



Camp Gut Busters 2010
June 27 – July 2, 2010

Camper Application Packet

IBD Summer Camp Foundation
A 501c(3) Non-Profit
P O Box 210521
San Francisco CA 94121

admin@ibdcamp.org



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WELCOME!

Dear Parents and Campers,

Welcome back experienced campers and welcome to all of you who are attending camp for the first time.

2010 Camp Gut Busters is Sunday, June 27th through Friday, July 2nd !

Before the fun can begin, there are necessary forms to fill out and although we know there are a lot of them, please read everything thoroughly and complete and return the paperwork **no later than June 1st 2010**.

You can mail or fax the packet of documents to:

Camp Gut Busters
c/o Pam Lee
196 Ursuline Rd.
Santa Rosa, CA 95403

Home: 707 573 8545
Cell: 707 479 2637
Fax: 707 586 3159

This year camper arrival time is between 3:00 and 4:00 p.m. on Sunday, June 27th as Camp Wonder is ending at noon on the same day we are starting. That first afternoon will be for registration and getting everyone settled and then we will dive right into the first evening activities. The week is filled with fun events and time for the kids to bond, support each other and share their experiences.

Upon arrival, please park in the lower parking lot, follow the posted signs, and walk up to the main entry of the Dining Hall facing the pool where registration takes place. If you need to drive up to drop off your child's gear, you can do that after registration when you know the cabin assignment.

****If you have to drop off your child earlier in the day—please let Pam Lee know so that she can help you with arrangements.****

Camper pick up time is 12:00 noon on Friday, July 2nd. Expect to see some very happy faces!

If there are any questions or special needs please contact Pam Lee at the number above or email her at: pamlee1@aol.com

We've done everything to make Camp Gut Busters a great experience for your kids because they deserve it!

See you at camp,

Richard, Mel & Pam



CAMPER APPLICATION FORM

(To be completed by Parent or Legal Guardian)

Camper name: _____

Address: _____

City _____ State: _____ Zip: _____

E-mail: _____ Home tel: _____ County _____

Parent(s) name(s): _____

Address if different from camper _____

Home tel: _____ Work tel: _____

E-mail: _____ Mobile phone: _____

Camper's birth date: _____ Age during camp: _____ Gender: _____

If camper is 17 years old, does he/she want to be a Counselor-in-training? Yes No

Name of camper's physician: _____

Physician's address: _____

_____ Physician's tel: _____

Is either parent deceased? Yes No

Are parents divorced or separated? Yes No

If yes, with whom does the child reside? _____

Names and ages of siblings: _____

Camper's school name and location: _____

Has your child ever been away from home for the weekend or more? Yes No

Any previous sleep away camp experiences? _____



CAMPER APPLICATION FORM

(Continuation)

Camper name: _____

Is your child a bed wetter? Yes No A sleep walker? Yes No

Does your child discuss his disease openly with others? Yes No

Please give us your campers T-shirt size: XS S M L XL

Will parents be away from home while camper is at camp? Yes No

If yes, please give us complete information on when and where you can be contacted.

Tel: _____

Address: _____

Please list whom to contact in case of emergency:

Name: _____

Relationship: _____ Tel: _____

Name: _____

Relationship: _____ Tel: _____

Please list the adults who are authorized to pick your child up from camp:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Is there anything you would like to tell us about your child on this confidential application?
For example, are there any eating disorders, sleeping problems or psychological conditions
that our counselors should be aware of?

Signature: _____ Date: _____

Relationship to camper: _____



CAMPER HEALTH HISTORY FORM

Date: _____

Camper name: _____ Home tel: _____

Address: _____

City: _____ State: _____ Zip: _____

Height: _____ Weight: _____

Camper has Crohn's Disease – location of disease: _____
 Ulcerative Colitis

How long has your child had inflammatory bowel disease (IBD)? _____

What symptoms does your child have or complain of when he/she has a flare-up? _____

Days absent from school due to IBD this past school year? _____

Surgery for IBD? _____

Does camper have an ostomy, J-pouch (pull through) or other diversionary surgery?

