

**Camp HIS KIDS Family Camp 2021**  
**HIS KIDS APPLICATION FORM & INFO**



**DATES/TIMES:** Friday, August 6 at 6:30pm to Sunday, August 8 at 1:00pm

**LOCATION:** Camp Wartburg, 5705 LRC Rd, Waterloo, IL

**DETAILS:**

This year, due to COVID safety, we are holding a weekend FAMILY camp (parents included) instead of our traditional week-long kids-only camp. We will have all of the same Camp HIS KIDS fun: water spectacular, fishing, archery, wishing boats, songs, games, and MORE! Plus, some new family-oriented activities!

Families will either stay at Camp Wartburg (one family per cabin) or will stay at home and drive to and from camp (for families who live closest to camp). We will be offering kids-only day camp on a limited basis for those kids whose parents cannot attend camp with them.

We will be doing a lot to keep everyone safe and healthy this year. Our medical advisory board will be planning safety protocols and will be at camp, as usual, to take care of us all there. Masks will be worn indoors, we will be checking temperatures daily, and socially distancing ourselves as well. (More details on specifics coming as we get closer to camp)

**OPTIONS:** (please check the option that you prefer- we will make every effort to honor your preferences but cannot guarantee you will get your first choice)

\_\_\_\_\_ **Overnight Family Camp:** Your family (parents included) will stay at camp from Fri-Sun in your own cabin (with your own showers/bathrooms)

\_\_\_\_\_ **Family Day Camp:** Your family (parents included) will arrive at camp each day when activities begin (Fri-6:30pm, Sat 8:30am, Sun 8:30am) and leave when the activities are over (Fri 9pm, Sat 8:30pm, Sun 1:00pm) **NOTE: We will be hosting a “camp bus” shuttle from St. Louis for rides to and from camp for those who need it**

\_\_\_\_\_ **Kids-Only Day Camp:** This option will be considered on a limited basis for kids whose parents cannot attend camp for the weekend. Kids will need to arrive at camp when activities begin (Fri-6:30pm, Sat 8:30am, Sun 8:30am) and leave when the activities are over (Fri 9pm, Sat 8:30pm, Sun 1:00pm). **NOTE: We will be hosting a “camp bus” shuttle from St. Louis for rides to and from camp for those who need it. Kids-only campers may NOT stay overnight at camp.**



# Camp HIS KIDS Family Camp 2021

## HIS KIDS APPLICATION FORM

Patient's Full Name \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Diagnosis \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_  
Physician \_\_\_\_\_ Treatment Center \_\_\_\_\_  
Currently on treatment? YES \_\_\_\_ NO \_\_\_\_ CHEMO \_\_\_\_ RADIATION \_\_\_\_ OTHER \_\_\_\_\_  
If not, when was treatment completed? \_\_\_\_\_  
Does patient have central line? YES \_\_\_\_ NO \_\_\_\_ If so, what type? \_\_\_\_\_

### **FAMILY INFORMATION:** (Please only list people who will be attending camp this year.)

Does ill child live with both parents? If not, who has legal custody? \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

<b><u>Siblings: Full Name</u></b>	<b><u>Sex</u></b>	<b><u>Date of Birth</u></b>	<b><u>Live in same Household</u></b>
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(1) _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(2) _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(3) _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(4) _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(5) _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please list any special needs and/or medical problems for **ALL FAMILY MEMBERS** (i.e.: heart, allergies, dietary restrictions, wheelchair, stroller, walker, crutches, prosthesis, etc.): \_\_\_\_\_

**PLEASE BRING ALL NECESSARY SUPPLIES, INSTRUCTIONS, EQUIPMENT AND MEDICATIONS (INCLUDING OVER THE COUNTER MEDS) WITH YOU. BE SURE THAT ALL MEDS ARE LABELED. A REFRIGERATOR WILL BE AVAILABLE FOR MEDS.**

I verify that the above information is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to patient \_\_\_\_\_

**VERY IMPORTANT! If anyone in your family has been exposed to CHICKEN POX, MEASLES, or COVID-19 within 3 WEEKS prior to this event, PLEASE CONTACT US IMMEDIATELY!**  
**Also, no one should have the LIVE VIRUS POLIO VACCINE within 6 WEEKS of this event. (There is a slight risk of exposure to the person on treatment.)**

All communications for this event (planning, info, etc.) are done by EMAIL- please include the email address that you check regularly when completing this form! Thanks!