General Application Summer Camp 2025

Directions: Complete and return with the $50 non-refundable registration fee made payable to "OLG Foundation", Memo: Camp Bon Coeur and mail to the Camp Bon Coeur office: 300 Ridge Rd. Suite K, Lafayette, LA 70506. General Application is due by April 17, 2025.

Camper Information

Last Name	First Name	Date of Birth	Hair Color	Eye Color
Address	City	State	Zip	Home Phone #
Email Address				

Parent/Legal Guardian Information *Please indicate the Legal Guardian(s) with an * in front of the name*

Mother/Legal Guardian's Name		Best Contact Number
Work Place	Hours/Days of Work	Work Phone Number
Father/Legal Guardian's Name		Best Contact Number
Work Place	Hours/Days of Work	Work Phone Number

Who has primary/legal custody of camper (mother/father/guardian/other)?_____

Who does the camper primarily live with? _____

Emergency Contact *Please indicate who should be contacted if guardians are unavailable*

Name	Best Contact Number
Name	Best Contact Number

Tee Shirt Size *Please check one*

☐ Youth Small ☐ Youth Medium ☐ Adult Small
☐ Adult Medium ☐ Adult Large ☐ Adult X-Large

Medical Information

Pediatric Cardiologist Information

Pediatric Cardiologist	Address		
Phone Number	Fax Number	Date of Last Visit	Date of Next Visit

Primary Care Physician Information

Physician	Address		
Phone Number	Fax Number	Date of Last Visit	Date of Next Visit

Any other Medical Providers (including Physical, Occupational, Speech or Mental Health Therapist, etc.) seen throughout the year

Medical Provider	Address		
Phone Number	Fax Number	Date of Last Visit	Date of Next Visit

General Camper Information *(please circle yes or no)*

Does the applicant…

Have the ability to walk up and down stairs unassisted?	Yes	No
Have the ability to walk 150 yards (ON or OFF ROAD) without extreme fatigue?	Yes	No
Have the ability to bathe, dress and feed himself/herself unassisted?	Yes	No
Participate in a physical education program at school?	Yes	No
Know how to swim? (Excellent__ Good__ Fair_ Poor__)	Yes	No
Experience visits away from home for longer than a week?	Yes	No
Exhibit signs of homesickness when away from home?	Yes	No
Has your daughter started menstruation yet?	Yes	No
Have at least one close friend?	Yes	No
Make friends easily?	Yes	No
Have previous group experience?	Yes	No
Have any special needs? (If yes, please describe below)	Yes	No

Has the applicant missed more than one week of school? If yes, please explain. _____

Please briefly describe the applicant's heart condition. _____

What does the applicant know about his/her heart condition? _____

What special talents does the applicant possess? _____

What are your expectations of sending your child to camp? Please state any fears, concerns or joys.

What are your child's expectations or concerns about camp?

CAMPER NEEDS

Please inform us of any needs that your child has so that we can make his/her camping experience as enjoyable and safe as possible. The more information that we know, the better we can determine how best to care for your child. Circle yes or no.

Has your child ever been classified as having a learning disability?	Yes	No
Has your child ever been classified as having as having behavior problems?	Yes	No
Has your child ever been classified as having defiant behavior?	Yes	No
Is your child now or in the past six months under the care of a mental health professional?	Yes	No
Does your child have to keep to a specific bedtime routine?	Yes	No
Does your child ever sleep walk?	Yes	No
Does your child often awaken in the middle of the night?	Yes	No
Does your child wet the bed?	Yes	No

If you answered yes to any of the above questions, please explain:

Does your child often need encouragement? Yes No
If so, in what way?

When your child needs redirection or acts out, how do you handle the situation?

Please describe in detail any physical or mental disability and/or physical limitations that may affect participation in any camp activity:

Level of Assistance for Your Child *Please check appropriate column(s)*

	Independent	Some Help	Almost Total Help	Needs Complete Assistance
Daily Care (teeth, hair, dress)				
Medication Taking (Nurses administer all medications at camp)				
Meals				
Bathing/Showering				
Toileting/Bathroom				
Swimming				
Extended Walking (ON and OFF ROAD)				

How did you hear about Camp Bon Coeur? _____

****** No child will be admitted to Summer Camp 2025 UNTIL their completed paperwork is submitted to the camp office and approval is granted by the Medical Review Committee. ******

To the best of my knowledge, I have accurately stated all information correctly. I understand that this application form is not the final confirmation for the applicant stated herein to attend camp. I understand that all paperwork furnished by me, and my child's physician is due May 15, 2025 and, if this information is not at the camp office by that date, my child will not be allowed to attend camp. I also understand that the camp fees are due by April 17, 2025 to be guaranteed a spot.