If yes, please explain surgery and if camper needs assistance with pouch change or irrigation. _____

Number of emergency room visits and/or hospitalizations for IBD? _____

Date of last hospitalization: _____ What were the circumstances? _____

Are there any activities too strenuous for your child? (i.e., hiking, riding, sports, etc.?)

Yes No

If yes, please list the activities that you feel would be too strenuous and why:



CAMPER HEALTH HISTORY FORM
(Continuation)

Camper name: _____

What foods are your child allergic to or has difficulty eating and/or what has the doctor said he/she cannot eat? _____

Does your child have any other allergies? (i.e., bee stings, pollen, dust mites, etc.)

Yes No

If yes, what are they? _____

Medication allergies: _____

Has your child ever experienced anaphylactic shock (a severe allergic reaction)?

Yes No

If yes, to what? _____

Does your child have any other medical problems we should be aware of?

Yes No If yes, please explain. _____

Name of Health Insurance Carrier: _____

Policy #: _____

Parent or Guardian: _____

Signature: _____ Date: _____



PHYSICIAN'S EVALUATION FORM

(To be completed by Camper's Gastroenterologist)

Camper name: _____ is physically able to participate in CAMP GUT BUSTERS located at Camp Arroyo in Livermore, CA, a camp for kids with inflammatory bowel disease, sponsored by The Taylor Family Foundation and the IBD Summer Camp Foundation. I understand that a physician (pediatric gastroenterologist and nurse/s) will staff the camp health center during the duration of camp.

CAMP GUT BUSTERS should **ACCEPT** or **DECLINE** application. If decline, please explain.

Physician's name: _____

Signature: _____

Phone #: _____ Fax #: _____

Address: _____

City: _____ State: _____ Zip: _____

Camper's name _____ Date of Birth: _____

Diagnosis: _____

Extent of disease: _____

PMH: _____



PHYSICIAN'S EVALUATION FORM
(Continuation)

Camper name: _____

Significant event (i.e., stroke, clot, fulminant failure with cyclo rescue, has central line, splenomegaly, and uses spleen protector): _____

Extraintestinal manifestations (i.e., E. nardosum, arthritis): _____

Essential medications (all meds will be given with meals or at bedtime). Please arrange accordingly: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____

Note to the Gastroenterologist:

Please return the completed form to:

CAMP GUT BUSTERS
c/o Pam Lee
196 Ursuline Road
Santa Rosa CA 95403
Phone: 707-573-8545
Fax: 707 -586-3159



MEDICATION RELEASE FORM

All campers, regardless of age, must have their medications dispensed by the infirmary staff. All medications must be turned in to the Infirmary staff at the time of check-in, including non-prescription drugs.

Camper name: _____

I/We, the parent(s) or legal guardian(s) of the above named camper, do hereby give permission for the medical staff of the Northern California IBD Camp at Livermore, CA to give medication(s) to the above named camper. I/We have indicated the correct medication information on the attached form listing all medications, dosages, time schedule and special instructions.

Parent/Guardian name: _____

Signature: _____ Date: _____

Witness name: _____

Witness signature: _____ Date: _____

Parent/Guardian name: _____

Signature: _____ Date: _____

Witness name: _____

Witness signature: _____ Date: _____



INFORMATION ON ALL MEDICATIONS

Camper name: _____

Camper's physician: _____ Physician's #: _____

Parent's Phone # _____ Allergies _____

It is very important for all medications that the camper currently takes as well as those medications that he/she takes for special circumstances be listed in full on the form below. This includes IBD medications and medications/treatments taken for any other health concerns. Please include as needed medications such as Tylenol, allergy medications, all supplements, etc.

When completing this Medication table, please note you must select a time the medication will be given. **This may be different from the home schedule.** You need to select the time closest to the normal time medications are given. (Example: If you give Asacol at 7am, 3pm and bedtime you would choose the 8am, 12pm or 5 pm and 9pm. It would be up to you which time to choose for the middle dose.)

Medication Name	Dosage	Times* (8a, 12p, 5p, 9p)	Special Instructions

* 8a = breakfast; 12p = lunch; 5p = dinner; 9p = bedtime



INFORMATION ON ALL MEDICATIONS (Continuation)

Does the camper require Total Parenteral Nutrition (TPN) or continuous tube – feedings**?

