WELCOME TO CAMP 2023!

SUNDAY, AUGUST 6TH – SATURDAY, AUGUST 12TH

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 6 to Saturday, August 12, 2023.** Please be sure to keep our application deadline of **April 30, 2023** 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, 2023. 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, 2023. 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, 2023, 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

HWH CAMP 2023 • SUN–SAT • AUG 6–AUG 12

HOPE WITH HEART
PO BOX 354
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1 **Email of Intent:** Send your intent to attend camp to our Camp Director, Alissa Gretina, at algg039@gmail.com.

Please include **your name and cell phone; camper name, age and gender.**

2 **Begin the Application:** Please start completing the application to ensure it will be submitted before April 30, 2023. 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 08/06/16.**
- **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 12th 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 CAMPERS MUST BE BETWEEN THE AGES OF SEVEN AND SEVENTEEN

APPLICATION PROCESS

HWH CAMP 2023 • SUN–SAT • AUG 6–AUG 12

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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 08/06/2016
- ☐ **Baseline EKG**
  *Performed after 1/1/2023
- ☐ **The last follow-up letter from the cardiologist dated after 3/1/2023**
- ☐ **Copy of medical insurance card**
  (front & back)
- ☐ **One recent photo of your camper taken in 2023**
- ☐ ***Pacemakers only:** Pacemaker/Defibrillator Interrogation dated after 3/1/2023
  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

HWH CAMP 2023 • SUN, AUG 6TH – SAT, AUG 12TH

HOPE WITH HEART
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CAMPER INFORMATION

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 6, 2023): __________

Street Address: ______________________________

City, State, Zip: ______________________________

Please select your camper's t-shirt size in this box:

1. Diagnosis: ______________________________

____

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

☐ Pacemaker ☐ Heart Transplant ☐ Defibrillator

3. 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

T-SHIRT SIZE

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**

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

____

____

____

PERSONAL DATA FORM 2

HWH CAMP 2023 • SUN, AUG 6TH – SAT, AUG 12TH

HOPE WITH HEART
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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

HWH CAMP 2023 • SUN, AUG 6TH – SAT, AUG 12TH

HOPE WITH HEART
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973.568.1217
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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: ______________________________

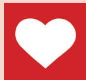
Phone: ____________________ **Fax:** ____________________

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 4/30/2023: ____________________

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, 2023. 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

HWH CAMP 2023 • SUN, AUG 6TH – SAT, AUG 12TH

HOPE WITH HEART
PO BOX 354
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973.568.1217
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Camper Name (first and last): ______________________________

1. Diagnosis: ______________________________

____

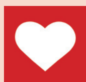
2. Heart surgery or procedures (please include type and dates):

____

____

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 ______________________________
☐	☐	Chronic / serious illness ______________________________
☐	☐	Orthopedic injury ______________________________
☐	☐	Migraines / frequent headaches ______________________________
☐	☐	Easting disorders ______________________________
☐	☐	Dietary restrictions ______________________________
☐	☐	Bed wetting ______________________________
☐	☐	Anxiety / depression ______________________________
☐	☐	Physical disability ______________________________



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

HEALTH HISTORY FORM 2

HWH CAMP 2023 • SUN, AUG 6TH – SAT, AUG 12TH

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Camper Name (first and last): ______________________________

NO | YES

☐ ☐ **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)

☐ ☐ **Medication(s)?**

If yes, please list: ______________________________

Reaction: ______________________________

Treatment: ______________________________

☐ ☐ **Environmental?**

If yes, please list: ______________________________

Reaction: ______________________________

Treatment: ______________________________

☐ ☐ **Food(s)?**

If yes, please list: ______________________________

Reaction: ______________________________

Treatment: ______________________________

☐ ☐ **Bee sting?**

If yes, please describe reaction: ______________________________

____

Treatment: ______________________________

MENSTRAL HISTORY (if applicable)

First menstral date: ______________________________

Abnormal menstral history? If yes, please explain: ______________

____

Treatment: ______________________________

HEALTH HISTORY FORM 3

HWH CAMP 2023 • SUN, AUG 6TH – SAT, AUG 12TH

HOPE WITH HEART
PO BOX 354
WALDWICK, NJ 07463

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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

HWH CAMP 2023 • SUN, AUG 6TH – SAT, AUG 12TH

(attach a separate sheet if necessary)

HOPE WITH HEART
PO BOX 354
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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: ______________________________

____

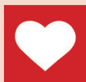
Please share special instructions for giving medication and be VERY specific: ______________________________

____

____

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

HWH CAMP 2023 • SUN, AUG 6TH – SAT, AUG 12TH

HOPE WITH HEART
PO BOX 354
WALDWICK, NJ 07463

973.568.1217
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PARENT AUTHORIZATION

I authorize my child, ____, to attend Hope With Heart's 2023 Camp program from August 6, 2023 to August 12, 2023. I also authorize the taking of photographs and videos, which may be used for publicity or posting 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 6, 2023 through 11:59 pm on August 12, 2023.

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 2023

SUNDAY–SATURDAY • AUGUST 6TH–AUGUST 12TH

Program Description for Your Camper's Physician

HOPE WITH HEART
PO BOX 354
WALDWICK, NJ 07463

973.568.1217
HOPEWITHHEART.ORG

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 2023 • SUN, AUG 6TH – SAT, AUG 12TH

TO BE COMPLETED BY A LICENSED PHYSICIAN

HOPE WITH HEART
PO BOX 354
WALDWICK, NJ 07463

973.568.1217
HOPEWITHHEART.ORG

Camper Name (first and last): ____________________ DOB: ____________

This examination must be completed within three months of the due date of the application (April 30, 2023). 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		
☐	☐	☐	**Abdomen**	
☐	☐	☐	**Hernia**	**VISION:** Left Eye ________ Right Eye ________
☐	☐	☐	**Teeth**	Glasses / Contacts? ☐ Yes ☐ No
☐	☐	☐	**Lungs**	
☐	☐	☐	**Posture**	**HEARING:** Left Ear ________ Right Ear ________
☐	☐	☐	**Skin**	Hearing Aids? ☐ Yes ☐ No
☐	☐	☐	**Extremities**	

Heart diagnosis: ____________________

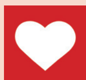
Baseline EKG: ____________________ **Date:** ____________

Allergies (please specify): ____________________

____

General appraisal: ____________________

____



A copy of an EKG taken after January 1, 2023 must be provided with this application to Hope With Heart by April 30, 2023.

PHYSICAL EXAMINATION 2 OF 2

HWH CAMP 2023 • SUN, AUG 6TH – SAT, AUG 12TH

TO BE COMPLETED BY A LICENSED PHYSICIAN

HOPE WITH HEART
PO BOX 354
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973.568.1217
HOPEWITHHEART.ORG

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:** ______________