



Dear Parents,

For the past two years, Camp Dost has been virtual due to the pandemic. This year, we are delighted to accept applications for a week on site at Camp Victory in Millville, PA. In an effort to have the safest camping season, we are requiring all volunteers and campers to be fully vaccinated for COVID. It is also a requirement put in place by Camp Victory for all camps using their grounds. The only accommodation is for anyone who has a known allergy to one of the vaccine's ingredients. It's possible you won't meet the standard that's been set. If so, you might want to apply next year if the restriction is lifted.

The dates for Camp Dost 2022 are **July 10-15**. As always, it's a unique opportunity for your child to enjoy a carefree week under the watchful eyes of seasoned counselors and medical personnel. Each camper is encouraged to invite one brother or sister to share the experience.

All campers must be between the ages of 5 (and have completed kindergarten) through the year of high school graduation or 18 years old. Although we try to place siblings together, age differences may not make that possible. **Registration materials for two campers per family are enclosed.** Please complete and return the forms **by April 15** so we can plan for staffing and supplies. If your application(s) does not arrive by this time, we may not be able to accommodate your child.

Campers must arrive on **Sunday afternoon, July 10**, and depart **Friday afternoon, July 15**.

Camp Dost, sponsored by the Ronald McDonald House, is funded by the generous gifts of individuals, community organizations and businesses. Thanks to these contributors, there is no charge for campers and no required donation. However, if you wish to make a donation, you may include it with your application.

Any questions you may have can be directed to Chris at the Ronald McDonald House: (570) 214-2889, (570) 271-6300 or email at clehman@rmhdanville.com.

Hope to see you in July! "Safari" is the theme so campers can expect a wild and crazy time.

The Camp Dost 2022 Administrative Committee

Terry Ketchem, Director

Mike Lovetro, Assistant Director

Chris Lehman, Coordinator

Kimberly Green, Medical Director

Ashley Broschart

Devon Gulick

RoseMarie Lauck

Kristen Robust

Debbie Snyder

Jake Troutman

DEADLINE FOR RECEIPT OF APPLICATIONS IS APRIL 15.

RETURN TO: Chris Lehman, Camp Dost Coordinator

RONALD MCDONALD HOUSE OF DANVILLE

PO BOX 300

Danville, PA 17821

**REGISTRATION FORM
FULL WEEK
CAMP DOST 2022**

Child's Name/Nickname _____

Sibling's Name (if applicable): _____

Address _____
(Street) (City) (State/Zip)

County: _____ Township (Luzerne & Columbia County only) _____

Sex: _____ Date of Birth: _____ Age by camp week: _____

Grade completing in school this year _____

Number of years camper has attended Camp Dost excluding this year _____

Patient Only Information

Diagnosis: _____

Date (month/year) of diagnosis: _____

Is child still on chemotherapy/radiation therapy? Yes _____ No _____

If not, date therapy was completed: (chemotherapy) _____ (radiation) _____

Did child have a bone marrow transplant? Yes _____ No _____ If yes, month/year _____

Parent's Name _____ Phone #: _____

Email Address _____

Parent/Guardian Signature: _____ Date: _____

Our first priority at camp is for the safety of your children. That is why we feel it is important for us to be made aware of any custody or domestic issues that you feel we need to know about. Please communicate any pertinent information in writing. This information will be held in the strictest confidence.

Please indicate T-shirt size:

Youth	_____ Small	Adult	_____ Small	_____ X-Large
	_____ Medium		_____ Medium	_____ XX-Large
	_____ Large		_____ Large	

CAMP DOST

Hello Parents,

As the Medical Staff, we wish to welcome your child to Camp Dost. We know the decision to part, however temporary, can be difficult. The camp experience, however, has always proved to be a rich and rewarding one that leads to fond memories and unexpected life lessons. In the nurturing environment of Camp Dost, campers realize a newfound independence through personal growth. They learn to compromise, develop a sense of teamwork, and become a self-advocate. We see children refine their social skills as they face challenges, overcome fears, and build their self-esteem through the development of friendships. Most importantly, they come to understand that they are not alone in their battle with cancer. Camp Dost provides a system of peer support like no other. We make every effort to adapt to the specific needs of each camper. In addition to our trained medical staff, a number of our counselors are cancer survivors or have siblings who have been afflicted. They know the journey first hand.