Yes No

If yes please explain the regimen:

Does camper have a central line or gastrostomy line (g-button) that must be flushed?

Yes No

If yes please explain the regimen:

****When packing supplies, please include two extra day supply of all tubing and bags in addition to the seven day supply needed for camp.**

Things to Remember before leaving for camp:

1. Place all medications in a pill container/box that is divided into 7 days. If you child takes medications twice a day, then a container for seven days, twice daily would work. If he/she takes medications 4 times a day, buy one that is for 7 days, four times a day. Place your child's name on the pill container for easy identification. *See examples below.*
2. Bring the remaining medications in the original bottles in a zip lock bag with your child's name clearly written on the outside.
3. If your child likes medications crushed and mixed in ice cream, a special juice, etc. please bring these items so we can mix the medicines the exact way it is done at home.





EMERGENCY AUTHORIZATION FORM

To ensure that your child will receive proper medical care in the event that he/she should require it, and the parents or guardians are unable to be reached, we ask that you provide us with authorization to act on your behalf.

I/We, being the parent(s) or legal guardian(s) of _____
(Name of child)

do hereby appoint CAMP GUT BUSTERS personnel (i.e., Medical Director, Camp Nurse, Camp Director) to act on my/our behalf in authorizing medical, dental or surgical care and hospitalization for the above named minor during period(s) of my/our absence.

Parent/Guardian name: _____

Signature: _____ Date: _____

Witness name: _____

Witness signature: _____ Date: _____



CAMPER AUTHORIZATION & RELEASE FORM

Camper name: _____

I certify that I am the parent or legal guardian of the above named child (hereafter referred to as the "Applicant"). I understand that the Applicant will be participating in many physical activities at camp, and with such knowledge I give permission for the Applicant to engage in all activities except as noted by me or by my child's physician in writing that accompanies this form.

I authorize the camp staff to provide medical care to the Applicant that they deem necessary. I also authorize the Applicant to receive any emergency care, which is deemed advisable by the camp medical staff. I hereby give permission for the camp staff to directly contact any of my child's physicians listed on his/her application.

I give permission for CAMP GUT BUSTERS to use photographs, video footage and statements of the Applicant for promotional purposes (including but not limited to brochures, letters, posters, video and/or the Internet.

I give permission for the Applicant's name address, telephone number and e-mail address to be listed in the CAMP GUT BUSTERS directory.*

I hereby release CAMP GUT BUSTERS and their respective employees, volunteers, directors, trustees, members and sponsors (herein collectively referred to as "Releasees") from all claims, damages and liabilities, that may result, directly or indirectly, from any physical or emotional injury that the Applicant may suffer while at CAMP GUT BUSTERS or during transportation to, from or while attending CAMP GUT BUSTERS at Camp Arroyo in Livermore, CA.

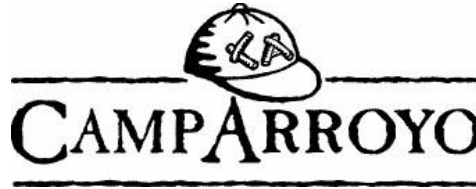
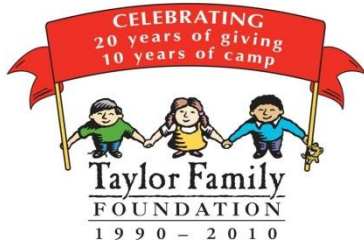
I hereby indemnify the Releasees against all claims, damages, and liabilities, including legal fees or other out-of-pocket expenses, that may result, directly or indirectly, from any physical or emotional injury the Applicant may suffer while at CAMP GUT BUSTERS or during transportation to, from or while attending CAMP GUT BUSTERS at Camp Arroyo in Livermore, CA.

Parent/Guardian signature

Date

*If you DO NOT WANT the Applicant's name, address, telephone number, and/or e-mail address listed in the CAMP GUT BUSTERS directory, please sign below.

