

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 1st. 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 1st 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.

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 1st 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. 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-