



2023 Camper Application

At Camp Casco, our goal is to build lifelong connections for children affected by cancer and their families through amazing camp experiences. We are excited to offer several camp experiences this year! Please check off all programs you are applying for. If you are applying for multiple children, please fill out a new application for each eligible child.

How To Apply

Please complete 1 camper application and consent form per camper, and submit by:

- Scan completed forms and email to attend@campcasco.org, OR
- Fax completed forms to 857-453-4568, OR
- Fill them out online! This will save all of your information, and will make it easier for you to sign up for future programs. Visit campcasco.org/apply and click “Apply Now!” to log into the Parent Portal.

What happens after I submit my forms?

- You will hear from us via email to confirm that we’ve received them.
- A thorough review of each participant’s expected health condition will take place prior to each camp session. If our medical team has additional questions about this child’s health, you may be contacted by a member of our team.
- In the weeks leading up to camp, you will receive a packet via email with driving directions, suggested packing list, and more.

Questions?

Contact us anytime at 857-302-2726 x 2 or email attend@campcasco.org!

Camper Application

Please complete 1 application per camper. This application is available to any eligible participant without regard to race, color, gender, religion or national origin. Final acceptance into Camp Casco is conditional upon submission of all required materials and thorough review of expected health condition at the time of session.

Programs

Please select all programs this child is applying for.

- Day Camp:** Monday, July 3 - Friday July 7 at LINX Camps at Dana Hall School (Wellesley, MA)
Open to pediatric cancer patients, survivors, and siblings ages 6-12
- One Mission's Sibling Retreat:** Tuesday, July 11 - Friday, July 14 at Berkshire Lake Camp (Hinsdale, MA)
Open to siblings of a pediatric cancer patient ages 10-16
- Overnight Camp:** Monday, August 21 - Friday August, 25 at Grotonwood (Groton, MA)
Open to pediatric cancer patients or survivors ages 7-17

Transportation

We will be offering complimentary bus transportation to our sleep-away camps this year. Please let us know how your child will be getting to and from camp.

One Mission's Sibling Retreat:

- Framingham Bus (9:30AM - 10:30AM)
- I will drop off my child at camp (1:30PM)

Overnight Camp:

- Foxborough Bus (8:00AM)
- I will drop off my child at camp (10:00AM)

Camper Information

Participant's full name _____

Nickname _____

Date of birth _____

What grade will this participant enter in fall 2023? _____

Gender Male Female _____

What pronouns does this participant prefer to be addressed by? *Example: she/her/hers or they/theirs*

T-shirt size Choose one:
 Youth Adult

Choose one:
 S M L XL XXL XXXL

How did you hear about us?

- Clinic Other Organization Family or Friend Current Camp Family Internet Search
- Other: _____

Parent/Legal Guardian Information

Please include the contact information for the participant's parents and/or legal guardians below.

Parent/Guardian #1

First Name _____ Last Name _____

Relationship to Participant _____

Street Address _____

City/State/Zip _____

Cell Phone (_____) _____ Other Phone (_____) _____

E-Mail Address _____

Parent/Guardian #2

First Name _____ Last Name _____

Relationship to Participant _____

Street Address _____

City/State/Zip _____

Cell Phone (_____) _____ Other Phone (_____) _____

E-Mail Address _____

Other Emergency Contacts

Please include the contact information for any other childs you would like us to contact in case of emergency. Please leave blank if there are no emergency contacts other than the parents/guardians above.

Emergency Contact 1

First Name _____ Last Name _____

Relationship to Participant _____ Cell Phone (_____) _____

Emergency Contact 2

First Name _____ Last Name _____

Relationship to Participant _____ Cell Phone (_____) _____

Eligibility

Please tell us more about your family's experience with childhood cancer:

Whether you are applying for a child who is on-treatment, off-treatment, or sibling, please include the name and contact information of a physician who is familiar with your family's experience with childhood cancer. To confirm your eligibility to participate in Camp Casco, a member of our team must confirm this history with a knowledgeable medical professional. By providing this information, you give Camp Casco permission to contact this provider to confirm your eligibility.

Full name of cancer patient/survivor: _____

Patient/survivor date of birth: _____

Where did/does this child receive cancer treatment? _____

Please tell us more about this child's experience with childhood cancer. If you are applying for a sibling in this application, and not the patient/survivor, please tell us how this experience has impacted the sibling.

The participant listed in this application:

- has been diagnosed with cancer at any time in their life
- is a sibling of someone who has been diagnosed with cancer at any time in their life

Is this child fully immunized for COVID-19, including all applicable boosters, or will they be by the time of their registered camp session?

- Yes
- No

Camp Preparation & Follow-Up

How can we best help your child succeed while at camp?

Does your child have any mental health concerns that we should be made aware of?

In addition to having tons of fun, what do you hope your child will gain from attending camp? Check all that apply:

- Taking care of him/herself Feeling good about him/herself Learning to make friends Being part of a group Helping others Solving problems Being a leader
- Being more independent Trying something new Other _____

Is there any additional information that you would like to share about your child?

Communication Preferences

Are you interested in connecting with other Camp Casco families? Sign up to be listed in our 2023 Camp Roster, and we will compile a list of contact information (city/town, state, your name, and email) to help participating families to get to know others in our network. Would you like to be included in this list?