Parent/Guardian signature



Participant Name (Print legibly in CAPITAL LETTERS)

Last

First

INDIVIDUAL RELEASE OF LIABILITY FORM
The Taylor Family Foundation's Camp Arroyo

Visiting Organization/Group Name _____

Participant Address _____

Age at Date of Participation _____ M F N

Name of Guardian (if Participant is a Minor) _____ Relationship to Minor: _____

Phone (h) _____ (w) _____ (cell) _____

Please Read Carefully-Signature Required

If the above-listed Participant is under 18 years of age, I hereby declare that I am authorized as their guardian to sign this Release of Liability Form on their behalf, and understand and agree that they are bound by all terms and conditions of this document.

In consideration of the services provided by The Taylor Family Foundation ("TTF"), the YMCA of the East Bay, and the East Bay Regional Park District and their respective agents, employees, directors, officers, contractors, volunteers (collectively the "Released Parties"), in connection with Participant's participation in the Visiting Organizations program ("Program") at Camp Arroyo, I as Participant or, if Participant is a minor, as parent/guardian of Participant agree as follows:

I am familiar with the Program and all of my questions about the Program, including questions concerning the details of activities, the physical conditions, and the Program's location have been answered to my satisfaction. I understand that participation in the Program creates a risk of injury and I expressly acknowledge and assume the risk of such injury to the Participant. The following describes some of those risks:

- The Program involves outdoor activities where exposure to environmental risks includes poison oak, insects, snakes, predators, unpredictable forces of nature such as storms, earthquakes and wildfires. Entering restricted areas on the property is prohibited and could be dangerous.
- The Program may require travel to an off-site activity by bus or vehicle and Program components may or may not include: arts and crafts, swimming, basketball, bocce ball, field sports, challenge course (includes rock wall, zip line, high and low ropes course elements), horseback riding, hiking, boating, and gardening. Possible injuries include, but are not necessarily limited to, sunburn, dehydration, heat stroke, slipping, falling, drowning, and other mild or serious injuries and conditions.
- All Participants will be required to take a swim test. Participants who do not pass the swim test will only be allowed in the shallow end of the pool with a lifejacket on. If the guardian of the above-named Participant does not want the Participant to wear a lifejacket, they may indicate so in the box below*.



I agree that this description of risks is not complete, and that unknown or unanticipated risks may result in property loss, injury, or death. I understand that the unique character of this Program is to serve participants who are medically fragile and/or high risk. I have submitted, to the best of my knowledge, complete health history information to the above-named organization and represent that Participant is free from medical or physical conditions that might create undue risk to the Participant. I represent that the Participant is fully capable of participating in this Program. Therefore, I assume and accept full responsibility and assume the risk of and for any injury, death, loss of personal property, and/or expenses that may result from Participant's involvement in this Program, and I further agree to indemnify and hold harmless the Released Parties, Pacific Leadership Institute, Fort Miley Adventure Challenge Course, Challenge Works, Urban Concessionaires, Durham Bus Service, Peggy James and each of their agents, employees, directors, officers, contractors, volunteers, and all entities associated with it to the fullest extent of the law, from any and all claims, damages, losses, or liability that may result from Participant's involvement in the Program.

Food Allergies and Allergies Notification, Acknowledgment, and Release of Liability

An environment free of allergens, including but not limited to food allergens, **CANNOT** be guaranteed at Camp Arroyo. While reasonable efforts will be made to serve food not containing allergens as an ingredient, Camp Arroyo prepares meals in a facility that uses nuts, soy, wheat, and other known allergens. Therefore, the Released Parties cannot guarantee that any particular food product is free of all traces of any particular allergen, that consumption of a food product will not result in some form of allergic reaction, or that the Participant will not come into contact with any allergens while at Camp Arroyo and participating in the Program. The undersigned acknowledges and agrees that i) he/she is aware of such risks and that participation in the Program will expose the Participant to food, activities and persons that may result in exposure to allergens and injury and, in that regard and assuming such risks, the undersigned hereby fully releases and discharges the Released Parties from any and all liability and/or responsibility to the Participant, the undersigned, or any third party for death and/or injuries to the Participant, and/or any direct, indirect, punitive, incidental, or any damages that arise out of or relate to Participant's participation in the Program at Camp Arroyo and/or exposure to food allergens.