We want you to fully understand that the Camp Dost Medical Staff is dedicated to meeting your child's medical needs. Our first priority is caring for our campers who are on active treatment for cancer. For this reason, siblings and patients who are off treatment can be subject to review by our Medical Team. If a determination is made that an applicant requires intense medical or behavioral monitoring, it is incumbent upon us to pass over such applicants.

Medical personnel include a Pediatric Oncology Physician or Certified Registered Nurse Practitioner and a Pediatric Oncology Nurse. Additionally, within camp staff there are pediatricians, pediatric resident physicians, pediatric psychologists, behavioral specialists, certified child life specialists, social workers, and nurses. The Medical staff will be screening all campers upon arrival at camp and will be present all week long to support each camper's needs.

The "Med Shed" is centrally located on the campgrounds to dispense all medications, attend to required treatments and meet any emergencies day or night. The facility has appropriately equipped exam rooms for short-term medical observation so no child is sent home for temporary discomfort. To safeguard the health of other campers, however, any camper diagnosed with a questionable or proven infectious process must be sent home to pursue medical treatment.

The "Med Shed" will maintain a supply of common over-the-counter medications and medical supplies needed for a wide range of minor injuries or ailments. Our intention is to treat all minor medical incidents (eg sprains, swimmers' ear, bug bites, contact dermatitis) and assess more serious conditions for referral to Geisinger if necessary. The special needs of campers on chemotherapy are always at the forefront. All medications brought to camp will be reviewed by our medical staff to continue with treatments that were being done at home. We are not able to obtain bloodwork or give intravenous medications while at camp.

If a serious medical condition arises, we will contact you as soon as that determination is made. "Med Shed" staff will provide all emergency medical care until safe transport to the Geisinger Medical Center arrives. Depending upon the severity of the condition, transport may be done by a physician in a personal car, local EMS vehicles or Life Flight. In certain circumstances, you may be given the option of taking your child to a medical facility of your choosing.

Over.....

CAMP DOST

If your child(ren) develops an illness prior to camp, please visit your health care provider to determine the possible involvement of any infections such as MRSA (methicillin-resistant staph aureus), VRE (vancomycin-resistant enterococcus), active shingles, or chicken pox. A positive diagnosis within 30 days of the week of camp will preclude attendance. Any close contact with family members or others who have recent or present infections requires that you consult with the Geisinger Pediatric Hem/Onc Medical Team (570-271-6898) before arriving at camp.

As this is the first year of Camp Dost since the start of the Covid-19 pandemic, we have taken extra precautions. All Staff of Camp Dost and Camp Victory will be fully vaccinated. All campers will also need to be fully vaccinated to attend, with the only medical exemption from this ruling being an allergy to an ingredient of the vaccine. We are taking these precautions for the health and safety of everyone so that we can continue to have camp in the future. We are hoping for a great restart of camp this year.

Sincerely,

Jagadeesh Ramdas, MD

Michal Miller, MD

Girmay Haile Tekle-Yohannes, MD

Barb Molesevich, RN, CPON

Kimberly Green, RN, CPN, Camp Dost Medical Director

Please take the time to *carefully* complete the enclosed Medical History form. Immunization records **MUST accompany the form in order to attend camp. Also, enclose a copy of the insurance card of each camper. Only complete application packages will be accepted.**

**CAMP DOST
CAMPER MEDICAL HISTORY**

Camper is (*check one*): ___ Patient or ___ Sibling Date of Birth _____

Camper's Name _____ Sex _____ Weight _____

Name of brother/sister attending camp (*if applicable*) _____

Home address _____
STREET CITY/STATE ZIP

Telephone: Home # _____ Cell # _____

Father's Name _____ Work # _____

Mother's Name _____ Work# _____

Emergency contact _____
NAME RELATIONSHIP PHONE

Primary Physician _____
NAME ADDRESS PHONE

PATIENT INFORMATION

Diagnosis _____

Month/Year of Diagnosis _____ Date of Birth _____

Is child currently receiving chemotherapy? _____

If not, provide month/year treatment finished _____

INSURANCE INFORMATION (*To be used for special tests, x-rays, etc*)

Insurance Company Name _____

Address _____ Phone _____
STREET CITY/STATE ZIP

Policy or CIN # _____ If group insurance, specify company _____

Name of Primary Insurer _____

Prescription Plan (Company ID #) _____

Specific billing instructions (*if any*) _____

♥ Geisinger Record Number _____

♥♥ Attach a copy of your current insurance card.

