



# Palmetto Health Children's Hospital

Dear Parents,

Camp Wonder Hands is a unique summer camp for deaf and hard-of-hearing children. This camp originated 21 years ago as an idea of Marolyn W. Amick, a Child Life Specialist at Palmetto Health Children's Hospital. Mrs. Amick, who herself is hard-of-hearing and has a child who is deaf, felt the need to provide an atmosphere where deaf children would be able to identify with others and learn that they are not alone in their experience.

This year Camp Wonder Hands will be hosting the 19th Annual Over Night Camp. The event will be held **Sunday – Friday, July 16-21, 2017** at Camp Kinard in the Batesburg-Leesville community. There will be swimming, games, crafts, community presenters, and lots of fun.

Children ages (7) Seven to (15) Fifteen years of age are invited to attend this summer camp without cost. Please complete all forms of the enclosed application and return the packet to the return address provided or by email as a Adobe PDF attachment to register your child/children for an experience of a lifetime. **REGISTRATIONS MUST BE POSTMARKED ON OR BEFORE MONDAY, APRIL 24, 2017 TO BE ELIGIBLE TO ATTEND CAMP. NO REGISTRATIONS WILL BE ACCEPTED AFTER THIS DATE.** So register early, because space is limited and we want your child to have a summer to remember. Should you have any questions, feel free to contact Julie Riffle, Camp Coordinator or E.T. Taylor, Director at [CampWonderHands@PalmettoHealth.org](mailto:CampWonderHands@PalmettoHealth.org) For additional information, call Children's Hospital at (803) 296-KIDS.{5437} Someone will get back to you as soon as possible.

Thank you for your time. We look forward to enjoying the company of your children this summer. Please feel free to make copies of this packet and pass it on to family, friends, church, etc.

Sincerely,

*E.T.*

**E.T. Taylor, RN, BSN  
Director, Camp Wonder Hands  
Palmetto Health Children's Hospital**

*Marolyn*

**Marolyn Amick, Founder-Emeritus  
Camp Wonder Hands  
Palmetto Health Children's Hospital**



# Palmetto Health Children's Hospital

## Camper Application Form

Camper's Full Name: \_\_\_\_\_

Nickname (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Parent/Guardian: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

With whom does the child live: (Name) \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

School Attends: \_\_\_\_\_

Grade attending in Fall: \_\_\_\_\_

### EMERGENCY CONTACT

(Primary Contact)

Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

(Secondary Contact)

Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_



# Palmetto Health Children's Hospital

## Camper Health Information Form For Camping Session Sunday – Friday, July 16-21, 2017

*Please note: The following information that you are required to submit will be kept in the strictest confidence in keeping with all healthcare privacy regulations including the Health Insurance Portability and Accountability Act (HIPAA). This information will only be shared with the Co-Directors of the camp representing Camp Wonder Hands and Children's Hospital Administration.*

### HEALTH HISTORY

Is your child in Good Health? YES \_\_\_\_\_ NO \_\_\_\_\_

Check any Diagnosis that applies:

_____ Heart Defect/Disease	_____ Asthma
_____ Convulsions/Seizures	_____ Cancer
_____ Diabetes	_____ ADHD/ADD
_____ High Blood Pressure	_____ HIV/AIDS
_____ Kidney Disease	_____ Other Diagnosis

Please explain in detail any Diagnosis checked above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any physical restrictions or limitations. \_\_\_\_\_

\_\_\_\_\_

Describe any recent injuries or surgeries. \_\_\_\_\_

\_\_\_\_\_

Other medical problems or disabilities. \_\_\_\_\_

\_\_\_\_\_

From a developmental perspective, does your child function at his/her calendar age?

YES \_\_\_\_\_ NO \_\_\_\_\_

If not, please explain your child's specific delays, challenges, or special needs.

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Has your child had chickenpox? YES \_\_\_\_\_ NO \_\_\_\_\_ Mumps? YES \_\_\_\_\_ NO \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address & Phone #: \_\_\_\_\_

Primary Dentist \_\_\_\_\_

Address & Phone #: \_\_\_\_\_

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### MEDICATIONS

Is this child currently taking any medications? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, list the Drugs \_\_\_\_\_

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Will this medication be needed during Camp? YES \_\_\_\_\_ NO \_\_\_\_\_

{If medications are needed during camp, please ensure that the Camp Medical Staff is provided with correct medications in the correct amount to cover the time your child will be in our care. }

### ALLERGIES

\_\_\_\_\_ Hay Fever    \_\_\_\_\_ Poison Ivy/Oak    \_\_\_\_\_ Insect Stings

\_\_\_\_\_ Drugs {Penicillin, etc.}    \_\_\_\_\_ Food    \_\_\_\_\_ Others{Specify}

Please explain in detail any Allergies checked above: \_\_\_\_\_

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### IMMUNIZATIONS

Are Immunizations up to date? YES \_\_\_\_\_ NO \_\_\_\_\_

Has this child had a Tetanus shot? YES \_\_\_\_\_ NO \_\_\_\_\_

If not in the last 10 years, then the child must receive a Tetanus Shot and provide documentation to that effect prior to Camp.