Participant/Parent/Guardian Initials _____

PLI/Fort Miley Adventure Challenge Course

This Release of Liability Form also covers participation in the Adventure Ropes Course offered by PLI, Fort Miley. I understand that certain elements of this program are physically demanding and that Participant should only participate in the Ropes Course if he/she is free of medical or physical conditions which might create undue risk to Participant or other participants. Participant is free from such conditions and I am aware that these activities involve a potential for injury to Participant and his/her property. To the extent that Participant participates in such activities, he/she does so *voluntarily* and I assume full responsibility for any loss and/or inconvenience resulting from Participant's participation. I further agree to indemnify and hold harmless the Released Parties, PLI, Fort Miley, the National Park Service, the San Francisco State University Foundation and each and all of their officers, directors, employees and agents from any and all liability incurred as a result of Participant's participation. I also agree that this Release of Liability shall serve as a complete legal release and assumption of risk for Participant's heirs, executors, and administrators, and all family members, including any minors.

Promotional/Photo Release

One of the best ways to explain our mission of supporting children is through photographs, video, artwork, and testimonials of our program participants. We use these in our brochures, newsletters, annual report and website. I agree that photographs taken of Participant or other materials created by Participant and submitted to TTFF, shall become property of and may be used by TTFF, at its discretion, for any publicity or marketing purposes, and I hereby consent and authorize such use without restriction.

By signing below, you understand and agree to the terms and conditions of this document.

Participant Signature (if age 18 or older) _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Please answer following questions:

- Yes No *If the Participant does not pass the swim test, I give permission for them to swim in the shallow end without a lifejacket.
(By checking NO, the Participant will be required to wear a lifejacket in the shallow end of the pool.)
- Yes No I give permission for the Participant to take part in the Adventure Challenge Course.
- Yes No I give permission for the Participant to have their photograph taken.



CAMP PRACTICES AND POLICIES AGREEMENT

Please read the following Camp Practices and Policies Agreement CAREFULLY AND THOUGHTFULLY, and then sign the statement of compliance that follows.

RESPECT: Each camp participant -- including campers, counselors, activity staff, medical staff and administrative staff -- has a responsibility to respect the camp leadership, as well as the health and well-being of the camp community.

CURFEW: Everyone is urged to get enough sleep to be able to function effectively throughout the day. All volunteers are expected to return to and remain in their cabins with lights out by the curfew established by the Camp Director.

MEDICAL SERVICES: The camp will provide medical care to anyone who becomes ill or injured. The camp medical staff and /or Camp Director will arrange all treatment. The medical staff must be advised promptly of any injuries or health problems.

TELEPHONE CALLS: Campers, volunteers, and staff will not be paged for calls, except in cases of emergency. Campers are not permitted to make telephone calls during their stay at camp, except in cases of emergency, or special needs as defined by the Camp Director. For volunteers and staff, a pay phone will be available during free time.

VALUABLES AND CASH: Everyone is urged not to bring highly valued clothing or accessories. Under special circumstances cash and small valuables may be turned in to the Camp Director for safekeeping. The camp cannot be responsible for either loss or damage to personal property.

PROFESSIONALISM: Personal information about campers given and received during orientation or throughout camp must be held in confidence. Volunteers are expected to act professionally toward all campers, volunteers and staff. Volunteers may not take campers off campgrounds without prior permission from the Camp Director. Any communication with individuals outside the camp community regarding campers must be made through the Camp Director or medical staff.

SMOKING: Smoking will not be permitted at any time on the premises

ALCOHOL, DRUGS, WEAPONS: The possession or use of alcoholic beverages and the illegal possession or use of illegal drugs are strictly forbidden, and will be grounds for sending a volunteer and/or camper home. The possession of a firearm, knife, or other weapon is strictly forbidden and will be grounds for sending a volunteer and/or camper home. To be under the influence of alcohol, illegal drugs or illegal use of prescription drugs at camp is not consistent with a volunteer's responsibility to the campers.