IMMUNIZATION RECORD (Mandatory for ALL campers, including those off treatment & siblings.)

Record dates or include a copy of the child's immunization records. Include photocopy of COVID-19 vaccination card citing two shots as recommended by the CDC.

*COVID-19 _____
DPT series _____ Diphtheria/tetanus booster _____
Oral polio _____ MMR _____
TB test _____ Other _____
Has child had chicken pox (varicella)? Yes _____ No _____
Has child had varicella vaccine? Yes _____ No _____

**Medical exception form for known allergy to vaccine component(s) must be requested. No other exceptions are being made.*

MEDICAL BACKGROUND

Allergies (*ie drugs, food, insect bites, etc*) _____

Dietary restrictions _____

Other medical problems (*ie asthma, hay fever, diabetes, etc*) _____

Is your child incontinent? Yes _____ No _____ Urine _____ Stool _____ Frequency _____

Does your child have seizures? Yes _____ No _____ Frequency _____
When was last seizure? _____
Is any treatment necessary? _____

Is your child prone to headaches or migraines? Yes _____ No _____ Frequency _____
If migraines, describe symptoms _____
Related medications (*if any*) _____

List any physical limitations (*amputation, crutches, wheelchair, etc*) _____

If female, has child begun menstrual period? _____ Any problems? _____

Note any special needs/care requirements (*fluid needs, vision/hearing loss, protection from sunlight, catheterization*) _____

Broviac Lines

Does your child have a Broviac/Hickman line in place? _____

Single or double lumen? _____

How often is it flushed? _____

(Note: The Med Shed will provide Hep-Loc solution, caps, and dressing change kits.)

Mediport Device

Does your child have a Mediport Device? _____ Location? _____

Single or double Mediport? _____

Does your child have difficulty swallowing pills or capsules? _____

Does your child have a pattern or special way of taking medication that is preferred? For example, crushed in applesauce, taken with 7-up, relaxation exercises. Please describe _____

Are there any special treatments or medical procedures which should be carried out during camp such as urine testing – diabetes, insulin shots, etc? _____

How can we best support your child when not feeling well? What comforts him/her? _____

Circle any tendencies that bear watching: bed wetting fear of lightening/thunderstorms

sleep walking nightmares food sensitivity constipation nervousness fainting other

Please explain _____

What challenges do you face as parent/guardian relating to your child's behavior or mood on any given day or time of day that would be helpful for us to know? _____

Are there specific behavioral patterns that can be anticipated or planned for? _____ If yes, please describe _____

Are there any issues your child is currently having difficulty coping with (for example, a death, divorce, sibling rivalry, specific fears or other concerns recently expressed)? If yes, please explain _____

Is your child currently receiving psycho-therapy or involved in any emotional support program? _____
If yes, please explain _____

Has your child been away from home before without you? _____ If no, do you anticipate any problems? _____ If yes, please describe _____

Does your child express any serious fears concerning the week at camp? _____ If yes, please describe

Is there anything we should know about your child that would make his/her adjustment to camp smoother? _____ If yes, please describe _____

How does your child mingle with others of a similar age group? _____

Is your child sensitive about anything, such as hair loss, weight, nickname? _____

Indicate activities in which your child should **NOT** participate in camp: _____

Please note any special interests, abilities, hobbies that we can highlight for your child at camp: _____

This completed form MUST accompany each camper's application. Please keep the following notice "Administration of Medications" for later reference and compliance.

ADMINISTRATION OF MEDICATIONS

The medical staff will take full responsibility for the administration of medications and supervision of all treatments performed during camp week. The camp physician or nurse will store and administer the drugs as per treatment schedule. If a cancer treatment can be given safely at home, then it should be able to be given at camp.

It is understood that each child's need for chemotherapy will greatly depend on his/her treatment schedule. We understand that sometimes that changes only days before camp. Therefore, the medical staff will review with you the need for definite chemotherapy to be given in the week prior to, or at the start of camp. **Do not leave the camp premises before speaking with a member of the medical staff.**

♥ **Please bring all medications needed to camp and deliver them to the Med Shed nurse or physician. Medication containers holding daily dosing are of great help!**

PLEASE DETACH AND KEEP THIS PAGE OF INFORMATION FOR REFERENCE PRIOR TO ARRIVAL AT CAMP.

CONSENT FORM
CAMP DOST / Ronald McDonald House of Danville, Inc.
CAMP VICTORY / Nicholas Wolff Foundation, Inc.

