

Le Bonheur Cardiac Kids Camp
Camper Application (Due June 15, 2026)

First Name: _____ Last Name: _____ T-shirt Size: _____

Date of Birth: _____ Birth Sex: _____ Kid Cell Phone: _____

Parent Cell Phone numbers: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

We prefer to have all communication through email. Please provide a valid email address. Emails may not be encrypted and could be intercepted. By providing an email below, you agree to receive unencrypted emails.

Parent's email: _____

Other Emergency Numbers:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Camper lives with (circle one) - Both parents/Father/Mother/Other: _____

Is there anyone that campers should not have contact with while at camp and reason? _____

MEDICAL INFORMATION

Pediatric Cardiologist: _____ *Phone:* _____

Family Physician: _____ Phone: _____

Name of Heart Problem(s): _____

IMMUNIZATION AND EXPOSURE HISTORY

Are your child's immunizations up to date: Yes No

Has camper been exposed to chicken pox or any other communicable disease in the past 3 months? If so, please explain. _____

ALLERGIES

Allergies to any medications, foods, or other things? _____

If so, what happens? _____

Is patient required to carry an epi pen? _____

Any sensitivity to any bug spray or sunscreen brands? _____

INSURANCE: Please send copy (front and back) of your child's insurance card and prescription card.

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MEDICATIONS: PLEASE send all medications in original bottles. Please list details below:

Medication	Dosage	Time of Day Given
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF YOUR MEDICATIONS CHANGE PRIOR TO CAMP, PLEASE CALL THE CLINIC TO LET THE CAMP TEAM KNOW.

Please circle over the counter medications that you give permission to be administered to your child.

- | | | | | |
|---------|-----------|----------|--------------|-----------|
| Sudafed | Claritin | Benadryl | Caladryl | Neosporin |
| Tylenol | Ibuprofen | Tums | Pepto Bismol | |

GENERAL INFORMATION

What grade is your child in school? Can your child keep up with other students in his/her grade?

Does your child need assistance with any normal daily activities? If yes, explain:

List any other chronic or recurring illnesses that we should be aware of: _____

Has your child ever had seizures or neurological disorders? _____

If so, please describe this condition including how often and when was the last occurrence: _____

If your child is being followed by a neurologist, a letter of clearance is needed to attend camp.

Has your child been under the care of or been counseled by a School Counselor, Social Worker, Psychiatrist, or Psychologist at any time? Y___ N___ If yes, please explain: _____

Does your child have a history of depression, anxiety, or suicidal thoughts? Y___ N___

If yes, please explain: _____

Use the space below to provide any additional information about your child's behavior or physical, emotional, or mental health the camp should know about (i.e. bedwetting, recent move, divorce, recent death, serious fears, etc.)

Do you anticipate your child having any issues being away from home? ** _____

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Camper Name: _____ Date of Birth: _____

Medical Authorization / Permission to Treat: Camper/Minor

I authorize and appoint any member of the staff of Le Bonheur Cardiac Kids Camp to care for our child while attending Le Bonheur Cardiac Kids Camp. This authorization shall include the right to any necessary medical or dental treatments, including but not limited to. emergency procedures, hospitalization, drug and over-the-counter medications.

This medical authorization shall take effect immediately and shall be valid until August 1st, 2026.

Signature: _____ Date: _____

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Authorization to Use and Disclose Medical Information

Camper Name: _____ Date of Birth: _____

By signing below, I authorize:

A. Le Bonheur Children's Hospital and any affiliated physicians/clinics to disclose to the staff and medical providers of the Le Bonheur Cardiac Kids Camp any and all medical information about Camper needed to care for Camper or otherwise relevant to Camper's participation at the Le Bonheur Cardiac Kids Camp.

B. The Le Bonheur Cardiac Kids Camp (including the Camp Director and Medical Team) to disclose to Camper's Pediatric Cardiologist, Primary Care Physician and any other treating clinician any and all medical information about Camper needed to care for Camper or otherwise relevant to Camper's participation at the Le Bonheur Cardiac Kids Camp.

The information covered by this Authorization includes, but is not limited to: full medical records, diagnosis, cardiac procedure history, medication lists, allergies, activity limitations, and emergency contact information. It applies to records as well as communications and discussions between and among Le Bonheur Children's Hospital and any affiliated physicians/clinics, Camper's Pediatric Cardiologist, Primary Care Physician and any other treating clinician and the Le Bonheur Cardiac Kids Camp.

The purpose of this Authorization is to facilitate the participation of Camper in the Le Bonheur Cardiac Kids Camp and for the care of Camper.

