

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

## General Application Camp Pump It Up 2024

**Directions:** Complete and submit by the deadline. During our review process, reserve the right to refuse acceptance to anyone for any reason. If the number of campers exceeds availability of space at camp, applications will be accepted on a first come, first serve basis with priority given to patients currently or most recently seen at Texas Children's Hospital. We recommend submitting ASAP. Once your application is approved, you will receive a confirmation letter with more specific information about the weekend, including activity schedule and clothing checklist.

### Camper Information

_____	_____	_____	_____	_____
Last Name	First Name	Gender	Date of Birth	Age at Camp
_____	_____	_____	_____	_____
Address	City	State	Zip	Home Phone #
_____				
Email Address				

### Parent/Legal Guardian Information *Please indicate the Legal Guardian(s) with an \* in front of the name*

_____	_____
Mother/Legal Guardian's Name	Best Contact Number
_____	_____
Father/Legal Guardian's Name	Best Contact Number

Who has primary/legal custody of camper (mother/father/guardian/other)? \_\_\_\_\_

Who does the camper primarily live with? \_\_\_\_\_

### Emergency Contact *Please indicate who should be contacted if guardians are unavailable*

_____	_____
Name	Best Contact Number
_____	_____
Name	Best Contact Number

### T-Shirt Size *Please check one*

- |                                       |                                       |  |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Youth Small  | <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult Small   |
| <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large  | <input type="checkbox"/> Adult X-Large |

### Medical Information

\_\_\_\_\_  
Texas Children’s Pediatric Cardiologist Date of Last Visit

\_\_\_\_\_  
Insurance Policy/ID number Group number Phone number

**General Camper Information** *(please circle yes or no)*

**Does the applicant...**

- |   |     |    |
|---|-----|----|
| Have the ability to walk up and down stairs unassisted?               | Yes | No |
| Have the ability to walk 150 yards without extreme fatigue?           | Yes | No |
| Have the ability to bathe, dress and feed himself/herself unassisted? | Yes | No |
| Exhibit signs of homesickness when away from home?                    | Yes | No |
| Has your daughter started menstruation yet?                           | Yes | No |
| Have any special needs? (If yes, please describe below)               | Yes | No |

\_\_\_\_\_  
Please briefly describe the applicant’s heart condition. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does the applicant know about his/her heart condition? \_\_\_\_\_  
\_\_\_\_\_

What are your child’s expectations or concerns about camp? \_\_\_\_\_  
\_\_\_\_\_

## CAMPER NEEDS

Please inform us of any needs that your child has so that we can make his/her camping experience as enjoyable and safe as possible. The more information you provide, the better we can determine how best to care for your child. Circle Yes or No.

Does your child have any allergies (drugs, food, insects, etc.)?	Yes	No
Does your child have any dietary restrictions?	Yes	No
Has your child ever been classified as having a learning disability?	Yes	No
Has your child ever been classified as having as having behavior problems?	Yes	No
Does your child ever sleepwalk?	Yes	No
Does your child often awaken in the middle of the night?	Yes	No
Does your child wet the bed?	Yes	No

If you answered yes to any of the above questions, please explain:

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When your child needs redirection or acts out, how do you handle the situation?

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

Please describe in detail any physical or mental disability and/or physical limitations that may affect participation in any camp activity:

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**Level of Assistance for Your Child:** *Please check appropriate column(s)*

	Independent	Some Help	Almost Total Help	Needs Complete Assistance
Daily Care (teeth, hair, dress)				
Taking Medication (Nurses administer all medications at camp)				
Meals				
Bathing/Showering				
Toileting/Bathroom				
Extended Walking				

**\*\*\*\* No child will be admitted to Camp Pump It Up 2024 until ALL completed paperwork is submitted to the camp coordinators and approval is granted by the Medical Review Committee. \*\*\*\***

To the best of my knowledge, I have accurately stated all information correctly. I understand that this application form is not the final confirmation for the applicant stated herein to attend camp. I understand that all paperwork furnished by me is due March 8, 2024 and, if this information is not submitted by that date, my child will not be allowed to attend camp.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date