CAMPER NAME: _____

I. The undersigned hereby represents that he or she is the parent or legal guardian of the above-named minor (referred to herein as “Camper”) and hereby grants permission for Camper to participate in the Camp Dost program to be held at the Camp Victory site in Millville, PA. I hereby expressly waive and release any and all claims, liabilities, obligations, damages, costs, and expenses (collectively “Legal Responsibilities”), against Camp Dost, Ronald McDonald House of Danville, Inc., Nicholas Wolff Foundation, Inc., and Camp Victory, and their respective officers, directors, employees, staff members, agents, successors and assigns (collectively the “Releasees”) for any injuries or illnesses, including, but not limited to, COVID-19, resulting from Camper’s participation in this program.

II. The undersigned hereby grants permission to the medical staff at Camp Dost to administer routine and other medication for Camper, as well as render any emergency care as required. I know and understand that I am responsible for all costs related to the medical care and treatment rendered to Camper if there is a charge for the medical services provided and hereby release and hold harmless the Releasees from any injuries or illnesses occurring as a result of such treatment. If routine or emergency medical treatment should require transportation of Camper, I hereby grant permission for that transportation and release the Releasees from all Legal Responsibilities for any injuries resulting from such transportation.

III. The undersigned hereby grants permission to the medical staff at Camp Dost to administer COVID-19 nasal swab tests to Camper upon arrival at the Camp Victory site and as-needed during the Camp Dost program week. I understand that if Camper receives a positive test result that such test result may be shared with Camp Dost and Camp Victory staff members, as well as other campers who were in close contact with Camper, and the parent or guardian of such other campers.

IV. The undersigned hereby grants permission for Camper to be interviewed, photographed and/or videotaped during the Camp Dost program week and consents to the use/publication of this material as a television, magazine, newspaper or internet story regarding the Camp Dost experience. I understand that this material may be used again at some future time for advertising or promotional use in the establishment, development and operation of Camp Victory and the Camp Dost experience. Camp Dost will be compiling a camp directory with camper and staff addresses and phone numbers so friendships can continue throughout the year. I grant permission for this information to be used in this manner.

V. The undersigned hereby grants permission to release information concerning the Camper's medical status to the staff and campers who attend Camp Dost. The purpose of this provision is to help members of the Camp Dost group support each other in times of need.

IN WITNESS WHEREOF, the undersigned has executed this Consent Form as of the date written below.

Parent/Guardian Signature

Date

Witness

Questions or concerns: call (570) 214-2889.

CAMPER CONTRACT

Camp Dost is a concept, which is brought to reality each year through the cooperation of campers and staff to achieve an ideal. The following information is given to help you understand your part in this cooperative effort.

In order to achieve these goals, some basic rules and regulations must be followed. **Please read over carefully and return one signed copy with your registration.**

CAMP GOALS

- To have a fun-filled, normal camp experience
- To have a camp experience where emphasis is on the child and not the child's illness
- To provide an opportunity to meet new friends and learn respect and concern for one another
- To provide a safe environment in which to carry out a program which facilitates these goals

At no time are the following items allowed on the campgrounds: firearms or other weapons; alcoholic beverages; or illegal drugs. Smoking is prohibited. Campers may not have cell phones, tablets, laptops or personal vehicles at camp.

Parents are not permitted to visit children during the camp week.

No one has permission to be in Med Shed unless authorized medical personnel are present.

You are expected to follow the staff member's instruction at all times.

Be sure your counselors know where you are at all times. This includes trips to the bathroom in the middle of the night.

Treat others, as you would like to be treated. Be sensitive to one another's feelings.

Respect one another's privacy. NEVER get into another's personal belongings without their permission.

Each camper is responsible for picking up their own belongings. Do your part to keep the cabin neat and clean.

Be ready for meals and activities.

Always dress according to Camp code, ie NO short-shorts; NO speedos or bikinis at the pool.

Each camper will take a full and active interest in all parts of the planned program, including attending all scheduled activities.

All campers will be in their assigned cabins at the nightly curfew time specified by the Camp Director.

Campers should refer any problems or concerns they are having to their counselors or another staff member.

Camp Dost reserves the right to refuse attendance or accommodations to any applicant. A camper may also be sent home for continued infractions of rules or behavior deemed inappropriate by camp staff.

I understand and agree to the above. I am enclosing a copy with registration.

Camper signature
Print Name _____

Parent Signature
Print Name _____

Date