

WELCOME TO CAMP 2022!

SUNDAY, AUGUST 14TH – SATURDAY, AUGUST 20TH



HOPE WITH HEART
PO BOX 354
WALDWICK, NJ 07463

973.568.1217
HOPEWITHHEART.ORG

Dear Campers and Camper Families,

I hope this letter finds you happy and healthy. Hope With Heart is truly looking forward to seeing new faces and all our returnees this year! Our camp will run **Sunday, August 14 to Saturday, August 20, 2022**. Please be sure to keep our application deadline of **April 30, 2022** in mind. This deadline ensures our staff has proper time to review and vet all medical information so appropriate planning and accommodations are put in place. I cannot stress enough how important it is that the deadline is met. If there are any issues or concerns you have about meeting the deadline please contact our Camp Director, Alissa Gretina, right away via email or by phone so she can address any concerns and help keep you on track throughout the application process.

Alissa's contact information: algg039@gmail.com | Cell: 973-568-1217

INITIAL CONTACT: We ask that you take a moment today to send an intent email to Alissa Gretina (algg039@gmail.com) with your contact information, camper name, age and gender. This will let us know immediately that your child intends to attend camp. Please adhere to this request promptly. Our attendance numbers determine costs and allows us to budget accordingly. Thank you in advance for sending your intent email right away.

APPLICATION: Our application deadline is April 30, 2022. Please submit the application, including any upcoming appointment dates on the application so that we can follow up after your camper sees their doctor(s). Please keep us informed of anything else that may delay the application process. If you are unsure your child will be attending camp, I encourage you to continue the application process "just in case." We understand doctor appointments are scheduled after April 30, 2022. Please remember, if your child has a follow-up visit with the cardiologist or any further cardiac testing (Holters, Stress Test) or procedures (cardiac cath) after April 30, 2022, it is imperative to submit that information before final acceptance in the camp program. We suggest you schedule the necessary appointments early.

**Applications can be
emailed or hard-copy
mailed**

- Email:
algg039@gmail.com
- Mail:
**Hope With Heart
PO Box 354
Waldwick, NJ 07463**



Medical questions? Please contact Dr. George Kipel at 201-741-0683

Application questions? Please contact our Camp Director, Alissa Gretina:
973-568-1217 or via email algg039@gmail.com

Use the Application Checklist on page 3 to be sure you have included all necessary forms.

Keep this letter for your records to refer throughout the application process as it contains all of Hope With Heart's contact information.

I am looking forward to seeing you all this August!

Sincerely,

George Kipel, M.D.
Hope With Heart Medical Director

APPLICATION PROCESS

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1

Email of Intent: Send your intent to attend camp to our Camp Director, Alissa Gretina, at algg039@gmail.com

2

Begin the Application: Please start completing the application to ensure it will be submitted before April 30, 2022. It may take some time for you to gather necessary information from physicians, so please start early keeping that in mind.

The application must be completely filled out. No application will be processed without all sections being complete. When all necessary information is submitted, your application will be processed. Please type or print clearly in black or blue ink and make sure your email address is legible. We ask that you do not staple your child's application.

PLEASE NOTE

- Tetanus should be after 08/11/15.
- If your child has a pacemaker you will need to include a Pacemaker Interrogation.
- If your child had a transplant you will need to include the last biopsy.
- It is your responsibility to follow-up with your physician for his/her forms.

3

Application Confirmation: You will be notified when your application is received and again when it is approved. We will then send you directions to camp as well as a list of things to bring. We will also provide, via email, arrival times to your camper to check in. On Saturday, August 20th camper pick up is at 10:30am. Please notify us if you will be picking up your camper early. Please note the drop off and pick up times on your calendars.

?

Medical questions? Please contact Dr. George Kipel at 201-741-0683

Application questions? Please contact our Camp Director, Alissa Gretina: 973-568-1217 or via email algg039@gmail.com

Use the Application Checklist on page 4 to be sure you have included all necessary forms.

