



Camp Quality Illinois  
P.O. Box 641  
Lansing, IL 60438  
Phone: 708-895-8311  
Fax: 708-895-8075  
info@campqualityillinois.net  
www.campqualityillinois.net

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March 1, 2010

Dear Camper and Parent,

- Arkansas** This year, Camp Quality Illinois will be held August 1-7, 2010 at Camp Manitoqua, 8122 W. Sauk Trail, Frankfort, IL 60423.
- Central MO**
- Heartland** Attached you will find the 2010 Camp Quality Illinois summer camp application. Please PRINT and complete the application in BLACK INK and return it to us by one of the means listed at the top of the page: mail, fax, or scan and email. Remember that camp is filled on a first come, first serve basis. Exceptions to that policy may be made at the discretion of the Camp Organizing Committee.
- Illinois**
- Kansas City**
- Kentucky** Page five (5) of the application is to be completed by the camper's physician and may be returned either by mail, fax, or email by June 1st. Please do NOT hold back the rest of your application. Remember, camp is filled on a first come, first serve basis. \*\*\* NOTE A Change for this year—You may send your application in to reserve a spot without the Physical Exam form, however your Physical MUST be returned by June 1st or you will be placed on a waiting list.
- Louisiana**
- Michigan**
- New Jersey** Page seven (7) of the application is the medication form. Please complete it and bring it with you to camp registration so medications will be current. It is very important that you remember to bring this document with you to camp to help us save time during the registration process.
- NE Ohio**
- NW Missouri**
- Ozarks** You will also notice an attachment entitled Camper Acceptance Triage included with your application. This triage will be used in 2011, not this year. We are including it only to inform you of upcoming changes. Please know that we do not expect that these changes will have a huge impact during the first few years after implementation, but we want you to be aware of the possibility.
- Texas**

We are looking forward to spending a fun filled week with you. If you have any questions, please feel free to call the camp phone number or call or email me directly.

Sincerely,

Mary Clinnin, Director  
Cell: 219.743.0650  
Email: mary@campqualityillinois.net

# Camp Quality Illinois

## Camper Acceptance Triage

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FOR TOO MANY YEARS NOW, ALTHOUGH WE KEEP GROWING, WE HAVE CONSIDERED OUR CAMP FULL AND HAVE PUT CAMPERS ON A WAITING LIST. WE REALLY ARE AT OUR PEAK CAPACITY NOW, BOTH IN SPACE AND STAFFING. WE WOULD LIKE TO MAKE A BIGGER EFFORT TO ACCOMPLISH THE REAL MISSION OF CAMP QUALITY: TO BE NOT ONLY A WEEK-LONG CAMP, BUT MORE IMPORTANTLY TO BE AN ONGOING, YEAR-ROUND SUPPORT FOR CHILDREN WITH CANCER AND THEIR FAMILIES. THEREFORE, OVER THE NEXT FEW YEARS, WE WILL BE MAKING AN EFFORT TO INCREASE ATTENDANCE AT OUR YEAR ROUND ACTIVITIES AND INCREASE THE QUANTITY OF YEAR ROUND ACTIVITIES AVAILABLE. WE KNOW THAT THE WEEK OF CAMP IS LIKELY THE EVENT THAT CAMPERS LOOK FORWARD TO MOST AND FOR THIS REASON, WE WANT TO MAKE SURE THAT AS MANY CAMPERS AS POSSIBLE ARE ABLE TO ENJOY THAT EXPERIENCE. IN ORDER TO ACCOMPLISH OUR GOALS FOR THE FUTURE AND MAKE OUR ORGANIZATION AS SUCCESSFUL AS WE POSSIBLY CAN, CAMP QUALITY ILLINOIS IS IN THE PROCESS OF CHANGING OUR CAMPER ACCEPTANCE PLAN FROM FIRST COME, FIRST SERVE, TO THE FOLLOWING TRIAGE.

- Applicants will be eligible for camp in order of the following criteria:
  1. Applicants in current treatment.
  2. Applicants who are within 5 years of completion of treatment.
  3. Applicants with a disability, including but not limited to developmental delays, seizures, blindness and loss of mobility.
  4. The remaining campers will be determined by the applicants who have had the least amount of opportunities to experience a week of Camp Quality.
- This plan will not go into effect immediately. It is being released at this time to inform applicants of the changes to come and allow campers, parents, and volunteers to prepare for the possibility of being affected by these changes.

Effective date of new Camper Triage: January 1, 2011

- Maximum quantity of campers accepted: 80
  - Boys: 35
  - Girls: 45
- **The Application Process will also be altered.** Please take note of the following changes.
  - Application availability and completion
    - Applications will be available by February 1<sup>st</sup> each year.
    - Completed applications will be due by June 1<sup>st</sup> each year.
    - All pages must be complete except the medication page. This includes the Physical Exam form.

