



Dear Parents,

We are so excited to invite you to attend the inaugural session of Gabrielle's Heart Camp CT!

Gabrielle's Heart Camp CT is sponsored by the Gabrielle Dinsmore Heart & Hope Fund in partnership with Yale New Haven Children's Hospital's Department of Cardiology. Camp is completely **free** to children affected by congenital heart defects or heart disease (CHD). During the 3 day, 2 night camp session, kids will participate in a traditional camp experience with other kids who also have CHD under the supervision of Dr. Robert Elder, Dr. Alan Freidman, professional medical staff, and counselor/junior counselor staff- many of whom are living with CHDs. We feel this is one of the most valuable aspects of Gabrielle's Heart Camp CT.

The mission of Gabrielle's Heart Camp CT is to provide an environment where kids with heart disease and congenital heart defects can have fun while learning life skills that will help them navigate the challenges of living with a cardiac condition. Through participation in stimulating programs with other young people with cardiac disease, participants will appreciate they are not alone in facing these issues, and so become empowered to strive toward their hopes and dreams. They will learn to become active participants in managing their condition throughout their lifetime, and that their cardiac condition does not define them, but is only one aspect of who they are. In essence, the camp will be one step to "give them the wings", for children with heart disease to become uniquely independent and to realize their individual potential.

Gabrielle's Heart Camp CT will be held at Camp Claire in Lyme, CT. Camp Claire over looks Hamburg Cove and has provided children with summer camp experiences and memories for 100 years. Campers will participate in typical camp activities, including swimming, boating, arts & crafts, campfires and they will learn about their heart conditions while having fun. We also have a carnival night and heart healthy menu. The most valuable message they will hear is that "they are not alone in their medical journey".

### **Dates for Camp**

Sunday, August 20<sup>th</sup> – Tuesday, August 22<sup>nd</sup>, 2017 (3 days / 2 nights)

Open To: Boys & Girls – Ages 8 through 15

### **Camp Information Session**

We will host a camper/family information session on **Tuesday, June 6<sup>th</sup> at 6 pm**. Session will take place at Yale New Haven Children's Hospital. We encourage all children and families who are interested in Gabrielle's Heart Camp CT to attend and complete the application immediately. Please RSVP to Andrew Massaro at 203-785-5690 or [Andrew.Massaro@yale.edu](mailto:Andrew.Massaro@yale.edu) no later than **Wednesday, May 31**.

### **Important Deadlines**

**May 31st** – The WHITE application forms must be completed fully and received no later than May 30<sup>th</sup>.

**July 15<sup>th</sup>** - The YELLOW physician forms must be received no later than July 15<sup>th</sup>. We understand that pediatrician and cardiologist forms may take more time, but must be received prior to the deadline.

The application packet is enclosed. A completed application is not a guarantee of attendance and will be reviewed and screened by medical professionals. If approved, registration details will be mailed in late July.

If you have any questions, please feel free to contact Andrew Massaro at 203-785-5690 or [Andrew.Massaro@yale.edu](mailto:Andrew.Massaro@yale.edu).

We look forward to seeing you soon!

Alan Friedman, MD  
Interim Chief, Pediatric Cardiology,  
Director of Medical Affairs  
Yale New Haven Children's Hospital

Robert Elder, MD  
Assistant Professor of Pediatrics (Cardiology),  
Co-Director Pediatric Cardiology Fellowship Program  
Yale New Haven Children's Hospital



## APPLICATION PACKET:

This (white) packet MUST be filled out completely and returned ASAP to be considered. Incomplete packets may not be considered.

- FORM 1: Camper Application Form (White)
- FORM 2: Camper Medical Form (White)
- FORM 3: Camper Waiver, Indemnification and Health Affirmation (White)

## PROVIDER FORMS:

Please fill in as much information as you can and drop off at provider's office. DO NOT wait for these forms to be completed to send in the application packet. We understand these forms will be returned at a later date.

- FORM 4: Primary Care Provider Physical Exam Form (Yellow)  
*A physical by the primary care physician must have been done within a year (12 months) of start of camp. If you send in last year's information and your child has an upcoming doctor's visit then we request an update for our files.*
- FORM 5: Pediatric Cardiologist Camper Participation Form (Yellow)  
*We will accept a form signed by the cardiologist for this year's camp session, based on your child's most recent visit.*

We will start processing your application before the provider forms arrive- please do not delay!!