CAMP PRACTICES AND POLICIES AGREEMENT

(Continuation)

LIMITS: Setting limits is an important part of a volunteer's responsibility. No camper or volunteer can be allowed to intimidate or frighten other campers or volunteers, or to disrupt other activities. In setting a tone of respect for the right and feelings of others, cursing and ranting are not to be tolerated. Ridiculing, embarrassing, hitting, spanking, or frightening campers are not acceptable methods of modifying behavior. Corporal punishment of any kind is strictly forbidden and will be grounds for sending a volunteer or camper home.

MORAL BEHAVIOR: Everyone is expected to behave in a morally upstanding way. Immodest clothing or excessive displays of affection are not allowed. Any sexual activity at camp is strictly forbidden. Be respectful of campers when assisting with personal hygiene. Notify the Camp Director immediately if there are any concerns regarding personal contact with or among camp participants.

**In order to attend the CAMP GUT BUSTERS at Camp Arroyo in Livermore, CA,
I will follow the guideline as set forth below:**

- 1. I will respect the camp leadership.**
- 2. I have read the above Practices and Policies, and agree to abide by the policies established for the camp. I am fully aware that adhering to the above and any camp facility rules will be my sole responsibility. Deviation from these policies and rules will be cause for immediate dismissal from the camp and I will have to make arrangements for transportation at my sole expense.**

Signature of Camper

Date

Signature of Parent/Guardian

Date

Signature of Volunteer/Staff

Date



LIST OF FORMS

FORMS THAT NEED TO BE COMPLETED, SIGNED, DATED AND RETURNED

- ✓ Camper Application (2 pages)
- ✓ Camper Health History (2 pages)
- ✓ Physician's Evaluation (2 pages)
- ✓ Medication Release/Information on all Medications (3 pages)
- ✓ Camper Authorization & Release (1 page)
- ✓ Emergency Authorization (1 page)
- ✓ Camp Practices and Policies Agreement (2 pages) – Return page 2 only
- ✓ Release of Liability (2 pages)

FORMS THAT DO NOT NEED TO BE RETURNED

- Cover Letter
- List of Forms (this page)
- Camper Information
- Things to Bring
- Driving Directions to Camp Arroyo
- Camp Arroyo Map



LIST OF THINGS CAMPERS SHOULD BRING TO CAMP

Please mark all items clearly marked with camper's name, and bring enough items for 7 days and 6 nights.

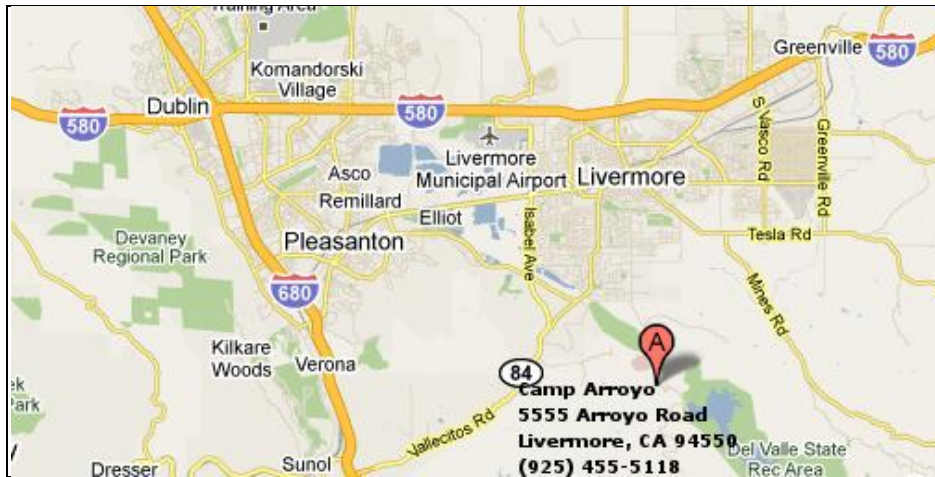
- Sleeping bag
- Pillow and pillow case
- Pajamas or other nightwear
- Underwear and socks
- Poncho or raincoat
- Shorts
- Jeans
- Sweater or sweatshirt
- T-Shirts
- Bath and beach towels
- Washcloth
- Swimsuits
- Soap
- Comb & brush
- Shampoo
- Toothbrush & toothpaste
- Sneakers
- Thongs or other shower shoes
- Walking shoes (hiking shoes preferred)
- Bugs spray
- Sun block lotion (at least SPF 30)
- Flashlight & batteries
- Hat for sun protection

