

### 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.

Teen Campers ages (16) Sixteen to (17) Seventeen years of age are invited to attend this summer camp without cost. The Camp Wonder Hands Teen Program Vision is to provide a positive and nurturing environment that will stimulate Personal Growth, increase Self-Esteem and give each Teen Camper the tools needed to make constructive, informed decisions that will shape a future of Success. 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 Camp Wonder Hands staff members Julie Riffle, Camp Coordinator or E.T. Taylor, Director at <a href="mailto:CampWonderHands@PlamettoHealth.org">CampWonderHands@PlamettoHealth.org</a> 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



### **Teen Camper Application Form**

Camper's Full Name	<b>.</b>		
Nickname (if applical	ble):		
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 camp	er:		
Home #:	Work #:	Cell #:	
School Attends:			
EMERGENCY CON	<u>TACT</u>		
(Primary Contact)			
Name:			
Relationship to Camp	per:		
Home #:	Work #:	Cell #:	
(Secondary Contact)			
Name:			
Relationship to Camp	oer:		
Home #:	Work #:	Cell #:	



#### **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 che	tkeu above.
List any physical restrictions or limitation	
Describe any recent injuries or surgeries.	
Other medical problems or disabilities.	
From a developmental perspective, does y	our child function at his/her calendar age?
YES NO	

If not, please explain your child's specific	c delays, ch	allenges, or special neo	eds.
Has your child had chickenpox? YES	NO	Mumps? YES	NO
Primary Physician			
Address & Phone #:			
Primary Dentist			
Address & Phone #:			
MEDICATIONS  Is this child currently taking any medica  If yes, list the Drugs			
Will this medication be needed during C {If medications are needed during camp is provided with correct medications in child will be in our care. }	, please ens	sure that the Camp Me	edical Staff
<u>ALLERGIES</u>			
Hay FeverPoison Ivy/C	)ak	Insect Stings	
Drugs {Penicillin, etc.}	_Food _	Others{Specify}	
Please explain in detail any Allergies che	cked above	:	
<u>IMMUNIZATIONS</u>			
Are Immunizations up to date? YES	N	0	
Has this child had a Tetanus shot? YES	N	NO	

If not in the last 10 years, then the child documentation to that effect prior to Can	must receive a Tetanus Shot and provide up.
Please indicate any further information medical history that would be helpful.	about your camper's medical needs or
COMMUNICATION/SOCIALIZATION	•
How does this camper communicate?	
<ul> <li>Sign Language</li> </ul>	
<ul> <li>Lip Reading</li> </ul>	
• Speech	
• All of the Above	
Does this child wear a HEARING AID?	YES NO
<u>SWIMMING</u>	
Can this Camper swim? YES	NO
If yes, how well?	
	ould 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 yo	ur child.
Children's Small (6-8)	Adult Small
Children's Medium (8-10)	Adult Medium
Children's Large (14-16)	Adult Large



#### **Camp Wonder Hands Insurance Information**

Camper's Full Name	Date of Birth
Insurance Company	
Effective Date	
If coverage is Medicaid, please give	Medicaid number
<b>Hospital Preauthorization Needed</b>	(Circle) Yes No
<b>Company Insurance Form Needed</b>	(Circle) Yes No
Telephone number for Pre-Authoriz	zations
Emergency admissions need to be cadays?	
Primary Care Physician's Name and	d Phone Number:
Name of Insured	Date of Birth
Policy Number	Group Number
Telephone Number for Claim Inform	mation
Mailing address for claims	
(Please send a copy of the front and back of	of the Insurance Card or Medicaid card.)



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

pictures, and/o he/she is atter any or all suc	or television pictures nding Camp Wonde h photographs, moti 'onder Hands' offi	te the taking of photographs, motion of while of while r Hands. I also consent to the use of on pictures, and/or television pictures cials, their representatives, or the
publication m with the publication	edia to identify the ication of photograp	wonder Hands' officials and/or the above camper by name in association ohs, motion pictures, and/or television ding Camp Wonder Hands.
Yes	No	
Signature		
Relationship t	o Camper	
Witness		
 Date		



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

I hereby give my consent for Camp Wonder or other personnel to render and/or obt while he/s	tain medical treatment for
Wonder Hands.	
Additionally, I hereby authorize Camp Wonurses or other personnel to admit the above Health Children's Hospital if it is determnecessary.	e named camper to Palmetto
I know and understand that I am financially care and treatment rendered to the above charge for the medical services provided.	<del>-</del>
Signature	
Relationship to Camper	
Witness	
Date	



#### 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)
Tarent(s)/Legar Guardian(s) Signature(s)
Parent(s)/Legal Guardian(s) Signature(s)
Date



#### **Teen 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



### **Camp Wonder Hands 2017**

#### **Parents:**

Please complete & returned this application to the address 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!