- Yes No

Would you like us to give you a call to answer any questions you may have about camp? Yes No

Notify me about camp deadlines and important reminders via text? Standard text message rates will apply. Unsubscribe anytime. Yes No

Health History Form

Please complete the following information about this participant's health. Attach additional sheets as necessary.

Participant's full name _____

Cancer history (for patients/survivors):

Does this child currently have a central access line? Yes No

If so, please specify. _____

Are there any recurring or ongoing health issues (frequent headaches, sinus infections, earaches, etc.)?

Does your child have any other physical health concerns?

Has your child ever had an operation or serious injury?

Are there any activities from which your child should be exempted or limited for health reasons?

Health History Form Continued

Please complete the following information about this participant's health. Attach additional sheets as necessary.

Does this child follow any of the following diets? If other, please specify.

- Vegetarian
- Vegan
- Gluten-free
- Dairy-free
- Kosher
- Other _____

Does this child require the use of a gastrostomy tube? Yes No

Does this child have asthma? Yes No
If yes, please specify any triggers and treatments.

Is there any additional information you would like to provide about this child? _____

Allergies

Does this child have any known food allergies or sensitivities? Yes No
If yes, please specify.

Does this child have any known medication allergies or sensitivities? Yes No
If yes, please specify.

Does this child have any known environmental allergies or sensitivities? Yes No
If yes, please specify.

Does this child carry an EpiPen? Yes No
If yes, please specify.

Health History Form Continued

Please complete the following information about this participant's health. Attach additional sheets as necessary.

Mental Health

Are there any mental health concerns that we should be made aware of?

Has this child ever been diagnosed with any of the following?

- | | |
|--|---|
| <input type="checkbox"/> Attention Deficit Disorder (ADD or ADHD) | <input type="checkbox"/> Obsessive-Compulsive Disorder |
| <input type="checkbox"/> Behavioral Concerns | <input type="checkbox"/> Other Mental/Emotional/Social Health Issue |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Panic, Anxiety Disorder |
| <input type="checkbox"/> Disordered Eating | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Learning or Processing Challenge (disability) | |

Has this child gone through any significant family changes (death, divorce, adoption, etc.)? If yes, please specify.

Are you concerned about this child's ability to cope with homesickness? Yes No
If yes, please specify.

Travel

Has this child left the country in the last 9 months? Yes No

If yes, please specify.

Insurance

Please include this participant's health insurance information below

Name of insurance company _____ Policy # _____

Name of primary insured _____ Relationship to participant _____

Primary insured's date of birth _____ Employer of primary insured _____

Home address _____ Cell phone (_____) _____

Health History Form Continued

Please complete the following information about this participant's health. Attach additional sheets as necessary.

Medications

Please list all required medications for this participant (or attach a printed list) that will need to be administered while at Camp Casco:

We keep a supply of over-the-counter medications, creams, and lotions on site for minor health issues that may arise while at camp. Please check-off all medications you will allow us to provide your camper while at camp:

- | | |
|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Bug spray |
| <input type="checkbox"/> Antidiarrheal (Maalox) | <input type="checkbox"/> Guaifenesin (Mucinex [™] products; Robitussin Cough & Cold CF Liquid) |
| <input type="checkbox"/> Bismuth Subsalicylate (Pepto-Bismol products) | <input type="checkbox"/> Hydrocortisone Cream |
| <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> Ibuprofen (Advil) |
| <input type="checkbox"/> Chlorpheniramine Maleate (Robitussin Cough & Allergy Syrup) | <input type="checkbox"/> Loratadine (Claritin products) |
| <input type="checkbox"/> Cough Drops (Generic) | <input type="checkbox"/> Poison Ivy Treatment (Ivy-Dry) |
| <input type="checkbox"/> Diphenhydramine (Benadryl) | <input type="checkbox"/> Pseudoephedrine Hydrochloride (Advil [™] Cold & Sinus products) |
| <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Tolnaftate (Tinactin) |

Provider Contact Information

Please include this child's primary health provider below. If this child has received treatment for cancer since August 2022, or will be receiving treatment for cancer while at camp, please also include the contact information for this child's oncologist.

Provider Name _____

Provider Phone _____

Provider Email _____

Oncologist Contact _____

May we contact your child's health care providers?

Parent Signature _____

Date _____

Immunization Records

Up-to-date immunizations are required to attend Camp Casco unless contraindicated or affected by this child's disease or treatment course. This includes Covid-19 vaccines. All participants will need to be up-to-date with their vaccines as defined by the CDC. Required immunizations include:

- At least 2 doses of MMR
- At least 3 doses of Polio
- At least 1 Td booster if it has been 10 years since the participant's last dose of DTaP/Td
- At least 1 dose of Varicella or report of participant having chickenpox from the participant's doctor
- Full immunization for COVID-19, as defined by the CDC.
- For campers entering 7-12th grade, at least one dose of Meningococcal
- At least 3 doses of Hepatitis B
- At least 4 doses of DTaP

Please attach this child's current immunization records. If additional vaccination(s) are received prior to camp, please submit records prior to attending camp.

Copy of Recent Physical Examination

We are required to have a copy of a physical examination each participant has received within 18 months of attending camp. The physical must state that this child is cleared to participate in school and camp. If the form does not state "camp" explicitly, an additional note from the physician must be submitted that states the child is cleared to participate in camp. **Please attach a copy of a recent physical examination this child received in March 2022 or later.**

Thank you for completing your child's supplementary materials! Please return to Camp Casco by June 1.