



Children (6yr—16yr) treated by the Cleft Team at Dell Children's Medical Center are invited to come enjoy a free, fun-filled weekend at an amazing camp site, Camp for All, located in the rolling hills of Washington County in Burton, Texas. Kids can participate in fishing, horseback riding, an indoor challenge course, and so much more.

Build confidence, make friends!

Friday, March 20 - Sunday, March 22, 2020

The bus leaves from Strictly Pediatrics building on Friday after school (4 pm) and returns Sunday morning (10:30 am)

Completed applications can be sent to
Margaret Ramirez at mmramirez@ascension.org

Applications must be returned by **February 20th, 2020**



Enrollment Application:

Camper's Information

Child's full name: _____ Date of Birth: _____ Age: ____ Male Female

Address: _____

Telephone number: _____ Ethnicity _____

Nickname (preferred name): _____ Grade in school this fall: _____

Parent/Guardian Information:

Mother's name: _____

Address: _____

City, State, Zip: _____

Home Telephone #: _____

Cell Telephone #: _____

Email Address: _____

Mother's Employer & Telephone #: _____

Father's name: _____

Address: _____

City, State, Zip: _____

Home Telephone #: _____

Cell Telephone #: _____

Email Address: _____

Father's Employer & Telephone #: _____

Who has custody of the Child? Please one Both Mother Father Other _____

Emergency Contact Info

Name: _____

Relationship to Child: _____

Home Phone #: _____

Cell Phone #: _____

Other #: _____

Name: _____

Relationship to Child: _____

Home Phone #: _____

Cell Phone #: _____

Other #: _____

If parents cannot be reached, we MUST be able to contact someone at any time during the weekend.

Should both parents or guardians leave their place of residence during Camp Amigo, you will inform Camp Amigo staff where you can be contacted in case of emergency.

**Drop off Friday, March 20th, 2020 at 4pm. Pick up Sunday, March 22nd, 2020 at 10:30am
 at the Strictly Pediatric Building**

**Completed Applications can be sent to Margaret Ramirez at
mmramirez@ascension.org or turned in to our office**

**Dell Children's Craniofacial and Reconstructive Plastic Surgery Center
 1301 Barbara Jordan Blvd. Ste. 301 • Austin, TX 78723**

CAMPER CARE INFORMATION: (To be filled out by parent or guardian)

Has child attended other sleep away camps? yes no

Where and When? _____

Does child have any fears we should be aware of? Please describe: _____

Is there anything we should know about your child to make her/his experience at camp a smooth one? _____

Is your child able to function at his/her age level? yes no If no, please describe: _____

Does your child have any unusual bedtime or sleep habits (nightmares, sleepwalking, bedwetting, etc.)? yes no
If yes, please describe: _____

Health Information

Pediatrician's Name: _____ Phone Number: _____

Allergies: yes no

If yes, list and describe the severity of the reaction, requested accommodation, and what is done to manage them:

Medical, Physical, or Emotional Conditions

If your child does have any condition, please provide information to assist in providing the best camp experience for your child. _____

If your child need any special equipment or supplies, please list: _____

If your child has dietary restriction and/or special foods, if necessary: _____

Exposed to communicable diseases (chicken pox, measles, & mumps) 1-3 weeks before camp? yes no

Medications (to be completed by parent or guardian):

If your child must take medication while at camp, please **list all medications** below. Medications must be in their original containers and be appropriately labeled. Parent/Guardian must deliver medications directly to Camp Nurse who will receive, keep, and administer medication as directed.



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Photo Release

I grant the Craniofacial Cleft Clinic’s representatives and employees the right to take photographs of my child during Camp Amigo at Camp for All in 6301 Rehborg Rd, Burton, TX 77835. I authorize the team members to use and publish the photographs in print and/or electronically. I agree that Craniofacial Cleft Clinic may use such photographs of my child with or without his/her name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content (Facebook). I have read and understand the above:

Signature (parent or guardian) _____

Printed name _____

Date _____

You must fill out a waiver for your child to attend camp.

Please go online and fill out this form:

<https://www.waiverfile.com/b/CampForAll/ChooseWaiver.aspx?eventid=dc00e0dd-2f7c-4e9b-9b4d-d94ae42e263a>