# Camp Quality Illinois

## Camper Acceptance Triage

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- Application Notes
  - Applications will be for the “camp year” that will be defined as June 1<sup>st</sup> – May 31<sup>st</sup>.
  - For age specific activities, campers must be the required age by the first day of the activity.
  - Camp Quality is offered for children through the age of 17. Therefore, once a camper turns 18, he/she will no longer be eligible for that camp year’s activities, excluding the reunion. Once a camper turns 18, he/she is encouraged to volunteer at camp fundraisers and other activities year-round.
  - Physical Exam forms are only valid for one year. Therefore, a new form will be required for attendance to a Camp Quality sponsored event where parents are not present if the Physical Exam form is more than one year old.
  - Remember that applications need to be completed by June 1<sup>st</sup> to be considered for ALL activities during the camp year. Exceptions may be made for new campers to attend other year round activities beyond the application due date.

**WE WANT YOU TO KNOW THAT THIS DECISION WAS NOT AT ALL TAKEN LIGHTLY. MANY HOURS OF BRAINSTORMING AND DISCUSSION WERE SPENT TO REACH THESE CONCLUSIONS. WE DO NOT EXPECT THAT THESE CHANGES WILL GREATLY AFFECT US OVER THE NEXT FEW YEARS DUE TO LARGE QUANTITIES OF CAMPERS GRADUATING IN 2010 AND 2011. GRADUATION WILL CONTINUE TO BE HELD AT THE REUNION, EMPHASIZING THAT WE ARE A YEAR-ROUND – NOT A WEEK-LONG – ORGANIZATION. WE WILL ENTERTAIN ALL SUGGESTIONS OF HOW WE CAN CONTINUE TO GROW OUR ORGANIZATION INTO THE ONGOING, YEAR-ROUND SUPPORT ORGANIZATION THAT WE STRIVE TO BE.**

For Office Use Only  
Received Application:

# Camp Quality USA, Inc.

## Camper Application Form (Patient Application)

Parents, please print and complete application in black ink.

**Camp Dates: August 1-7, 2010**

**Name of Camp: Camp Quality Illinois**

**PLEASE RETURN THIS FORM TO: Camp Quality Illinois  
PO Box 641  
Lansing, IL 60438**

**Fax 708-895-8075**

**Email: mary@campqualityillinois.net**

### General Information:

Camper Name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Address		
City	State	Zip
Birth Date	Age	
Home Phone	Email	
Mother's Name	Cell Phone	Work Phone
Father's Name	Cell Phone	Work Phone
Legal Guardian	Cell Phone	Work Phone

### Personal Information:

Shirt Size: [Child  S  M  L] [Adult  S  M  L  X-L  XX-L]

Does the camper speak multiple languages?  Yes  No. If yes, what language(s)?

### Personality and Interests:

Describe the camper's personality and interests.

### Diet:

What are the concerns/likes regarding appetite or special food?

### Activities:

Please list any special activity interests of which we should be aware:

### Companion:

Each child attending camp is assigned a personal companion. He/She will accompany the child in all activities and programs of the camp. If your child attended Camp Quality last year, would he/she like the same companion?  Yes  No.

# Camp Quality USA, Inc.

## Camper Application Form (Patient Application)

### Camper Agreement:

Companions and staff of Camp Quality camps have always been required to initial and agree to abide by some basic guidelines before they are permitted to serve at camps.

Because of past sad experiences when campers and staff have been subjected to verbal abuse and some campers placed at risk by the inappropriate behavior of a few campers, it is necessary for us to add this form, asking campers to agree to abide by guidelines.

**We ask that campers initial each line and together with a parent, sign and then return this form to Camp Quality.**

If a camper or parent would like to discuss any of these rules with me, please don't hesitate to call the Camp Director: Mary Clinnin - Camp Quality Director at (219)743 - 0650.

### I understand and agree to the following rules:

- I will not bring cigarettes, alcohol or illegal drugs to camp.
- I will not bring knives or other potentially dangerous items to camp.
- I will not swear or use foul language at camp.
- I will follow the Camp Director's instructions regarding any out of bounds areas.
- I will observe designated quiet times so that all may get adequate rest.

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Signature of Parent/Legal Guardian

### Parent Certification:

#### Release for Promotional and Media Purposes

I give permission for my child's photographs, statements, artwork, and interviews, to be used by Camp Quality USA, Inc. for purposes of promotion, media release or both. Please note that media interviews are always conducted under Camp Quality staff supervision and only if the child is willing.  Yes  No.

