

# WELCOME TO CAMP 2024!

## SUNDAY, AUGUST 4<sup>TH</sup> – SATURDAY, AUGUST 10<sup>TH</sup>



**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 4 to Saturday, August 10, 2024**. Please be sure to keep our application deadline of **April 30, 2024** 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:** HopeWithHeartApp@gmail.com | Cell: 973-568-1217

**INITIAL CONTACT:** We ask that you take a moment today to fill out our Camper Intention Form on the home page of our web site: [www.hopewithheart.org](http://www.hopewithheart.org). This will let us immediately know that your child intends to attend camp and help us collect some important information about you and your camper. Our attendance numbers determine costs and allow us to budget accordingly. Thank you in advance for tending to this task right away.

**APPLICATION:** Our application deadline is April 30, 2024. 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 whether 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, 2024. 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, 2024, it is imperative to submit that information before final acceptance in the camp program. We suggest you schedule the necessary appointments early.

**PLEASE NOTE:** We can only accept emailed applications in **PDF file format**. If you are unable to create a PDF, please mail a hard copy of your application to:

**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: via email at [HopeWithHeartApp@gmail.com](mailto:HopeWithHeartApp@gmail.com) or by phone at 973-568-1217.

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 2024 • SUN–SAT • AUG 4–AUG 10



**HOPE WITH HEART**  
PO BOX 354  
WALDWICK, NJ 07463  
  
973.568.1217  
HOPEWITHHEART.ORG

**1**

**Camper Intention Form:** Please complete our Camper Intention Form found on the home page of our website: [www.hopewithheart.org](http://www.hopewithheart.org).

If you have questions, please contact our Camp Director, Alissa Gretina, at [HopeWithHeartApp@gmail.com](mailto:HopeWithHeartApp@gmail.com).

**2**

**Begin the Application:** Please complete all sections of the application and note the additional materials that need to be submitted. Type or print clearly in black or blue ink and make sure your email address is legible. Please do not staple your child's application if you are planning to mail it.

We suggest that you submit pages 4 through 10 (including your camper's photo and insurance card) prior to the April 30th deadline. Your camper's Physical Form, EKG, Cardiologist Letter, and Immunization Record can follow shortly thereafter.

PLEASE NOTE: We can only accept emailed applications in **PDF file format**. If you are unable to create a PDF, please mail a hard copy of your application and additional materials to: **Hope With Heart, PO Box 354 Waldwick, NJ 07463.**

## PLEASE NOTE

- Tetanus should be after 08/06/17.
- 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:** A staff member will reach out after the April 30th deadline to discuss the status of your camper's application.

In early July, we will send you directions to camp as well as a list of things to bring. We will also provide, via email, an arrival time for your camper to check-in. On Saturday, August 10th camper pick up is at 10:30am. Please note the drop off and pick up times on your calendar.

**?**

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

**Application questions?** Please contact our Camp Director, Alissa Gretina: via email at [HopeWithHeartApp@gmail.com](mailto:HopeWithHeartApp@gmail.com) or by phone at 973-568-1217.

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, YOUR CHILD WILL BE ACCEPTED TO CAMP. ALL CAMPERS MUST BE BETWEEN THE AGES OF SEVEN AND SEVENTEEN.

# APPLICATION PROCESS

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**HOPE WITH HEART**

PO BOX 354

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## FORMS IN THIS PACKET

- Camper Personal Data 1 of 2
- Camper Personal Data 2 of 2
- Health Status 1 of 3
- Health Status 2 of 3
- Health Status 3 of 3
- Medications
- Consent Form
- Physician's Letter and 2-Page Physical Examination Form (Must be completed by Physician)



## ADDITIONAL DOCUMENTS NEEDED

- Current Immunization Record**  
– Tetanus must be after 08/06/2017
- Baseline EKG**  
– Performed after 1/1/2024
- The last follow-up letter from the cardiologist dated after 3/1/2024**
- Copy of medical insurance card**  
– Front & back
- One recent photo of your camper taken in 2024**
- Pacemakers ONLY:** Pacemaker/Defibrillator Interrogation dated after 3/1/2024  
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  
HopeWithHeartApp@  
gmail.com

# PERSONAL DATA 1 of 2

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**HOPE WITH HEART**  
PO BOX 354  
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## CAMPER INFORMATION

"First-time" Camper?  Yes (we can't wait to welcome you!)  No (we can't wait to see you again!)

