



A one-week residential summer camp for children and teens diagnosed with inflammatory rheumatologic diseases.

PRE-REGISTRATION FORM

Acceptance is pending application review and approval by the Camp D-H team.

Pre-registration deadline: May 24, 2019

Notification of acceptance: by June 5, 2019

Follow-up paperwork due: July 13, 2019



Camper Information

Name

First Last

Home Address

Number and Street City State Zip
() - () -

Email Address Home Telephone Cell Phone

Gender: Male Female Date of Birth: ___ / ___ / ___ School grade as of Fall 2018 _____

T-Shirt Size (Check One): Youth: S M L XL Adult: S M L XL

Has your child been to Camp D-H before? No Yes

Is your child going to be graduating from Camp this year? No Yes

If camper has reached the age of 18, or is going into senior year of high school

Parent Information

Parent or Legal Guardian 1

First Last

Telephone numbers

() - () - () -
Day Evening Cell

Parent or Legal Guardian 2

First Last

Telephone numbers

() - () - () -
Day Evening Cell

Medical Information:

Primary care Provider

Name _____ Phone () - No Yes
Permission to contact

Number and Street _____ City _____ State _____ Zip _____

Rheumatology Provider

Name _____ Phone () - No Yes
Permission to contact

Number and Street _____ City _____ State _____ Zip _____

Diagnosis (include present status of rheumatologic condition):

Please describe the joints that are most involved at the present:

Please list all present medication(s):

Does your child have any food allergies or restrictions? No Yes If yes, please explain:

Does your child have any physical limitations or use assistive devices? Please describe:

Does your child have a history of seeking mental health services/care (ADD/ADHD)?

Personal History:

Please list names of everyone who lives in your home. Include ages of brothers and sisters.

What has your child's school year been like?

Did your child miss any days of school this past year? **No** **Yes** If you responded yes, approximately how many days for each of the following:

Appointments: _____ Days related to arthritis: _____ Days ill: _____

Have there been any recent (in the past year) significant events in your family which might be on your child's mind during camp (new baby, marriage, move, new job, death, illness, etc.)? **No** **Yes**

If yes, please describe.

How long does it take for your child to get up and dressed in the morning?

Activities of Daily Living - Please comment on your child's ability to do the following:

	Needs Full Help	Needs Some Help	Needs No Help
DRESSING			
Blouse/shirt			
Pants/shorts			
Undergarments			
Socks and shoes			
Jacket/sweater			
WASHING			
Brushing teeth			
Washing hands and face			
Showering			
Use of toilet			
EATING			
Feeding self			
Cutting food			
Serving			

	Needs Full Help	Needs Some Help	Needs No Help
GETTING AROUND			
Walking			
Climbing stairs			
Sitting to standing transition			
Lying down to sitting transition			

Does your child use a wheelchair, walker, or crutches? **No** **Yes** If yes, please comment. Bring all assistive devices to camp with your child.

Are there any other limitations to activities for your child? If yes, please explain:

Is your child on a specific exercise program? **No** **Yes** If Yes, Bring all information on program to camp with your child.

What are your goals or expectations for your child's experience at camp?

Please list ANYTHING else you think we should know about your child.

Camp Payment Information

The camp pre-registration fee is \$30.00 and is a non-refundable processing fee that is due at the time of registration by **May 24, 2019**.

Please make the check or money order payable to "**Camp Dartmouth-Hitchcock**".

Check all that apply:

- Our family has enclosed the \$30.00 registration fee.
- Our family is actively seeking out support from our local arthritis foundation chapter.

Name of Chapter: _____

- Our family plans to pay the full tuition.

Please PRINT the full name of the parent or legal guardian who completed this form

Signature of the parent/guardian who completed this form

Mail completed form and \$30 pre-registration fee to:

Camp Dartmouth-Hitchcock
 Attn: Elizabeth Gobin, Division of Rheumatology
 One Medical Center Drive
 Lebanon, NH 03756-0001