#### Camp Attendance

I agree to my child's attendance at the above-mentioned Camp Quality and to his/her taking part in any excursions and/or activities arranged for the children in connection with the program. In consideration of the opportunity and privilege of attending Camp Quality, I hereby knowingly, freely and voluntarily release Camp Quality USA, Incorporated and its Board of Directors from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, damage or injury that my child may sustain while present at any Camp Quality activity.

Signature/Consent \_\_\_\_\_  
(Parent or Guardian)

Date \_\_\_\_\_

# Camp Quality USA, Inc. – Insurance/Contact Info.

TO BE COMPLETED BY PARENT OR GUARDIAN (ONE FOR EACH CHILD)

Camper's Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

PHYSICIAN CONTACTS	
Hem/Onc Doctor:	Pediatrician/Other Doctor:
Hospital/Clinic:	Hospital/Clinic:
Address:	Address:
Daytime Phone: (     )     )	Daytime Phone: (     )     )
Emergency Phone: (     )     )	Emergency Phone: (     )     )

EMERGENCY CONTACTS (other than parent/guardian)	
#1 Emergency Contact Name:	Relationship:
Day Phone (     )     )                      Cell (     )     )	Night Phone (     )     )
#2 Emergency Contact Name:	Relationship:
Day Phone (     )     )                      Cell (     )     )	Night Phone (     )     )
Are the above contacts authorized to pick up your child if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

INSURANCE INFORMATION	
Name of Insurance Provider:	Name of Insured:
Policy/ID #	Relationship to Camper:
Group #:	Insurance Co. Telephone #: (     )     )

**\*PLEASE ATTACH A PHOTOCOPY OF YOUR INSURANCE CARD TO THIS FORM\***

### Consent for Medical Treatment, Waiver and Release

I hereby grant permission to the medical staff at Camp Quality (CQ), or such designees as the medical staff may appoint, to provide routine or emergency medical care required for my child including, without limitation, medications, immunizations, x-rays, dental care, minor surgical procedures, hospitalization, general anesthesia, or other medical treatment as may be appropriate while the child is in the care of CQ. I understand that prior notification of the parent/guardian will always be attempted, but that the care of my child may require action by the medical staff before I can be contacted. I also give my consent for any transportation deemed necessary, at the sole discretion of the staff of CQ, in connection with the treatment of my child. I also assume full financial responsibility for any and all medical and other expenses incurred on behalf of my child while at CQ in connection with medical or other treatment, and acknowledge, agree and understand that CQ shall not be liable for any such expenses. I understand that all information pertaining to my child will be treated as confidential by CQ, but that said information may be shared with or released to appropriate personnel and/or third parties by CQ for the purpose of treating and/or supervising my child (including, but not limited to medical staff, psychological staff, insurance companies, and/or that child's companion). Finally, I agree to release CQ, its sponsors, medical care volunteers, employees, officers, directors, and agents of any liability arising from the administration or rendering of medical care.

I FULLY UNDERSTAND AND AGREE TO THE TERMS STATED ABOVE AND AGREE THAT ALL INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Camp Quality USA, Inc. – Medical History

General Medical History (**Cancer Patient**) - TO BE COMPLETED BY PARENT OR GUARDIAN

Camper's Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

IMMUNIZATIONS/ALLERGIES	
Date of last tetanus shot ____/____/____	
Has he/she had the chicken pox <i>vaccine</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has he/she had the chicken pox <i>disease</i> ?	Yes <input type="checkbox"/> Year _____ No <input type="checkbox"/>
Drug or Food Allergies:	

The following information will be used to best pair your child with an adult companion.  
Please check  all that apply.

OTHER HEALTH CONCERNS		PHYSICAL RESTRICTIONS OR LIMITATIONS
<input type="checkbox"/> Asthma	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> Seizures	<input type="checkbox"/> Migraines	<input type="checkbox"/> Crutches/cane
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Splint
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hives	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Emotional Concerns	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Developmental Delays	<input type="checkbox"/> Other (list below)	<input type="checkbox"/> Artificial Limb/Amputation

Additional Notes: \_\_\_\_\_

LEVEL OF ASSISTANCE. Please place a <input checked="" type="checkbox"/> in the appropriate columns				
	Independent	Close Supervision	Moderate Assistance	Total Care
<b>Daily Care</b> (brushing teeth, dressing)				
<b>Meals</b>				
<b>Bathing/Showering</b>				
<b>Toileting/Bathroom</b>				

Additional Notes: \_\_\_\_\_

INSTRUCTIONS FOR CATHETER CARE	
Fill out only if this child has a central line (i.e. Hickman, Broviac, Groshong, PICC, Infusaport, Portacath, Mediport)	
<input type="checkbox"/> NO CATHETER	<input type="checkbox"/> Catheter type:
How often is it flushed?	_____ml of _____unit Heparin and/or _____ml of Normal Saline
How often is dressing changed?	When is cap changed?
Special Instructions:	