Camper Name (first and last): \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age on first day of camp (August 4, 2024): \_\_\_\_\_

**CAMPER'S T-SHIRT SIZE:** YOUTH:  XSM  SM  M  LG  
ADULT:  SM  M  LG  XLG  2XLG

## PARENT / GUARDIAN INFORMATION

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Preferred Phone:  Day  Night  Cell

**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: \_\_\_\_\_

Email Address: \_\_\_\_\_

City & State Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Preferred Phone:  Day  Night  Cell

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

# PERSONAL DATA 2 of 2

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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



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

Policy Holder's Name: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

## UPCOMING APPOINTMENTS

Date of camper's next doctor's appointment(s), if after 4/30/2024: \_\_\_\_\_



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 April 30, 2024 deadline. We must hear from camper families on any issues regarding the deadline as soon as they arise. Thank you for your cooperation.

# HEALTH STATUS 1 of 3

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**HOPE WITH HEART**  
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Camper Name (first and last): \_\_\_\_\_



- 1. Please send the last follow-up letter from the cardiologist dated after 3/1/2024 along with EKG.
- 2. Please attach a clear copy of your child's up-to-date IMMUNIZATION RECORD.

1. Diagnosis: \_\_\_\_\_

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

- Pacemaker     Heart Transplant     Defibrillator

3. Is your camper challenged by any of the following? (If yes, please explain):

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma _____
<input type="checkbox"/>	<input type="checkbox"/>	Bed wetting _____
<input type="checkbox"/>	<input type="checkbox"/>	Chronic illness _____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes _____
<input type="checkbox"/>	<input type="checkbox"/>	Eating disorders _____
<input type="checkbox"/>	<input type="checkbox"/>	Migraines / frequent headaches _____
<input type="checkbox"/>	<input type="checkbox"/>	Orthopedic injuries _____
<input type="checkbox"/>	<input type="checkbox"/>	Scoliosis _____
<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? _____
		_____

# HEALTH STATUS 2 of 3

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Camper Name (first and last): \_\_\_\_\_

## **MENSTRUAL HISTORY** (if applicable)

First menstrual date: \_\_\_\_\_

Abnormal menstrual history? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Treatment: \_\_\_\_\_

## **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: \_\_\_\_\_

**Additional concerns?** (Please share any other allergies not already listed)

If yes, please provide detail and treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# HEALTH STATUS 3 of 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 issues?** (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 issues?** (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 concerns?** (Please share any other conditions not already listed)\*  
If yes, please provide detail and treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# MEDICATIONS

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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

1. Please describe if your camper has any problems taking medication: \_\_\_\_\_

2. Please share special instructions for giving medication and be VERY specific: \_\_\_\_\_

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    Delsym Cough Syrup



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: \_\_\_\_\_

# 2024 CONSENT FORM

HWH CAMP 2024 • SUN-SAT • AUG 4-AUG 10



**HOPE WITH HEART**  
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## PARENT AUTHORIZATION

I authorize my child, \_\_\_\_\_, to attend Hope With Heart's 2024 Camp program from August 4, 2024 to August 10, 2024. I also authorize the taking of photographs and videos, which may be used for publicity or posting to [www.hopewithheart.org](http://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 4, 2024 through 11:59 pm on August 10, 2024.

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 2024

HWH CAMP 2024 • SUN–SAT • AUG 4–AUG 10



**HOPE WITH HEART**

PO BOX 354  
WALDWICK, NJ 07463

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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, ages 7 to 17, with heart problems 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 2024 • SUN-SAT • AUG 4-AUG 10

**TO BE COMPLETED BY A LICENSED PHYSICIAN**



**HOPE WITH HEART**

PO BOX 354

WALDWICK, NJ 07463

973.568.1217

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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, 2024). 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

<b>S</b>	<b>U</b>	<b>NE</b>	
<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, 2024 must be provided with this application to Hope With Heart by April 30, 2024.

# PHYSICAL EXAMINATION 2 OF 2

HWH CAMP 2024 • SUN–SAT • AUG 4–AUG 10

**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 an eight-day supply of all prescription medications. All medications must be clearly labeled and in original containers. Provide names and times to be administered.

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: \_\_\_\_\_