Parent/Legal Guardian Date

Authorization For Campers and Staff Under the Age of 18
Effective January 2024/Revisions Included

THE FOLLOWING AUTHORIZATIONS AND RELEASE AGREEMENT MUST BE SIGNED BY THE LEGAL PARENT/GUARDIAN AND NOTARIZED FOR APPLICANT TO ATTEND CAMP.

This form may be photocopied for use out of camp business office.

APPLICANT / CAMPER: _____

PARENTAL:
As the legal/guardian I hereby authorize that the applicant has my permission to participate in all prescribed camp activities, except those noted by me or the examining physician. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by Camp Bon Coeur, Inc. to hospitalize, secure proper treatment, and to order an injection, anesthesia or surgery for my child.

MEDICATIONS:
I hereby authorize the Camp Nurses to administer daily, home medications, over the counter medications, as prescribed and/or as needed.

INSURANCE:
I hereby acknowledge that the Accident and Sickness Insurance maintained by Ochsner Health System, Inc. specifically excludes claims resulting from pre-existing health conditions that are defined as a pre-existing condition for which an uninsured person receives medical treatment, medicine, or advice from a physician in the twelve- (12) months prior to the effective date of coverage. Therefore, it is the responsibility of the parent/guardian of the applicant named herein to secure coverage for the pre-existing condition.

HEART:
I hereby authorize the applicant to participate in a question-and-answer forum program called “The Heart.” This program headed by Camp Bon Coeur’s head nurse is a program in which campers will be able to share their feelings and support with each other by voluntarily asking questions regarding their own heart.

HOLD HARMLESS RELEASE AGREEMENT:
I hereby authorize the applicant to attend the camping session of Camp Bon Coeur and in consideration of such attendance, do hereby acknowledge that I am aware of the policies and authorizations of Camp Bon Coeur and understand same. Further, I hereby release Camp Bon Coeur, and Ochsner Health System and all subsidies, its administrators, director, officers, employees and agents from any and all claims or cause of action arising out of the attendance at said camp by the applicant as well as any accidents or injuries occurring during said session. I further agree to indemnify and hold harmless the said Camp Bon Coeur and Ochsner Health System from any and all such claims and causes actions.

I, the undersigned, and parent/legal guardian of the applicant, hereby authorize Camp Bon Coeur and Ochsner Health System and/or its Administrative or Nursing Staff (collectively, the "Camp"), to authorize and obtain, from any healthcare provider the Camp deems appropriate, any and all medical treatment for which the Camp, in its discretion, deems necessary and appropriate. This includes, but is not limited to, hospital admissions, exams, testing, and other procedures deemed necessary by such healthcare provider(s). I also give permission for all medical records and medical tests or lab results to be released to the Camp.

This authorization shall remain in effect from May 29, 2025, to June 5, 2025, provided that if my child is hospitalized on June 5, 2025, this authorization shall continue until such hospitalization has ended and the child has been discharged into my care.

I agree with the above sections:

_____

Signature of Legal Parent/Guardian Date Driver's License Number

_____

Child/Campers Name

LOUISIANA NOTARY ACKNOWLEDGEMENT
(INDIVIDUAL)

State of Louisiana
Parish of _____

On this ____ day of _____, 20___, before me personally appeared _____ [name(s) of person(s) acknowledged], to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that he (or they) executed it as his (or their) free act and deed.

_____
[Signature of notarial officer]

_____
[Title (and Rank)]

Notary ID Number: _____, or
Attorney Bar Roll Number: _____

Camper Release Form

This form must be ***FULLY*** completed by the Legal Parents/Guardian and returned to the camp office. The information on this form must correspond with the Legal Parent/Guardian's or Substitute's pictured identification on valid driver's license.

Campers Name_____

Address_____

City/State/Zip Code_____

Phone Number_____

Legal Parent/Guardian: If the legal parent has remarried, it is only necessary to give the appropriate information and signature for the Legal Parent and Stepfather/Mother.

Mother_____ **DL Number**_____

Father_____ **DL Number**_____

Stepfather/Mother_____ **DL Number**_____

In case of an emergency or if I am not able to transport the applicant stated herein, I authorize Camp Bon Coeur to release applicant to the following people.

	1st Substitute	**2nd Substitute**
Name	_____	_____
Address	_____	_____
Relationship	_____	_____
DL Number	_____	_____

Signatures of legal Parent/Guardians. Two signatures are required.

_____

Mother **Date**

_____

Father **Date**

_____

Stepparent **Date**

CAMPER PROFILE

Name: _____ Age: _____

T-Shirt Size: _____

The information that you will be providing is very important to the Camp Bon Coeur Administration and Staff. It will help to insure a great camping experience for your child at camp this summer. Please be honest and through.