HOPE WITH HEART'S RECEIPT OF APPLICATION DOES NOT GUARANTEE A SPOT AT CAMP. ONCE ALL APPLICATION INFORMATION HAS BEEN RECEIVED AND THE CHILD IS CONSIDERED MEDICALLY APPROPRIATE TO ATTEND, WILL YOUR CHILD BE ACCEPTED TO CAMP. ALL CAMPER MUST BE BETWEEN THE AGES OF SEVEN AND SEVENTEEN

APPLICATION CHECKLIST

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FORMS IN THIS PACKET

- Camper Personal Data Form 1
- Camper Personal Data Form 2
- Camper Personal Data Form 3
- Health History Part 1
- Health History Part 2
- Health History Part 3
- Medication & Treatment
- Consent Form
- Physician's Letter and 2-Page Physical Examination Form (Must be completed by Physician)



ADDITIONAL DOCUMENTS YOU'LL NEED

- Current Immunization Record
*Tetanus must be after 8/11/2015
- Baseline EKG
*Performed after 1/1/2022
- The last follow-up letter from the cardiologist dated after 3/1/2022
- Copy of medical insurance card
(front & back)
- Two recent photos of your camper taken in 2022
- *Pacemakers only: Pacemaker/Defibrillator Interrogation dated after 3/1/2022
Please plan to send the transmission box with your child to camp.
- *Transplant only: Last biopsy



Medical questions?

Please contact
Dr. George Kipel
at 201-741-0683

Application questions?

Please contact
our Camp Director,
Alissa Gretina:
973-568-1217 or
algg039@gmail.com

PERSONAL DATA FORM 1

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Returning Camper? No (we can't wait to welcome you!) YES (we can't wait to see you again!)

Camper Name (first and last): _____

Nickname: _____

Date of Birth: ____ / ____ / ____ Age on first day of camp (August 14, 2022): _____

Street Address: _____

City, State, Zip: _____

1. Diagnosis: _____

2. Are there any special needs that we need to be aware of (i.e. wheelchair accessibility, etc)?

If yes, please explain _____

3. Please check any of the following that apply to the camper:

Pacemaker Heart Transplant Defibrillator

4. Please check any of the following for which you consent to our medical staff administering to your camper in the dosage for his/her weight:

Motrin Tylenol (acetaminophen) Pepto-Bismol

Benadryl Delsyn Cough Syrup

5. If your child has attended other camps, please list them here with year attended:

Please choose a t-shirt size for your camper (circle one):

• YOUTH

X-Small

Small

Medium

Large

• ADULT

Small

Medium

Large

X-Large

XX-Large

PERSONAL DATA FORM 2

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Camper Name (first and last): _____

PARENT / GUARDIAN INFORMATION

Parent / Guardian Name(s): _____

PHONE NUMBERS

Day: _____ Night: _____

Cell: _____ Preferred: _____

Email Address: _____

IF A PARENT / GUARDIAN IS NOT AVAILABLE IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

EMERGENCY CONTACTS MUST BE 21 YEARS OF AGE OR OLDER

First & Last Name: _____ Relationship to Camper: _____

Address: _____

Day Phone: _____ Night Phone: _____

Cell Phone: _____ Preferred Phone: _____

Email Address: _____

OR

First & Last Name: _____ Relationship to Camper: _____

Address: _____

Day Phone: _____ Night Phone: _____

Cell Phone: _____ Preferred Phone: _____

Email Address: _____

Parent / Guardian Signature: _____ Date: _____

PERSONAL DATA FORM 3

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Camper Name (first and last): _____

PEDIATRIC CARDIOLOGIST

Pediatric Cardiologist Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

PRIMARY PEDIATRICIAN

Pediatrician Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

HEALTH INSURANCE INFORMATION

Policy Holder's Name: _____

Health Insurance Company: _____

Policy #: _____ Group #: _____



Please attach a clear copy of your INSURANCE CARD, both front and back.

UPCOMING APPOINTMENTS

Date of camper's next doctor's appointment(s), if after 4/30/2022: _____



It is your responsibility to return this application complete with all attachments. Please follow up with your physician to ensure the physical exam and any follow up letters have been completed and sent in. Your child may not be eligible for camp if the application is received after the final due date of April 30, 2022. We must hear from camper families on any issues regarding the deadline as soon as they arise. Thank you for your cooperation.