All forms MUST be complete and up to date prior to the start of camp ~ August 20<sup>th</sup>

Please send completed forms to:

Yale Pediatric Cardiology  
PO Box 208064  
New Haven, CT 06520-8064  
**Attention: Andrew Massaro**

## CAMP FORMS CHECKLIST



**Parents: complete ALL sections; incomplete applications will be returned!!**

GENERAL INFORMATION:

Applicant's Name: \_\_\_\_\_  
FIRST MI LAST

Prefers to be called: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_

Name of school: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian 1: \_\_\_\_\_  
FIRST MI LAST

Address: \_\_\_\_\_  
STREET/PO BOX CITY STATE ZIP

Home phone:(\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name of Parent/Guardian 2: \_\_\_\_\_  
FIRST MI LAST

Address: \_\_\_\_\_  
STREET/PO BOX CITY STATE ZIP

Home phone:(\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are parents living together? \_\_\_ Yes \_\_\_ No

Are there any custody or visitation restrictions? If so, describe: \_\_\_\_\_

EMERGENCY CONTACT: (someone other than parents, this section MUST be filled out):

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
FIRST MI LAST

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

FORM 1 -CAMPER DEMOGRAPHICS

Adults (other than parents) authorized to take child to and from camp:

You must designate at least one adult. Please include a telephone number.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Adults NOT authorized to take child to and from events (if applicable):

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

T-shirt size: (Y=youth, A=Adult, please circle one) YS YM YL YXL AS AM AL AXL AXXL

Preferred name on T shirt (if different from above) \_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that, if any information I/we have provided (in any of the application forms) is found to be inaccurate, it may eliminate the opportunity for participation in camp.

I give permission to appropriate Gabrielle's Heart Camp CT staff to discuss pertinent health information provided on any of the application forms (including medical forms) with any of my child's doctors, health care providers, school staff or other parties that is necessary to define my child's readiness for, and success at camp. This may include discussion or disclosure of sensitive health information related to HIV, STD, genetic & / or behavioral health.

Applicant Name: \_\_\_\_\_

Parent/Guardian's Name: (print) \_\_\_\_\_

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



Please complete ALL sections; incomplete applications will be returned!!

MEDICAL INFORMATION:

Primary Care Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Cardiologist name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Cardiac diagnosis: \_\_\_\_\_

Cardiac surgery: \_\_\_\_\_

Other medical problems (i.e. ADD, asthma, celiac, etc):

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

Other specialist's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Other specialist's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Behavioral / Mental health specialist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

In the past 12 months has your child required surgery, procedures or hospitalization?  
If yes, please give date(s) and reason(s):

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

MEDICATIONS? (Please list ALL medications below)

Medication / Strength	Schedule / Directions	Prescriber

FORM 2 - MEDICAL

Does your child have any allergies?

Allergen (medications, foods, animals, insects, etc)	Reactions* <i>(be specific with the symptoms, how severe, when they start, etc.)</i>	Age of Last Reaction

What is your usual response to an allergic reaction (medications, ice packs, etc)? \_\_\_\_\_

Does your child have any special diet restriction or preferences (vegetarian, celiac, picky eater):

Does your child have any special needs or physical limitations: \_\_\_\_\_

Does your child have health insurance?  Yes  No  Don't Know

Name of Health Insurance Plan: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Policy and/or Group Number: \_\_\_\_\_

**Has your child been to an overnight camp before?**  Yes  No

Is your child able to function at his/her age level?  Yes  No (describe below)

Does your child have any behavioral, developmental or emotional issues (describe below):

Does your child require one-on-one supervision at school / activities?  Yes  No

Does your child have an IEP or 504 plan at school?  Yes  No

Please describe: \_\_\_\_\_

Does your child have any fears?  Yes  No \_\_\_\_\_

What helps when he/she gets scared? \_\_\_\_\_



**(a) Informed Consent, Indemnity and Hold Harmless Agreement**

I understand that participation in Gabrielle’s Heart Camp CT activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§ 160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with the Gabrielle Dinsmore Heart & Hope Fund, Gabrielle’s Heart Camp CT, Yale New Haven Children’s Hospital, Camp Claire, and all volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Gabrielle’s Heart Camping activities.

I understand and acknowledge that the participation in the activities planned at the Camp involves inherent risk of injury to my child. I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify, and hold harmless, the Gabrielle Dinsmore Heart & Hope Fund, Gabrielle’s Heart Camp CT, Yale New Haven Children’s Hospital, Camp Claire, officers, directors, volunteers and employees and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities – whether it results from the negligence of any of the above or from any other cause.

