



Palmetto Health Children's Hospital

Dear Parents,

Camp Wonder Hands is a unique summer camp for deaf and hard-of-hearing children. This camp originated over 20 years ago as an idea of Marolyn W. Amick, a Child Life Specialist at Palmetto Health Children's Hospital. Mrs. Amick, who herself is hard-of-hearing and has a child who is deaf, felt the need to provide an atmosphere where deaf children would be able to identify with others and learn that they are not alone in their experience.

This year Camp Wonder Hands will be held **Sunday – Friday, June 24-29, 2018** at Camp Kinard in the Batesburg-Leesville community. There will be swimming, games, crafts, community presenters, and lots of fun.

Children ages (7) Seven to (15) Fifteen years of age are invited to attend this summer camp without cost. Please complete all forms of the enclosed application and return the packet to the return address provided or by email as a Adobe PDF attachment to register your child/children for an experience of a lifetime. **REGISTRATIONS MUST BE POSTMARKED ON OR BEFORE MONDAY, APRIL 23, 2018 TO BE ELIGIBLE TO ATTEND CAMP. NO REGISTRATIONS WILL BE ACCEPTED AFTER THIS DATE.** So register early, because space is limited and we want your child to have a summer to remember. Should you have any questions, feel free to contact Julie Riffle, Camp Coordinator or E.T. Taylor, Director at CampWonderHands@PalmettoHealth.org For additional information, call Children's Hospital at **(803) 296-KIDS.{5437}** Someone will get back to you as soon as possible.

Thank you for your time. We look forward to enjoying the company of your children this summer. Please feel free to make copies of this packet and pass it on to family, friends, church, etc.

Sincerely,

E.T.

**E.T. Taylor, RN, BSN
Director, Camp Wonder Hands
Palmetto Health Children's Hospital**

Marolyn

**Marolyn Amick, Founder-Emeritus
Camp Wonder Hands
Palmetto Health Children's Hospital**



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Camper Application Form

Camper's Full Name: _____

Nickname: _____ Date of Birth: _____

Race: _____ Sex: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

What County Do You Live In?: _____

Parent/Guardian: _____

Home #: _____ Cell #: _____ Work#: _____

Employer: _____

Work Email Address: _____

Home Email Address: _____

With whom does the child live: (Name) _____

Relationship to camper: _____

Home #: _____ Work #: _____ Cell #: _____

School Attends: _____

Grade attending in Fall: _____

EMERGENCY CONTACT

(Primary Contact)

Name: _____

Relationship to Camper: _____

Home #: _____ Work #: _____ Cell #: _____

(Secondary Contact)

Name: _____

Relationship to Camper: _____

Home #: _____ Work #: _____ Cell #: _____



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Camper Health Information Form For Camping Session Sunday – Friday, June 24-29, 2018

Please note: The following information that you are required to submit will be kept in the strictest confidence in keeping with all healthcare privacy regulations including the Health Insurance Portability and Accountability Act (HIPAA). This information will only be shared with the Co-Directors of the camp representing Camp Wonder Hands and Children's Hospital Administration.

HEALTH HISTORY

Is your child in Good Health? YES _____ NO _____

Check any Diagnosis that applies:

_____ Heart Defect/Disease	_____ Asthma
_____ Convulsions/Seizures	_____ Cancer
_____ Diabetes	_____ ADHD/ADD
_____ High Blood Pressure	_____ HIV/AIDS
_____ Kidney Disease	_____ Other Diagnosis

Please explain in detail any Diagnosis checked above: _____

List any physical restrictions or limitations. _____

Describe any recent injuries or surgeries. _____

Other medical problems or disabilities. _____

From a developmental perspective, does your child function at his/her calendar age?

YES _____ NO _____

If not, please explain your child's specific delays, challenges, or special needs.

Has your child had chickenpox? YES _____ NO _____ Mumps? YES _____ NO _____

Primary Physician _____

Address & Phone #: _____

Primary Dentist _____

Address & Phone #: _____

MEDICATIONS

Is this child currently taking any medications? YES _____ NO _____

If yes, list the Drugs _____

Will this medication be needed during Camp? YES _____ NO _____

{If medications are needed during camp, please ensure that the Camp Medical Staff is provided with correct medications in the correct amount to cover the time your child will be in our care. }

ALLERGIES

_____ Hay Fever _____ Poison Ivy/Oak _____ Insect Stings

_____ Drugs {Penicillin, etc.} _____ Food _____ Others{Specify}

Please explain in detail any Allergies checked above: _____

IMMUNIZATIONS

Are Immunizations up to date? YES _____ NO _____

Has this child had a Tetanus shot? YES _____ NO _____

If not in the last 10 years, then the child must receive a Tetanus Shot and provide documentation to that effect prior to Camp.