HEALTH HISTORY FORM 1

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Camper Name (first and last): _____

1. Diagnosis: _____

2. Heart Surgery or Procedures (please include type and dates):

3. Does your camper have any of the following? (please explain and include dates where applicable):

NO | **YES**

Asthma _____

Diabetes _____

Ear infection _____

Scoliosis _____

Other surgery / hospitalization _____

Other chronic / serious illness _____

Fracture, dislocation / orthopedic injury _____

Migraines / frequent headaches _____

Eating disorders _____

Dietary restrictions _____

Bed wetting _____

Anxiety / depression _____

Any other physical disability _____



Please attach a clear copy of your child's up-to-date IMMUNIZATION RECORD.

HEALTH HISTORY FORM 2

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Camper Name (first and last): _____

NO | **YES**

<input type="checkbox"/>	<input type="checkbox"/>	Seizures?	If yes, are they under control with medication? _____
			Type of seizure: _____
			Frequency: _____
			What may stimulate the onset of a seizure? _____

ALLERGIES (attach a separate sheet if necessary)

<input type="checkbox"/>	<input type="checkbox"/>	Medication(s)?	If yes, please list: _____
			Reaction: _____
			Treatment: _____
<input type="checkbox"/>	<input type="checkbox"/>	Environmental?	If yes, please list: _____
			Reaction: _____
			Treatment: _____
<input type="checkbox"/>	<input type="checkbox"/>	Food(s)?	If yes, please list: _____
			Reaction: _____
			Treatment: _____
<input type="checkbox"/>	<input type="checkbox"/>	Bee sting?	If yes, please describe reaction: _____

			Treatment: _____

MENSTRUAL HISTORY (if applicable)

			First menstrual date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal menstrual history?	If yes, please explain: _____

			Treatment: _____

HEALTH HISTORY FORM 3

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Camper Name (first and last): _____

NO | **YES**

Learning disabilities? (i.e. ADD, ADHD, Perceptual Impairment, etc.)
If yes, please explain: _____

Emotional problems? (Has the camper displayed and/or been treated for emotional issues?)
If yes, please provide detail, treatment, and suggestions for successfully managing the situation: _____

Behavioral problems? (Has the camper displayed and/or been treated for behavioral issues?)
If yes, please provide detail, treatment, and suggestions for successfully managing the situation: _____

Physical limitations? (Do you anticipate any problems with your child meeting his/her own physical needs?)
If yes, please explain: _____

Additional conditions? (Please share any other conditions not already listed)*
If yes, please provide detail and treatment: _____

*Submit last follow up letter from the treating specialist along with this application (i.e. Pulmonologist, Allergist, etc.)

MEDICATION & TREATMENT

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(attach a separate sheet if necessary)



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Camper Name (first and last): _____

NAME OF MEDICATION(S)	AMOUNT OF DOSAGE	NUMBER OF TIMES PER DAY	EXACT TIME OF ADMINISTRATION

Please describe if your camper has any problems taking medication: _____

Please share special instructions for giving medication and be VERY specific: _____

Please share any other pertinent information the camp nurse should know: _____



All medications must be accompanied by ORIGINAL PRESCRIPTION BOTTLES.
It is helpful if you provide your child's medication separated in a weekly box, with extras in original bottles.

If there is any change in your child's medical status or medication after submitting this application, the camp nurse must be notified in writing.

PARENT / GUARDIAN SIGNATURE

Parent / Guardian Signature: _____ Date: _____

2022 CONSENT FORM

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PARENT AUTHORIZATION

I authorize my child, _____, to attend Hope With Heart's 2022 camp program from August 14, 2022 to August 20, 2022. I also authorize the taking of photographs and videos, which may be used for publicity or posting pictures to www.hopewithheart.org and/or Hope With Heart's social media sites. No full names or locations are posted on social media.

Parent / Guardian Signature: _____

Relationship: _____ Date: _____

HOLD HARMLESS AGREEMENT

I, _____, agree to save, protect, indemnify, defend, and hold harmless the Hope With Heart organization and Happiness is Camping, their employees and volunteers against any loss, damage or expense by reason of any suits, claims, demands, judgments, and any other causes of action associated with the operations of the Hope With Heart Camp program. This agreement is in effect from 12:00 am August 14, 2022 through 11:59 pm on August 20, 2022.

