



# Application for 2022

## Camp Wheez 2022 Details

- Camp will be open to children who will be 6 through 12 years old on September 1, 2022.
- Camp will meet 8:30am to 12:30pm. Children must bring their own lunch.
- Camp will be held Monday, August 1 through Friday, August 5, 2022.

For more information please visit our website, [SansumClinic.org/camp-wheez](http://SansumClinic.org/camp-wheez) or call **805-681-7672**.

## PLEASE PRINT CLEARLY

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Preferred Pronouns (circle one): she/her he/him they/them

Grade in September: \_\_\_\_\_

Address: \_\_\_\_\_  
address & street city zip code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about Camp Wheez: \_\_\_\_\_

## EMERGENCY CONTACTS

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

**SPACE IS LIMITED! Sign up today. All forms are due by July 18, 2022.**

**Email to:** [CampWheez@SansumClinic.org](mailto:CampWheez@SansumClinic.org)

**Mail to:** Sansum Clinic Health Resource Center, PO BOX 1200, Santa Barbara, CA 93102-1200

Call with any question or to confirm that your application is received: 805-681-7672



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Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## PARENT AUTHORIZATION

Please initial after each section and sign at the bottom of the page.

In consideration for being allowed to register and participate in Camp Wheez, held **August 1 through August 5, 2022**, sponsored by Sansum Clinic, as parent/guardian I hereby release the Association, its Incorporators, Physicians, Board Members, Officers, Employees, Agents, Independent Contractors and Volunteer Workers from any liability for injuries which are sustained during the camp, including any necessary transportation. The child herein described has permission to engage in all scheduled activities except as noted by the physician or parent/guardian. I hereby give permission to the camp physician to initiate and provide any necessary treatments, including transporting to the nearest certified emergency facility. If hospitalization or other treatment is required, the child is to be referred to an appropriate physician and all treatments will be at my expense.

## PARTICIPATION AND EMERGENCY TREATMENT WAIVER \_\_\_\_\_ (initial)

I do hereby acknowledge and authorize Camp Wheez and Sansum Clinic to take and use photographs, video and written comments of or by my child for promotional and informational materials. Further, I agree to release and discharge Sansum Clinic and its sponsors from any and all liability in connection with the use of such photographs, videos and written comments of or by my child.

## PHOTOGRAPHY, VIDEO AND PROMOTIONAL RELEASE \_\_\_\_\_ (initial)

At the conclusion of camp, the Camp Staff may release my child to the individual(s) designated below. I understand that under no circumstances will my child be released to anyone not specified by me.

## RELEASE FOR TRANSPORT HOME \_\_\_\_\_ (initial)

### People who are allowed to pick up my child are:

1. Parent/Guardian name \_\_\_\_\_ Phone \_\_\_\_\_
2. Parent/Guardian name \_\_\_\_\_ Phone \_\_\_\_\_
3. Other \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_
4. Other \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

I understand and agree to all of the above.

Parent/guardian name (print)	Parent/guardian signature	Date
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## CAMPER CODE OF CONDUCT

Please review with your child.

We want everyone at Camp Wheez to have a positive experience. For the best camp experience, we have rules for all parents and children to follow. The 4 basic rules of camp are:

1. **Respect yourself, others and property.** Arrive on time, be clean, take care of your things and wear your Camp Wheez t-shirt. Take your medicine as directed. Do not use bad language, fight, steal, damage property or do anything that is harmful to others.
2. **Participate in camp activities.** Stay with your group for all activities unless excused by staff.
3. **Follow directions.** Follow directions from your counselor and all camp staff. This keeps all camp activity safe and fun.
4. **Be kind.** Do not tease, call names, use racial slurs or make inappropriate practical jokes.

If we have a problem with a camper's behavior, we follow this camper behavior response policy:

1. The counselor will give the child a warning
2. The counselor will give the child a time-out with an explanation about the problem
3. The counselor will ask the Camp Doctor or Camp Director to work with the child
4. Staff will call parents/guardians to discuss the problem
5. Staff can call parent and ask them to take the child home
6. In the case of problems that can cause harm to the child or to others, we reserve the right to ask that the child be removed from camp immediately and permanently

This year there will be a safety plan for Camp Wheez to be low-risk for the spread of COVID-19. Based on guidance from the Centers for Disease Control, it may require wearing masks, keeping safe distance from others and staying in a small group. Details of the plan will be mailed to parents in July and everyone at Camp will follow the plan.

We want every child to have great memories of camp. These rules are to protect all campers so that one unruly child won't ruin the experience for others. If you have any questions or comments, please contact us. It is our mission to provide a great experience for everyone.

## PARENT: I understand and accept that my child must follow the Camper Code of Conduct

\_\_\_\_\_  
Parent name (print)                      Parent signature                      Date

## CHILD: I agree to follow the Camper Code of Conduct

\_\_\_\_\_  
Child name (print)                      Child signature                      Date

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## PHYSICIAN REFERRAL – please print clearly

Physician Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date Last Seen: \_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

“Normal” Peak Flow Rate: \_\_\_\_\_

Asthma is: \_\_\_\_\_ Mild Intermittent \_\_\_\_\_ Mild Persistent

\_\_\_\_\_ Moderate Persistent \_\_\_\_\_ Severe Persistent

Primary Allergies: \_\_\_\_\_

Other Significant Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

**Although Camp Wheez is medically supervised, your patient will continue to be under your direct medical care.**

I would like the above-named patient to be enrolled in Camp Wheez. All breathing and exercise training is to be geared to the patient’s capabilities.

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address, City, State, Zip Code

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