediatrician

Pediatrician: _____

Address:

(Number & Street)

(City)

(State)

(Zip Code)

Phone:

() -

Fax:

() -

Insurance Information

Health Insurance: _____

Policy Number: _____

Group Number: _____

Policy Holder: _____

Please enclose a copy of your insurance card, both front and back.

Has applicant attended any other camp? Yes Camp Name: _____ No

2010 Hope With Heart Camp Application

Health History – Part 1 of 3

Child's Name: _____ DOB: _____ / _____ / _____

Diagnosis: _____ Age: _____

Heart Surgery or Procedures (Dates & Types)

Which of the following has the applicant had?	Please give dates each of the immunizations were received.				
	Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
<input type="radio"/> Measles	DTP	/	/	/	/
<input type="radio"/> Chicken Pox	TD (tetanus/diphtheria)	/	/	/	/
<input type="radio"/> German Measles	Tetanus	/	/	/	/
<input type="radio"/> Mumps	Polio	/	/	/	/
<input type="radio"/> Hepatitis A	MMR	/	/	/	/
<input type="radio"/> Hepatitis B	Haemophilus				
<input type="radio"/> Hepatitis C	Influenza B	/	/	/	/
<input type="radio"/> None of the above	Mumps	/	/	/	/
TB Mantoux Test					
Last Tested _____ / _____ / _____					
<input type="radio"/> Negative <input type="radio"/> Positive <small>(Please circle one)</small>					
	Rubella	/	/	/	/
	Measles	/	/	/	/
	Hepatitis B	/	/	/	/
	Chicken Pox	/	/	/	/

Does the applicant have any of the following?	Explain	Date
<input type="radio"/> Asthma	_____	/ /
<input type="radio"/> Diabetes	_____	/ /
<input type="radio"/> Ear Infections	_____	/ /
<input type="radio"/> Scoliosis	_____	/ /
<input type="radio"/> Other surgeries/hospitalizations	_____	/ /
<input type="radio"/> Other chronic/serious illness	_____	/ /
<input type="radio"/> Fracture, dislocation/ orthopedic injury	_____	/ /
<input type="radio"/> Migraines/Frequent headaches	_____	/ /
<input type="radio"/> Eating disorders	_____	/ /
<input type="radio"/> Dietary restrictions	_____	/ /
<input type="radio"/> Bed Wetting	_____	/ /
<input type="radio"/> Any other physical disability	_____	/ /
<input type="radio"/> None of the above		

2010 Hope With Heart Camp Application

Health History – Part 2 of 3

Child's Name: _____

Does the applicant have seizures? Yes No
Type of seizure: _____ Frequency: _____
Are they under control with medication? Yes No
What may stimulate the onset of a seizure?

Is the applicant allergic to any medication? Yes No
If yes, please list.

Reaction: _____

Treatment: _____

Does the applicant have any environmental allergies? Yes No
If yes, please list. _____

Reaction: _____

Treatment: _____

Does the applicant have any food allergies? Yes No
If yes, please list. _____

Reaction: _____

Treatment: _____

Is the applicant allergic to bee stings? Yes No
Reaction: _____

Treatment: _____

MENSTRUAL HISTORY

First menstrual date: _____ / _____ / _____

Abnormal menstrual history? Yes No

Treatment: _____

2010 Hope With Heart Camp Application

Health History – Part 3 of 3

Child's Name: _____

Are there any learning disabilities? Yes No
(i.e. ADD, ADHD, Perceptual Impairment, etc.)

If yes, please explain: _____

Has the applicant ever displayed any emotional or behavioral problems? Yes No

Has the applicant ever been under treatment for the above issues? Yes No

If yes, please explain in detail and include suggestions for successfully managing the situation.

Are there concerns/issues that we should be aware of in order for us to provide the proper care for your child? (i.e. Do you anticipate any problems with your child meeting his/her own physical needs?)

If your child has a pacemaker, please send the transmission box with your child to camp. If your child is currently being treated for any other condition in addition to their heart disorder, please provide the last follow up letter from the treating specialist. (i.e. Pulmonologist, allergist, etc.)

PARENT'S AUTHORIZATION: This health history is correct. The person herein described has permission to engage in activities deemed appropriate by camp staff, except as noted by me and/or the examining physician. I authorize Hope With Heart staff to administer medications. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Hope With Heart Board of Directors to hospitalize, secure proper treatment for, and so order injection, anesthesia or surgery for the above named child.

Signature: _____ Date: ____ / ____ / ____

Relationship: _____

Date of next doctor's appointment: _____ (If after the application due date)

It is your responsibility to return this application complete with all attachments. Please follow up with your physician to ensure the physical exam and any follow up letters have been completed and sent in. Your child will not be eligible for camp if the application is received after the final due date of April 30, 2010.

2010 Hope With Heart Camp Application Medication and Treatment

Child's Name: _____

Please use a separate sheet of paper if necessary.

