Dear Healthcare Professional,

Camp Wonder Hands is a unique summer camp for hard-of-hearing and deaf children. This camp originated over 20 years ago as an idea of Marolyn W. Amick, a Child Life Specialist at Prisma Health Children’s Hospital–Midlands. 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.

Camp Wonder Hands will be held **Sunday, June 21 to Friday, June 26, 2020** at Camp Kinard in the Batesburg-Leesville community. There will be swimming, canoeing, games, crafts, community presenters and lots of fun. We need your assistance to make this year’s camp a continued success!

We are looking for fun-loving medical professionals to serve as our lead medical staff member(s). Medical and nursing staff members are welcome to spend the entire time, may divide the time into 2.5 hour shifts or just spend a day with us. Sign language skills are optional. (A certified interpreter is available to you 24 hours a day.) All pediatric emergency medical supplies provided. **A mandatory orientation will be held on Friday, June 19 and Saturday, June 20 for Camp Kinard/Camp Wonder Hands staff orientation; dinner will be provided.** (See attached description of responsibilities.)

If you are interested in having a wonderful time and becoming involved with the deaf and hard-of-hearing community, please contact us. Please complete all forms of the enclosed application and return the packet to the return address provided or by email as an Adobe PDF attachment. The application deadline is: **Monday, March 16, 2020.** If you have any questions, please contact E.T. Taylor, director or camp coordinator Julie Blevins at CampWonderHands@PalmettoHealth.org or call Children’s Hospital at 803-296-KIDS (5437).

Thanks again for your time. We look forward to meeting and working with you.

Sincerely,

E.T.

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E.T. Taylor, RN, BSN, Director,
Camp Wonder Hands
Prisma Health Children’s Hospital–Midlands

Marolyn

Marolyn Amick, Founder–Emeritus
Camp Wonder Hands
Prisma Health Children’s Hospital–Midlands
Medical/Nursing Staff Requirements:

1. Licensed MD, RN, LPN, paramedic; certified E.M.T.
2. Healthcare students: medical, nursing, paramedic, EMT
3. Retired healthcare professionals are welcome!

Medical/Nursing Staff Responsibilities:

4. Provide lead medical coverage for Camp Wonder Hands staff and campers.
5. Provide first aid and emergency care to camp staff and campers.
6. Monitor first aid area and emergency code drug boxes. (adult and pediatric)
7. Educate camp staff and counselors in basic first aid when needed.
8. Dispense daily medications to campers as needed.
9. Coordinate camp medical/nursing volunteers.

10. HAVE LOTS OF FUN!

This year’s theme is:

Camp Wonder Hands Discovers Treasure Island!

Put your thinking caps on, so you can come up with great ideas for skits, cabin themes, fun games or anything else that will make camp a true blast!

See ya’ Soon,

E.T. and the Camp Wonder Hands Planning Committee
Medical/Nursing Staff Volunteer Application
For Camping Session Sunday, June 21 to Friday, June 26, 2020

Name: ____________________________________________

Home address: ______________________________________

____________________________________________________

Home phone: ________________________________________

Work phone: ________________________________________

Email address: ______________________________________

Emergency contact name: ________________________________

Relationship to applicant: _______________________________

Emergency contact phone numbers: _______________________

Area of medical/nursing specialty: _______________________

Certificates held (example, CPR, First Aid, WSI, ASL)

________________________________________________________________________

ALLERGIES

☐ Hay fever          ☐ Poison ivy/oak
☐ Insect stings      ☐ Drugs (penicillin, etc.)
☐ Food              ☐ Others (specify)

________________________________________________________________________

Please explain in detail any allergies checked above:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
IMMUNIZATIONS

Are your immunizations up to date? □ Yes  □ No
Have you had a Tetanus shot? □ Yes  □ No

If not in the last 10 years, then you must receive a Tetanus shot and provide documentation to that effect prior to camp.