Please indicate any further information about your camper's medical needs or medical history that would be helpful.

COMMUNICATION/SOCIALIZATION**How does this camper communicate?**

- **Sign Language**
- **Lip Reading**
- **Speech**
- **All of the Above**

Is your Child Deaf? YES _____ NO _____**Is your Child Hard-of-Hearing? YES _____ NO _____****Does your Child wear a HEARING AID? YES _____ NO _____****Does your Child wear a Cochlear Implant? YES _____ NO _____****Does your Child use ASL Sign Language? YES _____ NO _____****Does your Child use another form of Sign Language? YES _____ NO _____****Does your Child have any other disabilities? YES _____ NO _____****If Yes, Please explain what the Disability your Child has? _____**

SWIMMING**Can this Camper swim? YES _____ NO _____****If yes, how well? _____****Does this child have any limitation that would prevent her/him from participating in any activities? YES _____ NO _____****If yes, please explain _____**

CAMP WONDER HANDS T-SHIRT**Circle the appropriate size T-Shirt for your child.**

Children's Small (6-8)
Children's Medium (8-10)
Children's Large (14-16)

Adult Small
Adult Medium
Adult Large



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Camp Wonder Hands Insurance Information

Camper's Full Name _____ Date of Birth _____

Insurance Company _____

Effective Date _____

If coverage is Medicaid, please give Medicaid number _____

Hospital Preauthorization Needed (Circle) Yes No

Company Insurance Form Needed (Circle) Yes No

Telephone number for Pre-Authorizations _____

Emergency admissions need to be called in within how many working days? _____

Primary Care Physician's Name and Phone Number: _____

Name of Insured _____ Date of Birth _____

Policy Number _____ Group Number _____

Telephone Number for Claim Information _____

Mailing address for claims _____

(Please send a copy of the front and back of the Insurance Card or Medicaid card.)



Palmetto Health Children's Hospital

Consent for Photography Camp Wonder Hands June 24-29, 2018

I hereby consent to and authorize the taking of photographs, motion pictures, and/or television pictures of _____ while he/she is attending Camp Wonder Hands. I also consent to the use of any or all such photographs, motion pictures, and/or television pictures by Camp Wonder Hands' officials, their representatives, or the publication media.

I hereby give permission to Camp Wonder Hands' officials and/or the publication media to identify the above camper by name in association with the publication of photographs, motion pictures, and/or television pictures taken while he/she is attending Camp Wonder Hands.

Yes _____ No _____

Signature

Relationship to Camper

Witness

Date



Palmetto Health Children's Hospital

Consent for Medical Treatment/Hospitalization Camp Wonder Hands June 24-29, 2018

I hereby give my consent for Camp Wonder Hands' officials, its nurses, or other personnel to render and/or obtain medical treatment for

while he/she is attending Camp Wonder Hands.

Additionally, I hereby authorize Camp Wonder Hands' officials, its nurses or other personnel to admit the above named camper to Palmetto Health Children's Hospital if it is determined that hospitalization is necessary.

I know and understand that I am financially responsible for the medical care and treatment rendered to the above named camper if there is a charge for the medical services provided.

Signature

Relationship to Camper

Witness

Date



Palmetto Health Children's Hospital

Consent for Participation Camp Wonder Hands June 24-29, 2018

I, We, _____
(parents or legal guardian) do hereby consent to our child's participation at Camp Wonder Hands. We understand that our child may take part in camping activities such as swimming, canoeing, hiking, and other sports. We understand that Camp Wonder Hands is designed to provide a happy and safe camping experience for our child. However, should an unforeseen accident occur, we will not hold Palmetto Health Children's Hospital, its staff, camp counselors, or camp medical staff responsible. We understand we may withdraw our consent and withdraw our child from camp at any time we wish. We understand that Medical Staff volunteering for camp will not require payment for services, but if emergency department services are used or if another physician is used, we will be billed for these services.

Parent(s)/Legal Guardian(s) Signature(s)

Parent(s)/Legal Guardian(s) Signature(s)

Date



Palmetto Health Children's Hospital

Camper Letter of Recommendation (To be completed by a Teacher/Guidance Counselor)

Child's Name: _____

How long have you known this Child? _____

In what relationship/capacity did you come to know this Child? _____

What qualities does this Child possess that will make him/her a good
Camper at Camp Wonder Hands? _____

Signature

Address

Home Number

Work Number



Palmetto Health Children's Hospital

Camp Wonder Hands 2018

Parents:

**Please complete & returned this application to the
Fax Number below by Monday, April 23, 2018.**

**Camp Wonder Hands
Attn: Julie Riffle, Camp Coordinator
Palmetto Health Children's Hospital
1401 Main Street, 5th Floor
Columbia, S.C. 29201**

Thank you for your interest in Camp Wonder Hands!