Please indicate any further information about your camper’s medical needs or medical history that would be helpful.

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**COMMUNICATION/SOCIALIZATION**

How does this camper communicate?

- Sign Language
- Lip Reading
- Speech
- All of the Above

Does this child wear a HEARING AID? YES \_\_\_\_ NO \_\_\_\_

**SWIMMING**

Can this Camper swim? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, how well? \_\_\_\_\_

Does this child have any limitation that would prevent her/him from participating in any activities? YES \_\_\_\_ NO \_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CAMP WONDER HANDS T-SHIRT**

Circle the appropriate size T-Shirt for your child.

- |                          |              |
|--------------------------|--------------|
| Children’s Small (6-8)   | Adult Small  |
| Children’s Medium (8-10) | Adult Medium |
| Children’s Large (14-16) | Adult Large  |



# Palmetto Health Children's Hospital

## Camp Wonder Hands Insurance Information

Camper's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Insurance Company \_\_\_\_\_

Effective Date \_\_\_\_\_

If coverage is Medicaid, please give Medicaid number \_\_\_\_\_

Hospital Preauthorization Needed (Circle) Yes No

Company Insurance Form Needed (Circle) Yes No

Telephone number for Pre-Authorizations \_\_\_\_\_

Emergency admissions need to be called in within how many working days? \_\_\_\_\_

Primary Care Physician's Name and Phone Number: \_\_\_\_\_

\_\_\_\_\_

Name of Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Telephone Number for Claim Information \_\_\_\_\_

Mailing address for claims \_\_\_\_\_

\_\_\_\_\_

(Please send a copy of the front and back of the Insurance Card or Medicaid card.)



# Palmetto Health Children's Hospital

## Consent for Photography Camp Wonder Hands July 16-21, 2017

I hereby consent to and authorize the taking of photographs, motion pictures, and/or television pictures of \_\_\_\_\_ while he/she is attending Camp Wonder Hands. I also consent to the use of any or all such photographs, motion pictures, and/or television pictures by Camp Wonder Hands' officials, their representatives, or the publication media.

I hereby give permission to Camp Wonder Hands' officials and/or the publication media to identify the above camper by name in association with the publication of photographs, motion pictures, and/or television pictures taken while he/she is attending Camp Wonder Hands.

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Camper

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



# Palmetto Health Children's Hospital

## Consent for Medical Treatment/Hospitalization Camp Wonder Hands July 16-21, 2017

I hereby give my consent for Camp Wonder Hands' officials, its nurses, or other personnel to render and/or obtain medical treatment for \_\_\_\_\_ while he/she is attending Camp Wonder Hands.

Additionally, I hereby authorize Camp Wonder Hands' officials, its nurses or other personnel to admit the above named camper to Palmetto Health Children's Hospital if it is determined that hospitalization is necessary.

I know and understand that I am financially responsible for the medical care and treatment rendered to the above named camper if there is a charge for the medical services provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Camper

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date





# Palmetto Health Children's Hospital

## Consent for Participation Camp Wonder Hands July 16-21, 2017

I, We, \_\_\_\_\_  
(parents or legal guardian) do hereby consent to our child's participation at Camp Wonder Hands. We understand that our child may take part in camping activities such as swimming, canoeing, hiking, and other sports. We understand that Camp Wonder Hands is designed to provide a happy and safe camping experience for our child. However, should an unforeseen accident occur, we will not hold Palmetto Health Children's Hospital, its staff, camp counselors, or camp medical staff responsible. We understand we may withdraw our consent and withdraw our child from camp at any time we wish. We understand that physicians volunteering for camp will not require payment for services, but if emergency department services are used or if another physician is used, we will be billed for these services.

\_\_\_\_\_  
Parent(s)/Legal Guardian(s) Signature(s)

\_\_\_\_\_  
Parent(s)/Legal Guardian(s) Signature(s)

\_\_\_\_\_  
Date



# Palmetto Health Children's Hospital

## Camper Letter of Recommendation (To be completed by a Teacher/Guidance Counselor)

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

How long have you known this Child? \_\_\_\_\_

In what relationship/capacity did you come to know this Child? \_\_\_\_\_

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

What qualities does this Child possess that will make him/her a good  
Camper at Camp Wonder Hands? \_\_\_\_\_

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Home Number**

\_\_\_\_\_  
**Work Number**



## Palmetto Health Children's Hospital

# Camp Wonder Hands 2017

### Parents:

**Please complete & returned this application to the  
Fax Number below by Monday, April 24, 2017.**

**Camp Wonder Hands  
Attn: Julie Riffle, Camp Coordinator  
Palmetto Health Children's Hospital  
1401 Main Street, 5th Floor  
Columbia, S.C. 29201**

**Thank you for your interest in Camp Wonder Hands!**