This authorization is valid from the date of signature until August 1, 2026, and may be revoked in writing at any time, except to the extent that action has already been taken in reliance upon it. I can revoke this form by notifying the Le Bonheur Cardiac Kids Camp at 9012876270.

I understand that Le Bonheur Children's Hospital and other providers and clinicians covered by this form will not condition my treatment or payment for care on whether I sign this authorization. However, Camper will not be allowed to participate in the Le Bonheur Cardiac Kids Camp if I do not sign this form. Information disclosed as a result of this Authorization may no longer be protected by the federal HIPAA privacy rules.

Signature: _____ **Date:** _____

Printed Name: _____

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Photo Consent Form

Le Bonheur Children's Hospital uses photographs, film, videotape, news releases, internet publications and articles to keep the public informed of hospital services and activities. Occasionally, outside photographers from newspapers or television stations are also used to help illustrate hospital activities.

We appreciate your permission to photograph (you/your child) or use (your name/child's name) and story during/about (your/their) stay at Le Bonheur and to use them as mentioned above.

By signing this form, you indefinitely waive the right to inspect or approve the photographs and/or materials before publication. Le Bonheur and their affiliated corporations, officers, agents and employees are indefinitely released from all debts, claims, and/or liability of any kind arising out of or in connection with the use of your name, story or statements and the use of any caption or descriptive material herewith.

Your signature fully releases Le Bonheur Children's Hospital of all responsibility for information and photographs that are used. Please call (901) 287-6030 with any questions.

Parent/Guardian's Signature: _____ **Date:** _____

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Cell Phone and Electronics Policy

Le Bonheur Cardiac Kids Camp is not responsible for any loss or damage of a camper's cell phone, smartwatch, table, gaming device or other personal electronics.

- If your child does bring a cell phone, he/she will only be allowed to use it during permitted times. If seen during education time, it will be taken up.
- If a child needs to contact you, there will be plenty of staff available to assist your child in doing so. Please make sure that all contact numbers are correct and up to date on the application. There is very poor cell service at this location. Please contact the main camp number or Le Bonheur staff for any emergencies.

Education

Everyone is required to participate in educational activities.

Counseling

Frequently, life issues are brought up. We have trained counselors, child life specialists, and clinicians there to support campers. Confidentiality: Camp staff will maintain confidentiality regarding camper discussions unless there is an immediate concern about a camper's or another person's safety, or a legal duty to report. In such cases, parent/guardians will be notified.

Faith-based Organizations

Our organization and our campsite are faith-based organizations. Campers may see crosses or other religious symbols and hear religious discussions in the environment.

Camper Selection

Le Bonheur patients will have priority for camp spots. If additional spots are available, other cardiac kids will be considered.

Please sign below to acknowledge the statements above.

Parent/Guardian's Signature: _____ **Date:** _____

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Camper Name: _____ Date of Birth: _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I (we) understand that there are risks and dangers inherent in attending summer camp and/or participating in the activities offered at Le Bonheur Cardiac Kids Camp (AKA Heart Camp) and that these risks may be higher in children with congenital heart disease or heart rhythm abnormalities. I (we) give up my (our) rights to hold LeBonheur Cardiac Kids Camp or Methodist Healthcare and Le Bonheur Children’s Medical Center liable for any injury or damage, which my (our) child/ward may suffer while attending summer camp and/or participating in the activities offered at Le Bonheur Cardiac Kids Camp.

KNOWING THIS, AND IN CONSIDERATION OF MY (OUR) CHILD/WARD BEING PERMITTED TO ATTEND SUMMER CAMP AND/OR PARTICIPATE IN THE ACTIVITIES OFFERED AT LE BONHEUR CARDIAC KIDS CAMP, MY (OUR) CHILD/WARD AND I (WE) HEREBY VOLUNTARILY RELEASE LE BONHEUR CARDIAC KIDS CAMP AND ANY AND ALL AFFILIATED ENTITIES FROM ANY AND ALL LIABILITY RESULTING FROM OR ARISING OUT OF MY (OUR) CHILD/WARD ATTENDING SUMMER CAMP AND/OR PARTICIPATING IN THE ACTIVITIES OFFERED AT LE BONHEUR CARDIAC KIDS CAMP.

I (we) understand and agree that my (our) child/ward and I (we) are releasing not only the entities set forth in the paragraph above, but also affiliated entities including Le Bonheur Children’s Medical Center and Methodist Healthcare Memphis Hospitals, the officers, agents, and employees of those entities.

