

Dear Parents and Campers:

Thank you for your interest in Camp Odayin! We are a special kind of camp, specifically for children with heart disease. We have five exciting sessions planned for this summer and each session is geared toward providing a well-rounded camp experience for children in a specific age range.

At Resident Camp (located at Camp Knutson in Crosslake, MN.), our on-site medical staff of experienced cardiac doctors and nurses is under the direction of Pediatric Cardiologist and Neonatologist, Dr. Chip Martin from the University of MN and St. Cloud Hospital. To ensure camper support, each of our cabin groups has 6-8 campers along with a dedicated nurse and 2 cabin counselors. Our Day Camp program (located at the Dodge Nature Center in West St. Paul, MN - 8:30 am - 12:00 pm) is staffed with program leadership, counselors, a full time nurse and an on call pediatric cardiologist.

Although the actual cost to attend Resident Camp is \$500/camper and \$250/camper to attend Day Camp, the only charge to attend either camp is a \$25 registration fee. As a non-profit organization, we are supported by generous corporate gifts, fabulous fundraisers and individual donors. Any contributions to help with these expenses are greatly appreciated!

**Please complete and sign the enclosed forms no later than May 1st, 2010.** **Completed** applications are processed in the order they are received. This application is also posted on our website if you misplace it. In order for an application to be considered **complete**, please send the following items **together in one envelope** to:

Camp Odayin, P.O. Box 2068, Stillwater, MN 55082.

1. Completed application signed by parent/guardian (blue)
2. Completed medical form signed (and filled out) by applicant's cardiologist (yellow)
3. A check for \$25 (additional donations are welcomed!) made out to Camp Odayin (refunded if camper is not accepted)

*(A little note about the visit to the cardiologist... We get many calls each year letting us know that your child isn't able to get into the cardiologist until after May 1<sup>st</sup>. The medical form needs to be filled out based on the last time they visited the cardiologist. Any visits to the cardiologist after the May 1<sup>st</sup> deadline - should be documented and office visit notes should be sent to us for the applicant's file as we require the most up to date cardiac information.)*

*For returning campers - we are unable to pull old records from previous years- so please take the time to **completely** fill out all of the required paperwork - thank you!*

Once we receive these materials, and our medical team approves your child to attend camp, you will receive **AN E-MAIL** by mid May confirming his/her space at camp including a comprehensive packet of information including what to pack, free round-trip bus transportation from the Twin Cities for residential campers, and a schedule of camp activities. If you do not receive this e-mail by 5/15/10 - please contact us. Of course, if you have any questions, please call us at 651.351.9185, or visit our website at [www.campodayin.org](http://www.campodayin.org).

We're looking forward to another great summer together. At Camp Odayin... kids play, worries rest, fun happens!

Sara Meslow, Executive Director  
Alison Boerner, Assistant Director  
Matt Olson, Office and Finance Manager  
Laura Miller, Summer Camp Coordinator  
Kindra Molin, Program Director

P.s. Since you are receiving this application, you will automatically receive Family Camp Registration information in September. Hope you can join us for a fun filled family weekend - October 22-24 in Hudson, WI.



## 2010 Camper Application

*(To be filled out by parent or guardian. Please fill this out **entirely** even if your child is a returning camper)*

**Please check the session of camp your child would like to attend:**

- July 19 - 23 Resident Week (Flambeau campers ages 14-15)
- July 26 - 30 Resident Week (Namekagon campers ages 16-17)
- August 2 - 6 Day Camp Week (Gitchee Gumee campers ages 6-7)
- August 9 - 13 Resident Camp Week (Nokassippi campers ages 11-13)
- August 16 - 20 Resident Camp Week (Chippewa campers ages 8-10)

Camper's Name: \_\_\_\_\_ Please Check One:  Male  Female

Current Grade in school (fall '10): \_\_\_\_\_ Date of Birth (mo/day/yr): \_\_\_\_\_ Age as of 1<sup>st</sup> day of camp: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Name: \_\_\_\_\_ Day(\_\_\_\_) \_\_\_\_\_ Evening(\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_

Parent Name: \_\_\_\_\_ Day(\_\_\_\_) \_\_\_\_\_ Evening(\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_

PARENT E-mail Address (not camper): \_\_\_\_\_

*\*Please make sure this is a correct e-mail address as the camper acceptance packet will be sent electronically\**

Name and phone # of cardiologist: \_\_\_\_\_

Camper's Cardiac Diagnosis: \_\_\_\_\_

How will your child benefit from attending Camp Odayin?

\_\_\_\_\_  
 \_\_\_\_\_

**Medications:**

Name	Dose	Frequency	Preferred Time

Please Note: This medication list is for informational purposes only.  
 A detailed medication sheet will be filled out upon acceptance to Camp Odayin and arrival at camp.

**Allergies:**

Medical \_\_\_\_\_

Food \_\_\_\_\_

Environmental \_\_\_\_\_

**Participation Level:** Does your child... (Please circle Y or N)

1. Y N ... have the ability to bathe, dress, and feed him/herself unassisted?
2. Y N ... function at his/her age level? If not, at what age level does he/she function? \_\_\_\_\_
3. Y N ... participate in a physical education program at school?
4. Y N ... know how to swim? ( \_\_\_ excellent \_\_\_ good \_\_\_ fair \_\_\_ poor)
5. Y N ... have the ability to walk 100 yards without extreme fatigue?
6. Y N ... experience overnight visits away from home?
7. Y N ... make friends easily?
8. Y N ... have a general knowledge of his / her heart condition?
9. Y N ... exhibit signs of homesickness when away from home?
10. Y N ... have bedwetting or other sleep issues?
11. Y N ... have any emotional, social, or behavioral issues?
12. Any Restrictions: \_\_\_\_\_

Please share details about any emotional or behavioral concerns you have for your child:

\_\_\_\_\_

Please share details about any physical or non-cardiac health concerns you have for your child:

\_\_\_\_\_

Has your child been under the care of or counseled by a School Counselor, Psychiatrist, Psychologist or Therapist at any time? If so, what is their role in your child's care?