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

__________________________________________________________

__________________________________________________________

__________________________________________________________

COMMUNICATION/SOCIALIZATION

How do you communicate?
□ Sign language
□ Lip reading
□ Speech
□ All of the above

Are you deaf? □ Yes  □ No
Are you hard-of-hearing? □ Yes  □ No
Do you wear a hearing aid/s? □ Yes  □ No
Do you wear a Cochlear implant? □ Yes  □ No
Do you use ASL sign language? □ Yes  □ No
Do you use another form of sign language? □ Yes  □ No
Do you have any other disabilities? □ Yes  □ No

If yes, please explain what disability you are currently managing.

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________
SWIMMING
Can you swim? □ Yes □ No
If yes, how well?

Do you have any limitation that would prevent you from participating in any activities? □ Yes □ No
If yes, please explain:

T-Shirt Size:
□ Small
□ Medium
□ Large
□ Extra Large

Please attach a recent photograph.

Please return references and application by **Monday, March 16, 2020**.

Camp Wonder Hands
Attn: E.T. Taylor, Camp Director
Prisma Health Children's Hospital–Midlands
7 Richland Medical Park Drive
First Floor Admin Suite
Columbia, S.C. 29203
CampWonderHands@PrismaHealth.org

If accepted as a Healthcare Provider, I agree to attend Camp Wonder Hands from Sunday, June 21 through Friday, June 26th or the dates I have specified (June 19 and June 20 are mandatory planning/orientation days for all counselors, interpreters, volunteers and staff.)

Signature:________________________________________

Date:_____________________________________________
Full Name: ________________________________

Date of Birth: ________________________________

Insurance Company: ________________________________

Effective Date: ________________________________

If coverage is Medicaid, please give Medicaid number: ________________

Hospital Preauthorization Needed?  ☐ Yes  ☐ No

Company Insurance Form Needed?  ☐ 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 & back of your Insurance Card or Medicaid Card.)
Consent for Photography
Prisma Health Children’s Hospital–Midlands
Camp Wonder Hands
June 21-26, 2020

I, _________________________________________________________________ hereby consent to and authorize the taking of photographs, motion pictures, and/or television pictures while I participate as a Staff Member/Counselor at 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 me by name in association with the publication of photographs, motion pictures, and/or television pictures taken while I participate as a Staff Member/Counselor at Camp Wonder Hands.

☐ Yes  ☐ No

__________________________________  ____________________________
Print Full Name  Signature

__________________________________  ____________________________
Witness  Date
Consent for Medical Treatment/Hospitalization
Prisma Health Richland Hospital
Camp Wonder Hands
June 21-26, 2020

I, ___________________________________________________________ hereby give my consent for Camp Wonder Hands’ officials, its nurses, or other personnel to render and/or obtain medical treatment for me while I participate as a Staff Member/Counselor at Camp Wonder Hands.

Additionally, I hereby authorize Camp Wonder Hands’ officials, its nurses or other personnel to admit the above-named Staff Member/Interpreter to Prisma Health Richland 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 me if there is a charge for the medical services provided.

______________________________
Print Full Name

______________________________
Signature

______________________________
Witness

______________________________
Date
Dear Camp Counselor/Volunteer:

In an effort to provide the parents of our campers the assurance that Camp Wonder Hands is a safe environment for their children, Prisma Health Children’s Hospital–Midlands and the Camp Wonder Hands Executive Committee requires each Staff Member, Interpreter, Counselor-in-Leadership-Training and Volunteer to complete a Staff/Volunteer Application Security Statement. {Required for Non-Prisma Health Employees Only.}

In order to obtain the required information, we must have the enclosed addendum completed and returned with your application. If you have any questions regarding this policy please contact E.T. Taylor, Camp Director or Julie Blevins, Camp Coordinator at CampWonderHands@PlamettoHealth.org or call Children’s Hospital–Midlands at 803-296-KIDS (5437).

Thank you for your help in making Camp Wonder Hands a secure environment for the campers.

Sincerely Yours,

Camp Wonder Hands
Executive Committee
Prisma Health Children’s Hospital–Midlands