I (we) understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I (we) may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me (us), arising out of my (our) child/ward attending summer camp and/or participating in the activities offered at Le Bonheur Cardiac Kids Camp. THIS RELEASE CONSTITUTES A COMPLETE RELEASE, DISCHARGE AND WAIVER OF ANY AND ALL ACTIONS OR CAUSE OF ACTION AGAINST LE BONHEUR CARDIAC KIDS CAMP, THEIR AFFILIATES, OFFICERS, AGENTS OR EMPLOYEES.

I (we) understand and agree that this Release applies to personal injury, property damage, or wrongful death, which my (our) child/ward suffer, even if caused by the acts or omissions of others.

I (we) understand and agree that by signing this Release, I (we) am (are) assuming full responsibility for any and all risk of death or personal injury or property damage suffered by my (our) child/ward while attending summer camp and /or participating in the activities offered at Le Bonheur Cardiac Kids Camp.

I (we) understand and agree that by signing this Release on behalf of my (our) minor child that I (we) will be giving up the same rights for said minor, as I (we) would be giving up if I (we) signed this document on my own behalf.

I (we) acknowledge that I (we) have read this Release Agreement and that I (we) understand the words and language in it. I (we) have been advised of the potential dangers incidental to my (our) child/ward attending summer camp and/or participating in the activities offered at Le Bonheur Cardiac Kids Camp.

Parent/Guardian’s Signature(s): _____ Date: _____

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Camper Expectations

Our hope is that Cardiac Kids Camp will be a place for campers to make friends and find support. We expect all campers to be respectful and responsible at all times. Camp is an experience in group living. In order for Cardiac Kids Camp to be safe, fun, enjoyable, and to run successfully, everyone must cooperate and comply with Camp rules. Please read and discuss with your child the following expectations before Camp:

1. This is an educational camp. Campers are required to participate in all appropriate educational activities. Failure to participate may result in not returning in the future.
2. Each camper must treat every person at Camp with respect and consideration. Camp will not tolerate intimidation, verbal or physical abuse or destruction of property. Any aggressive behavior, fighting or bullying will result in a guardian being expected to immediately pick up their child.
3. Campers must help out with chores as they are able (dining hall and cabin clean-up, packing and unloading) and comply with cabin rules.
4. Alcoholic beverages, illegal drugs, and tobacco/vape products are not allowed.
5. Guns, knives, slingshots, fireworks, or any other types of weapons are not allowed.
6. Sexual or suggestive behavior is not appropriate or acceptable.
7. Swearing and foul language are not acceptable.
8. Cell phone use will be limited.
9. Cell / home phone numbers are not allowed to be exchanged without parent permission.
10. **Campers are strictly prohibited from taking photos or videos of other campers or staff without their express permission, and from uploading or sharing any camp content on public social media.**

If at any time during Camp these expectations are broken or a camper's behavior takes away from a positive camping experience, the Camp Director reserves the right to notify the parent(s)/guardian. They will be required to pick up their child at Camp at their own expense. The Camp Director will decide if and when an expelled camper may return to the Camp in the future.

We have read, discussed and understand the above.

Camper Signature: _____

Parent/Guardian's Signature: _____ **Date:** _____

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Parents keep this page as a reminder of things to do and contact information.

Before a camper can be accepted to camp, the following must be completed:

- **All sections and signatures completed on application or application submitted electronically.**
- Copy of health insurance card and prescription card. A picture of the card can be emailed to crystal.thomas@lebonheur.org
- **Your child must have seen their cardiologist within 1 year of the application**
- **Your cardiologist must approve you to attend camp.**

Stuff to bring to camp

- Medications in original bottles**
- Bed linens (sheets, blanket, pillow, sleeping bag, etc.)
- Toiletries (deodorant, shampoo, soap, toothpaste, toothbrush, hairbrush, etc.)
- Wash cloth and towels
- 2-3 swimsuits (modest 1 piece or tankini), beach towel, and sunglasses
- Sun block and bug spray
- Flashlight
- At least 7 outfits (2 or 3 that can be muddy / stained), socks, and underwear
- Shoes (flip-flops, tennis shoes, closed-toe water shoes, etc.)
- 2 Reuseable Water bottles**
- Money for camp souvenirs and canteen, if wanted. The camp site recommends \$20-40. This is not required.
- Only bring 2 bags due to limited room space. This includes bedding and towels.

Please Return Completed Forms by June 15, 2026:

Email: crystal.thomas@lebonheur.org

*Our plan is to notify you the week of July 1,
if you have been selected for one of our limited spots.*