Parent / Guardian Signature: _____

Relationship: _____ Date: _____

PARENT'S MEDICAL AUTHORIZATION

The health history provided in this application is correct. The person herein described has permission to engage in activities deemed appropriate by camp staff, except as noted by me and /or the examining physician. I authorize Hope With Heart staff to administer medications. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Hope With Heart Board of Directors to hospitalize, secure proper treatment for, and so order injection, anesthesia or surgery for the above named child.

Parent / Guardian Signature: _____

Relationship: _____ Date: _____

ABOUT HWH CAMP 2022

SUNDAY-SATURDAY • AUGUST 14TH-AUGUST 20TH



HOPE WITH HEART

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Program Description for Your Camper's Physician

Dear Physician,

Hope With Heart is an annual (medically supervised) recreational and social experience, which provides children with heart problems, ages 7 to 17, an environment of relaxation and fun. Here, with appropriate limitations, children with heart disease discover among their peers that they can safely enjoy moderate physical activity. They are also encouraged to voice the questions they usually cannot ask, share the concerns they must usually hide, and learn to feel the pride and self-respect that is usually beyond their reach.

Hope With Heart is unique because it accepts high-risk children with limited life expectancies. Attendees have encountered a wide range of heart problems, including valve replacements, pacemakers and transplants. All medical aspects are overseen by The Pediatric Center for Heart Disease at Hackensack University Medical Center. We have cardiac care nurses in residence throughout camp.

This seven-day, six-night sleepaway camp is free of charge to families and diverse in many ways. Each new season brings representatives of various races, ethnicity, and creeds. Our campers come primarily from the tri-state area, but there are no geographic restrictions.

For more than 30 years, our philosophy and policy have remained simple: any child with a serious heart problem deserves to enjoy what Hope With Heart can offer.

We are a not for profit organization with a dedicated group of individuals who volunteer their time to provide a true camp experience for these children. We are incorporated in the State of New Jersey with an established Board of Directors and By-Laws. We are classified as a Membership organization, where members consist of all parents and guardians. Members bear no obligation but are invited to attend our annual meeting.

Thank you for helping your patient become a Hope With Heart Camper.

Sincerely,

The Board of Directors
Hope With Heart

PHYSICAL EXAMINATION 1 OF 2

HWH CAMP 2022 • SUN-SAT • AUG 14-AUG 20

TO BE COMPLETED BY A LICENSED PHYSICIAN



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Camper Name (first and last): _____ DOB: _____

This examination must be completed within three months of the due date of the application (April 30, 2022). Copies of other examinations performed within the three month period are acceptable if the following is provided:

Height: _____ Weight: _____ Blood pressure: _____ Oxygen Saturation Rate: _____

Please check code below: **S**=Satisfactory **U**=Unsatisfactory **NE**=Not examined

S	U	NE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hernia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teeth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posture
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities

VISION: Left Eye _____ Right Eye _____
Glasses / Contacts? Yes No

HEARING: Left Ear _____ Right Ear _____
Hearing Aids? Yes No

Heart diagnosis: _____

Baseline EKG: _____ Date: _____

Allergies (please specify): _____

General appraisal: _____



A copy of an EKG taken after January 1, 2022 must be provided with this application to Hope With Heart by April 30, 2022.

PHYSICAL EXAMINATION 2 OF 2

HWH CAMP 2022 • SUN-SAT • AUG 14-AUG 20

TO BE COMPLETED BY A LICENSED PHYSICIAN



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Camper Name (first and last): _____ DOB: _____

Recommendations and activity restrictions at camp: _____

Other pertinent information: _____

PRESCRIPTION MEDICATIONS

The camper must bring a twelve-day supply of all prescription medications. Provide names and times to be administered. All medications must be clearly labeled and in original containers.

NAME OF MEDICATION(S)	AMOUNT OF DOSAGE	NUMBER OF TIMES PER DAY	EXACT TIME OF ADMINISTRATION

PHYSICIAN INFORMATION AND SIGNATURE

Examining Physician: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Physician's Signature (required): _____ Date: _____