Medications	Dosage	Exact Time of Administration

Are there any problems taking medication? Yes No

If yes, please explain. _____

Please give any special instructions for giving medication and be VERY specific.

May your child take Tylenol (acetaminophen), give by the camp nurse, in the dosage for his or her weight? Yes No

Is there any other pertinent information that the camp nurse should know?

If there is any change in your child's medical status or medication after submitting this application, the camp nurse must be notified in writing!

All medications must be in **ORIGINAL PRESCRIPTION BOTTLES.**

Signature: _____ Date: _____ / _____ / _____

2010 Hope With Heart Camp Application Consent Form

PARENT AUTHORIZATION

I authorize my child, _____, to attend Hope With Heart's 2010 camp program from August 15, 2010 to August 21, 2010. I also authorize the taking of photographs and videos, which may be used for publicity or posting picture to www.hopewithheart.com ~ mail@hopewithheart.com.

Signature: _____ Date: _____/_____/_____

Relationship: _____

HOLD HARMLESS AGREEMENT

I, _____, agree to save, protect, indemnify, defend, and hold harmless the Hope With Heart organization and the Warwick Conference Center, their employees and volunteers against any loss, damage or expense by reason of any suits, claims, demands, judgments, and any other causes of action associated with the operations of the Hope With Heart Camp program.

This agreement is in effect from 12:00 am August 15, 2010 through 11:59 pm on August 21, 2010.

Signature: _____ Date: _____/_____/_____

Relationship: _____

PARENT'S MEDICAL AUTHORIZATION

The health history provided in this application is correct. The person herein described has permission to engage in activities deemed appropriate by camp staff, except as noted by me and /or the examining physician. I authorize Hope With Heart staff to administer medications. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Hope With Heart Board of Directors to hospitalize, secure proper treatment for, and so order injection, anesthesia or surgery for the above named child.

Signature: _____ Date: _____/_____/_____

Relationship: _____

2010 Hope With Heart Camp Application

Physical Examination

To be completed by a licensed physician

Child's Name: _____ DOB: _____ / _____ / _____

This examination must be completed within three months of the due date of the application. Copies of other examinations performed within this three month period are acceptable if the following information is provided.

CODE	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Examined
Height _____	Weight _____	Blood Pressure _____	Posture _____
Teeth _____	Lungs _____	Abdomen _____	Hernia _____
Skin _____	Hernia _____	Abdomen _____	Extremities _____
Left Eye _____	Right Eye _____	Glasses? <input type="radio"/> Yes <input type="radio"/> No	
Left Ear _____	Right Ear _____	Aids? <input type="radio"/> Yes <input type="radio"/> No	
Allergies (Please specify): _____			

General Appraisal: _____

Oxygen Saturation Rate: _____

Heart Diagnosis: _____

Baseline EKG: _____ Date: _____ / _____ / _____

A copy of an EKG taken after 1/1/2010 must be provided with this application to Hope With Heart by 4/30/2010.

Recommendations & activity restrictions at camp: _____

Swimming restrictions: _____

Strenuous activity restrictions: _____

Other pertinent comments: _____

Prescription Medications: The camper must bring a twelve day supply of all prescription medications. Provide names and times to be administered. (All medications must be clearly labeled and in original containers.)

I have examined the person named above and reviewed the health history attached. It is in my opinion that this person is physically able to attend Hope With Heart's camp program.

Examining Physician: _____ Date: _____ / _____ / _____

Address: _____ Phone: (____) _____ - _____

_____ Fax: (____) _____ - _____

Physician's Signature: _____

Program Description

Dear Physician,

Hope With Heart is an annual (medically supervised) recreational and social experience, which provides children with heart problems, ages 7 to 17, an environment of relaxation and fun. Here, with appropriate limitations, children with heart disease discover among their peers that they can safely enjoy moderate physical activity. They are also encouraged to voice the questions they usually cannot ask, share the concerns they must usually hide, and learn to feel the pride and self-respect that is usually beyond their reach.

Hope With Heart is unique because it accepts high-risk children with limited life expectancies. Attendees have encountered a wide range of heart problems, including valve replacements, pacemakers & transplants. All medical aspects are overseen by The Pediatric Center for Heart Disease at Hackensack University Medical Center. We have cardiac care nurses in residence throughout camp.

The camp is diverse in many ways. Each new season brings representatives of various races, ethnicity, and creeds. The campers come primarily from the tri-state area, but there are no geographic restrictions.

Our philosophy and policy is simple: any child with a serious heart problem deserves to enjoy what Hope With Heart can offer.

We are a not for profit organization with a dedicated group of individuals who volunteer their time to provide a true camp experience for these children. We are incorporated in the State of New Jersey with an established Board of Directors and By Laws. We are classified as a Membership organization, where members consist of all parents and guardians. Members bear no obligation but are invited to attend our annual meeting.

Thank you for helping your patient become a Hope With Heart Camper.

Sincerely,

The Board of Directors
Hope With Heart