**\*Please send central line dressing change & flushing supplies to camp with child\***

**Parent/Guardian Acknowledgment:** I have been informed of Camp Quality and request that my child attend. The above information is correct to the best of my knowledge & belief. In my opinion this child is physically & mentally capable of attending Camp Quality.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Camp Quality USA, Inc. – Physical Exam Form

Physical Exam Form (Cancer Patient) - TO BE COMPLETED BY HEALTH CARE PROVIDER

Camper's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Exam \_\_\_\_/\_\_\_\_/\_\_\_\_

MEDICAL INFORMATION	
Primary Diagnosis:	Date of Diagnosis:
Additional diagnosis:	
On Therapy? Yes <input type="checkbox"/> No <input type="checkbox"/> →	If yes, date of last treatment:
Off Therapy? Yes <input type="checkbox"/> No <input type="checkbox"/> →	If yes, date off therapy:
Allergies:	Any activity restrictions?
<input type="checkbox"/> Immunizations are up-to-date	<input type="checkbox"/> Immunizations are NOT up-to-date due to medical exemption and/or treatment

BASELINE VITAL SIGNS	LAB RESULTS
Temperature:	WBC:
Blood Pressure: /	ANC:
Pulse:	Hgb/Hct:
Respirations:	Platelet Count:
Height:	Additional Lab:
Weight:	Date of lab results:

BASELINE PHYSICAL EXAM. Please place a <input checked="" type="checkbox"/> in the appropriate column					
NML	*ABNL		NML	*ABNL	
		HEENT			NEURO
		ABDOMEN			HEARING/VISION
		HEART			LUNG
		SKIN			MUSCULOSKELETAL

\* If abnormal, please describe below:

**CENTRAL LINE** – Unless otherwise specified, all children will be permitted to swim.

This child:  DOES  DOES NOT have permission to swim in a chlorine-treated swimming pool.

This child:  DOES  DOES NOT have permission to swim in a freshwater lake.

*(Dressings will be changed immediately following swimming.)*

This child does not have a central line

\_\_\_\_\_  
PHYSICIAN SIGNATURE

### Physician Acknowledgement

I have been informed about Camp Quality and the request of my patient to attend. The items are correct to the best of my knowledge and belief. In my opinion this patient is physically & mentally capable of attending Camp Quality.

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician's Name (Please Print) \_\_\_\_\_

Phone \_\_\_\_\_

# Camp Quality USA, Inc.

## Camper Information Form

**Camper:** This form will be sent to your companion. After you fill it out, give it to your parents so they can send it in with your registration form.

**Parents:** Please add any information you feel would be helpful.

My name is (first and last)

I like to be called (first and last)

My parents names are

I am \_\_\_\_\_ years old and my birthday is

I live at

My telephone number is ( ) -

My email address is

I go to \_\_\_\_\_ school and am in the \_\_\_\_\_ grade.

My favorite subject is

This will be my \_\_\_\_\_ (first, second...) camp, and I am especially looking forward to

My favorite color is

My hobbies are:

My favorite TV show is

My favorite TV stars are

The sport I like the best is

My favorite sports star is

I like the music of

My favorite food is \_\_\_\_\_ and I have a \_\_\_\_\_ appetite.

I have \_\_\_\_\_ brothers and \_\_\_\_\_ sisters.

Their names and ages are:

	age		age
	age		Age

I would like my companion to know

If I have a photo of myself, I will attach it to this form so you will know what I look like. See you at camp!

# Camp Quality USA, Inc. – Medication Form

TO BE COMPLETED BY PARENT OR GUARDIAN (ONE FOR EACH CHILD)

**\*\*Fill out & bring to registration, so medications will be current.**

**Do NOT return with application! \*\***

Camper's Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

- NO scheduled medications**
- Medications listed below: (please bring medications in original container)**

## MEDICATIONS

Medication Name	Dose <small>mg, mcg, ml, etc.</small>	Route (by mouth, IV or injection)	Breakfast	Lunch	Dinner	Bedtime	Other <small>(time?)</small>	Comments
<i>Example: Bactrim</i>	<i>500 mg</i>	<i>by mouth</i>	<i>x</i>	<i>x</i>	<i>x</i>			<i>On Wed &amp; Sun only</i>

- Over-the-counter medications that may NOT be administered (tylenol, aspirin, etc.)** \_\_\_\_\_

**Parent/Guardian Acknowledgment**

I authorize the health care team of Camp Quality USA, Inc. to administer the medications above as I have indicated. These medications are correct to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reviewed by \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_