\_\_\_\_\_ Without restrictions.      \_\_\_\_\_ With special considerations or restrictions (list)

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

 Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(b) Privacy Notice**


I understand that the staff at Gabrielle’s Heart Camp CT believes my child’s health information is private and respect the need for protection of that privacy, and also feel that sharing the health information in the context of Gabrielle’s Heart Camp CT is important for enhanced communication and safety of campers. Therefore, I grant permission to share medical information with staff and medical personnel participating with Gabrielle’s Heart Camp CT regarding my child, \_\_\_\_\_.

 Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(c) Photo and Media Consent**

I hereby assign and grant to the Gabrielle Dinsmore Heart & Hope Fund, Gabrielle’s Heart Camp CT, Yale New Haven Children’s Hospital, the local council and Camp Claire the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all camp activities, and I hereby release Gabrielle Dinsmore Heart & Hope Fund, Gabrielle’s Heart Camp CT, Yale New Haven Children’s Hospital, Camp Claire, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/ film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Gabrielle Dinsmore Heart & Hope Fund, Gabrielle’s Heart Camp CT, Yale New Haven Children’s Hospital, and Camp Claire, and I specifically waive any right to any compensation I may have for any of the foregoing.

 Please circle one **Yes** **No**

**By signing** this release and waiver of copyright and other usage rights below, I intend to be legally bound hereby, for myself and my heirs, executors and administrators. In consideration of the opportunity for participating at Gabrielle’s Heart Camp CT held at Camp Claire in Lyme, CT, I acknowledge and agree that the Gabrielle Dinsmore Heart & Hope Fund and Gabrielle’s Heart Camp CT (including and without limitation, all affiliates) have the right to use photographs, videotapes or other recordings or images of me/my child in program activities in public relations and promotional materials including, but not limited to videotapes, pamphlets, posters, brochures and electronic media such as internet websites. I further acknowledge that the Gabrielle Dinsmore Heart & Hope Fund and Gabrielle’s Heart Camp CT shall have the rights of copyright in and to such photographs, videotapes, and other recordings and may exploit said copyright fully. I release and waive all rights and interest in and to such materials.

**I HAVE READ AND I ACCEPT THE ABOVE TERMS AND CONDITIONS. I GIVE PERMISSION FOR MYSELF AND MY CHILD OR CHILDREN TO BE PHOTOGRAPHED, VIDEOTPAED OR OTHERWISE RECORDED AT THE CAMP.**

 \_\_\_\_\_  
Signature of parent/guardian Date

Parents Signature: \_\_\_\_\_ Child’s Name: \_\_\_\_\_

Parents Name (print): \_\_\_\_\_ Date: \_\_\_\_\_





TO BE COMPLETED BY PROVIDER'S OFFICE

Patient's Name: \_\_\_\_\_  
FIRST MI LAST

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Physical: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(must be within 1 year from date of camp)

Cardiac Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Other Medical Diagnosis: \_\_\_\_\_

Immunizations up to date: \_\_\_ Yes \_\_\_ No Date of last Tetanus: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns/abnormalities from last physical?  
Please explain: \_\_\_\_\_  
\_\_\_\_\_

Any behavioral or emotional issues, or any issues that may cause the camper to be a risk to him/herself or others? Please explain: \_\_\_\_\_

Any other info that would help ensure a fun, successful camp experience?  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT  
OR FAX TO Andrew Massaro @ 203-737-2786. THANK YOU!

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

\_\_\_\_\_  
Examining pediatrician signature

\_\_\_\_\_  
Examining pediatrician print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number



TO BE COMPLETED BY CARDIOLOGIST'S OFFICE

Patient's Name: \_\_\_\_\_  
FIRST MI LAST

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Last Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardiac Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Type of Surgeries/Procedures: \_\_\_\_\_

Pacemaker? Y \_\_\_\_\_ N \_\_\_\_\_

Other Known Medical Diagnoses: \_\_\_\_\_

General Appraisal (any symptoms currently): \_\_\_\_\_  
\_\_\_\_\_

Cardiac Restrictions (diet, activity, special needs, etc): \_\_\_\_\_  
\_\_\_\_\_

Do you know of any issues that may cause the camper to be a risk to him/herself or others in a camp environment?

Please explain: \_\_\_\_\_

Is there anything else we should know regarding the camper's cardiac risk in a camp environment?  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT  
OR FAX TO ANDREW MASSARO @ 203-737-2786. THANK YOU!

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

\_\_\_\_\_  
Examining cardiologist signature

\_\_\_\_\_  
Examining cardiologist print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number