



Dear Camper,

We are once again preparing for Camp Bluebird, which will be held September 18 – September 20, 2009. If you are planning to attend, we ask that you return your registration no later than **September 1st**.

Please complete and return the following information with your Medical Health form.

Check all that apply:

1. _____ I am a first time camper

My sweatshirt size: M L XL XXL

2. _____ I have enclosed payment of \$10.00 to cover the cost of camp.
(Make checks payable to Union Hospital Foundation)

3. _____ I would appreciate a Campership.
(Provided for those who feel the \$10.00 is a hardship)

4. _____ I have completed and enclosed the Medical Health Form.
(A new form must be completed for each camp)

5. _____ I am willing to serve as a Buddy for a first time camper and will be at camp
Fri. – Sun.

6. I will have _____ guest(s) for the closing ceremony Sunday. (We ask that guests
arrive no earlier that 10:45. The ceremony will begin at 11:00)

Lodging requirements:

_____ I will be staying at camp the following nights: _____ Fri _____ Sat.

_____ I am a night owl _____ I prefer a quiet cabin

_____ I have special medical needs as described on the Medical Health form and
require a bed assignment in the lodge

I will be in attendance for the following meals:

Fri. _____ Dinner

Sat: _____ Breakfast _____ Lunch _____ Dinner

Sun _____ Breakfast _____ Lunch

Signed _____

Date _____

CAMP BLUEBIRD MEDICAL HEALTH FORM



Please print clearly. Registration must be completely filled out, including medications with strength and frequency

Name _____ Date of Birth _____ Age _____ Sex: M () F ()
Address _____ City _____ State _____ Zip _____
Home Phone _____ Wk Phone _____ Cell Phone _____
e-mail address _____ Occupation _____

Do you wish to be included on our mailing list? Yes () No ()

Physician's Name _____ Phone _____ Date Last Seen _____

Your Cancer Diagnosis _____ Your Cancer Treatments _____

Are you receiving cancer treatments at this time? Yes () No () _____

Allergies _____ Date of Last Tetanus Shot _____

Medications your are currently taking (please list on back of form) ***This information is MANDATORY***

Do you need help with medications? Yes () No () If yes, is refrigeration needed? Yes () No ()

I understand that I am to bring my own medications (both scheduled and those taken on an "as needed" basis), as well as my supplies I might need (i.e. dressing changes, ostomy supplies, catheter, caps, etc.)

The lodge at Camp Bluebird is reserved for those campers with disabilities, or in need of medical assistance, or supervision. Due to limited space, bed assignments will be based on those requirements. If you are in need of a bed in the Lodge, please explain

_____ Dietary Restrictions _____

Hospital Preference _____ Insurance Company _____

Policy Holder's Name _____ Policy Number _____

Emergency Contact 1.Name _____ Relationship _____

Address _____ Phone _____ Cell Phone _____

Emergency Contact 2.Name _____ Relationship _____

Address _____ Phone _____ Cell Phone _____

I have completed the above information and will assume the responsibility for myself. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that my next of kin will be notified as soon as possible in case of an emergency. In the event that they cannot be reached in an emergency, I hereby authorize Camp Bluebird staff to acquire medical treatment for me.

Signature _____ Date _____

I understand that I might participate in Camp Bluebird activities that may be photographed or filmed for the purpose of public relations. Permission is also given for any written materials I may produce (such as poems, artwork and expressions in writing to be used in the above manner.

Signature _____ Date _____

Please return completed forms in the enclosed postage-paid envelope