\_\_\_\_\_

What else should we know to ensure a safe, fun camp experience for your child?

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**My signature verifies the above information to be current and accurate. I am authorizing Camp Odayin to contact my child's cardiologist regarding any medical questions, or obtain records from office visits, in case additional information is needed.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return this form quickly as space is limited. The **application deadline is May 1st, 2010.** This application will only be accepted if accompanied by the \$25 registration fee and the completed medical form. Your check or money order will not be cashed until mid- May. If you'd like to make an additional donation to Camp Odayin to help cover our costs, please feel free! You can include that gift now, or donate on-line at [www.campodayin.org](http://www.campodayin.org). Thank you in advance for your generosity!

Parents, if your child is accepted to our Residential Camp, you will receive an E-MAIL confirmation with many additional forms to fill out. Your child will need to receive a general physical exam from a pediatrician (not their cardiologist). ***It's a good idea to make an appointment SOON*** as the forms must be completed and returned to the Camp Odayin office by the end of June!!!!



## 2010 Camp Odayin Medical Application Form

(To be filled out by Cardiologist)

Dear Cardiologist,

Your cooperation is requested in supplying the information below regarding this child who is an applicant for attendance at Camp Odayin, a summer camp for children with heart disease. All information is confidential and used solely for the guidance of our medical staff at camp.

***\*\*Please fill out this form completely or attach office notes from this visit.\*\****

**Camper's Name:** \_\_\_\_\_

**Applicant's Cardiac Diagnosis:** \_\_\_\_\_

**General Cardiac Information:**

Date patient was last seen in your office (must be within the last year): \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ O2 Sat \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Respiratory Rate \_\_\_\_\_

Please write the most recent EKG Results or **attach a copy**: Date \_\_\_\_\_

Please write the most recent Echo Results or **attach a copy**: Date \_\_\_\_\_

**Cardiac Surgeries (Start with most recent and/or attach typed list of surgeries)**

Surgical Procedure	Date

**Device Information:**

Does the applicant have a pacemaker or ICD?      Y            N

Reason for implanted device: \_\_\_\_\_

Pacemaker      Y            N      (if yes, please complete information below)

Brand: \_\_\_\_\_ Model: \_\_\_\_\_ Date of last interrogation: \_\_\_\_\_

Pacing Mode: \_\_\_\_\_ Lower Rate: \_\_\_\_\_ Upper Rate: \_\_\_\_\_

Dates of revision or battery change out: \_\_\_\_\_

ICD            Y        N        (if yes, please complete information below)  
Brand: \_\_\_\_\_ Model: \_\_\_\_\_ Date of last interrogation: \_\_\_\_\_  
Pacing Mode: \_\_\_\_\_ Lower Rate: \_\_\_\_\_ Upper Rate: \_\_\_\_\_  
Dates of revision or battery change out: \_\_\_\_\_  
Program Detection Rate: VF \_\_\_\_\_ VT \_\_\_\_\_  
Has this patient experienced a shock? \_\_\_\_\_ Most Recent: \_\_\_\_\_

**Cardiac Transplant ONLY:**

Date of Transplant: \_\_\_\_\_ Surgeon: \_\_\_\_\_  
Name of Center: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Evidence of rejection: Y N (circle one) Last cardiac biopsy date: \_\_\_\_\_  
If evidence of rejection, type and grade: \_\_\_\_\_

**Activity Level:**

Please circle one of the letters below indicating the level of activity at which the applicant is able to participate in camp activities.

- A      FULL ACTIVE PARTICIPATION WITH MODERATE EXERCISE  
Participates in non-competitive games which may involve running short distances, repetitive motion and/or swimming.
  
- B      PARTIAL ACTIVE PARTICIPATION WITH LIGHT EXERCISE  
Participates in limited activities (such as nature walks) and rests occasionally.
  
- C      LIMITED ACTIVE PARTICIPATION WITH NO EXERCISE  
Must rest frequently; participates in sedentary activities only (such as craft projects).

**Is there anything else we should know?**

\_\_\_\_\_  
\_\_\_\_\_

**Do you feel this child would benefit from attending a camp specifically designed for children with heart disease?**  
Y        N        (circle one)

If any heart-related event occurs while your patient is at camp, we will contact you for further consultation as needed. Please contact the Camp Odayin office at 1-866-9-ODAYIN, if you have any questions regarding this form or about camp in general. Please return this form to the applicant's family upon completion. Your signature verifies the above information to be current and accurate. Thank you.

Cardiologist Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Hospital Affiliation: \_\_\_\_\_  
Phone Numbers: Office: \_\_\_\_\_ Other: \_\_\_\_\_

- Some of my other patients may benefit from attending Camp Odayin.  
Please send me a few brochures.**

*-Camp Odayin serves all people regardless of race, color, creed, religion, national origin, gender or socioeconomic status-*