1. What do you and your child expect to get out of camp this summer?

2. Does your child have any conditions that would affect behavior?

3. Are there any unusual situations that might affect your child at camp? Divorce, death, etc.?

4. Does your child have any specific fears?

5. Does your child have a good relationship with his/her peers at home and school?

6. What is something your child hopes to experience or learn while at camp?

7. Are there any other special comments or concerns that will help us make your child's summer great?

ANTI-BULLYING POLICY

Bullying is a form of emotional abuse that is:

1. **Deliberate**…a bully's intention is to hurt someone.
2. **Repeated**…a bully often targets the same victim again and again.
3. **Power Imbalanced**…a bully chooses victims he or she perceives as vulnerable.

Bullying manifest in many ways and may involve:

1. **Physical Bullying**…poking, pushing, hitting, kicking
2. **Verbal Bullying**…yelling, teasing, insulting, threatening
3. **Indirect Bullying**…ignoring, excluding, spreading rumors, lying

AT CAMP BON COEUR, BULLYING IS INEXCUSABLE, AND WE HAVE A FIRM POLICY AGAINST ALL TYPES. Our camp philosophy is based on our mission which ensures that every camper can grow physically, intellectually, emotionally, and socially while learning lifelong coping skills. We work together as a team to ensure that campers gain self-confidence, make new friends, and go home with great memories.

Unfortunately, persons who are bullied may not have the same potential to get the most out of their camp experience. Our leadership addresses all incidents of bullying seriously and trains staff to promote communication with their staff and their campers so both staff and campers will be comfortable alerting us to any problems during their camp experience. Every person has the right to expect to have the best possible experience at camp, and by working together as a team to identify and manage bullying.

Bullying Consequences
With a zero tolerance policy we will issue one warning and allow the camper to apologize and change their attitude. If the offence happens again, we will be sending the camper home.

I will do everything I can personally to create a physically and emotionally safe environment. As a camper at Camp Bon Coeur, I will treat everyone with respect regardless of any differences.
I commit that I WILL NOT bully my fellow campers or staff.
I commit to report any bullying I witness to a staff member.

_____

Camper Signature Date

Parent/Guardian: I commit to encouraging my child to always respect others. I have instructed my child not to bully. I have advised my child to report any bullying to staff.

_____

Parent Signature Date

Authorization to Use and Disclose Protected Health Information

Camp Bon Coeur

Project Title

Name of Patient / Participant | **Date**

Street Address | **Email**

City, State, Zip | **Phone Number**

Check off items being released to Ochsner Health System for the purpose of public relations, business development, sales, and internal and external marketing activities:

- ☐ Discharge Summary
- ☐ History & Physical
- ☐ Consultation Reports
- ☐ Pathology Reports
- ☐ Laboratory
- ☐ Cardiology
- ☒ Photographs/Video
- ☐ Clinic Visit
- ☐ Hospital Admission
- ☐ Abstract ( )
- ☐ Dictated Letter
- ☐ Operative Report
- ☐ X-ray Report
- ☐ ER Record
- ☐ Entire Record
- ☐ Other_____

The undersigned hereby authorizes or ratifies, in addition to the release of the above information, using quotes and testimonials, the taking and use of photographs, film, audiotape and/or videotape during treatment or other procedures including special events hosted by Ochsner Health System and its subsidiaries and affiliates for use by these institutions for the purpose of public relations, business development, sales, and internal and external marketing activities, including use by or for news media, and further authorizes the use of the undersigned's name with said photos, film, print or tape in advertising activities, television commercials or broadcasts, radio ads or broadcasts, onsite vehicles (plasma screens, kiosks, etc.), print ads, annual reports, brochures, web sites, online outlets, outside billboards, business communications, books, scientific or industry papers, internal communications, e-newsletters, email marketing, social media platforms or outlets (including but not limited to mobile/smart phones, Facebook, Twitter, YouTube, Flicker, etc, and/or any digital technologies, including those not known today.)

In authorizing the release of the confidential information identified above, I hereby waive all restrictions or privileges imposed by law and release Ochsner Health System and its staff from any restriction or privilege imposed by law in connection with the disclosure or release of any professional record, observation, or communication. I do understand that the information that is being released may be subject to re-disclosure by the recipient and may no longer be protected. I understand that my t reatment, payment, enrollment, or eligibility for benefits may not be conditioned on signing this authorization.

This authorization may be revoked in writing at any time, except to the extent that Ochsner Health System has already taken action in reliance on it. Letters to revoke this authorization should be addressed to Ochsner Health System, Release of Information Department, 1514 Jefferson Highway, New Orleans, LA, 70121.

If not previously revoked in writing, this authorization will terminate or expire upon (state the specific date, event, or condition):

7 years from the date noted on this form: / /

If expiration date is left blank, authorization will expire within seven years.

Print of Participant or Authorized Representative ***Date Signed***

Signature of Participant or Authorized Representative ***Date Signed***

Relationship to Participant

Witness Signature ***Date Signed***

Revised January 2024