Optional Items: Playing cards, books, games, fanny pack, musical instruments, costume for talent show

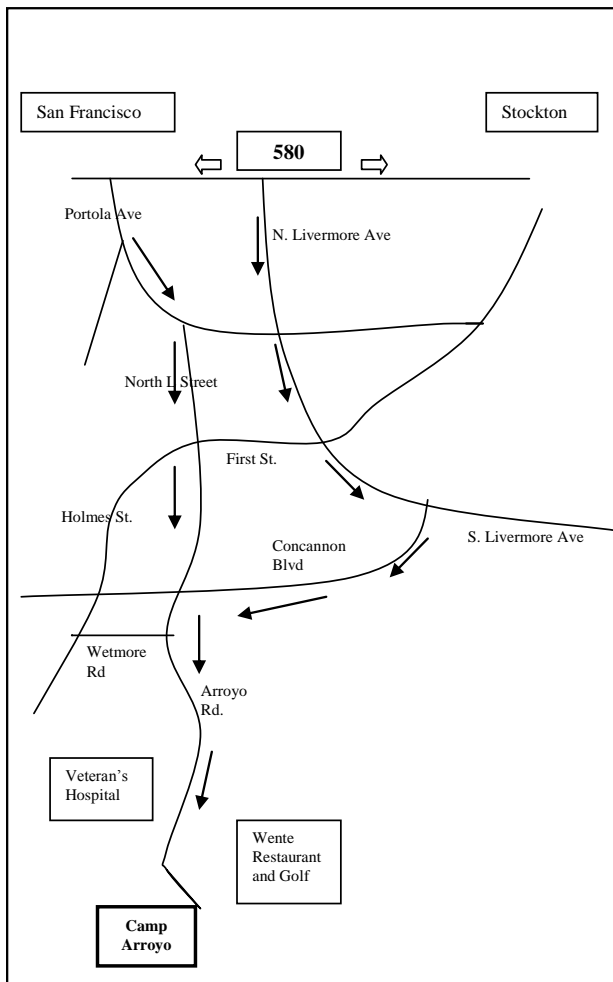
Please do not bring knives, matches, fireworks, electrical equipment or expensive clothing items. Do not bring jewelry, tobacco, alcohol, recreational drugs, boom boxes, MP3 players, iPods, cell phones, beepers, pagers, cash, or other valuables. Camp is a smoke free environment. No smoking will be permitted anywhere on the premises.



DIRECTIONS TO CAMP ARROYO



Google Map Link: http://bit.ly/camp_arroyo



Directions to Camp Arroyo

Heading Westbound on I-580

- Take I-580 towards Livermore.
- Take the N. Livermore Road exit. Head South on N. Livermore Road. As you get through downtown Livermore, the road will change to S. Livermore Road. You will travel about 2.5 miles from the freeway exit to Concannon Blvd..
- Turn right onto Concannon. Stay on Concannon for 1 mile to Arroyo Road.
- Turn left onto Arroyo Road. You will travel on Arroyo Road for about 3.4 miles to the Camp Arroyo electric gate.

Heading Eastbound on I-580

- Take the Portola Ave exit. Continue straight on Portola.
- Turn right on North L Street.
- L Street becomes Arroyo Rd.
- Continue to almost the end of Arroyo Rd. to the Camp Arroyo electric gate.

As you travel down Arroyo Road you will pass residential areas, the VA Hospital and Wentle Restaurant/Golf Course. After you have passed Wentle, you will cross over a narrow bridge in the road (sides are painted white). Follow the road as it turns to the left and heads up a short hill. Look for the electric gate on your right (2nd gate after the bridge) and a big Camp Arroyo sign. You will need to dial your access code or 000 on the keypad if the gate is not open.



CAMP ARROYO LAYOUT

