

# Camp Jeremy 2025

## August 18<sup>th</sup>-22<sup>nd</sup>

**Limited spots available, please return this completed registration form as soon as possible!**

**PLEASE PRINT ALL INFORMATION**

**Registration Form:**

\_\_\_\_\_  
**Camper's Last Name**

\_\_\_\_\_  
**Camper's First Name**

\_\_\_\_\_  
**Camper's Date of Birth**

**Address:**

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

**Day Phone:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

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

**My child's hospital for transplant follow-up:**

\_\_\_\_\_

**Type of Transplant:** \_\_\_\_\_

**Date of Transplant:** \_\_\_\_\_

☐ Sibling

**Check One:**

☐ I will register my child and provide transportation to and from camp.

☐ I will register my child and will require transportation from:

\_\_\_\_ Nemours Children's Hospital, Wilmington, DE\*

\_\_\_\_ Gift of Life Donor Program, 401 North 3<sup>rd</sup> St., Philadelphia, PA 19123\*

**\* Families will be contacted the week before camp with exact pick-up and drop-off times (typically 7:45 a.m. and 4:30 p.m.)**

## The Terms of Enrollment

- ❑ Acceptance of a camper for enrollment is based on Girl Scouts of Eastern PA, Camp Shelly Ridge/Camp Jeremy receiving an accurately completed application.
- ❑ Girl Scouts of Eastern PA, Camp Shelly Ridge/Camp Jeremy have the right to limit transportation services.
- ❑ The camper and parents agree to abide by the rules and regulations set forth by Girl Scouts of Eastern PA, Camp Shelly Ridge/Camp Jeremy for the health, safety and welfare of the campers.
- ❑ Girl Scouts of Eastern PA, Camp Shelly Ridge/Camp Jeremy reserves the right to terminate the enrollment of any camper whose health condition, conduct, influence, or behavior is deemed by MCDC/Camp Jeremy unsatisfactory or detrimental to the best interest of the camp and/or others at the camp.
- ❑ The camp will not be responsible for the camper's equipment or personal belongings, while in transit or involved with camp activities.
- ❑ The parent or guardian gives Camp Jeremy permission to use photographs and videos of the camper in Camp Jeremy promotional materials. Please see additional Camp Jeremy Photo waiver.
- ❑ The parent or guardian's signature authorizes the camper to travel in camp vehicles and participate in programs, activities and field trips sponsored by Girl Scouts of Eastern PA, Camp Shelly Ridge/Camp Jeremy.
- ❑ The campers must be covered by medical and hospitalization insurance provided by the parent or guardian for the duration of the camp season.

**I agree to comply with all the terms of enrollment as stated above.**

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Parent or Guardian's Name *(Please Print)*

\_\_\_\_\_  
Date

**Please sign and return the registration form by Friday, July 18<sup>th</sup>, 2025 to:**

**[kkeener@donors1.org](mailto:kkeener@donors1.org)** or mail to Gift of Life Donor Program, Attn: Karen Keener, 401 North 3<sup>rd</sup> St.,  
Philadelphia, PA 19123

*If you have any questions about Camp Jeremy, contact Karen Keener in the Community Relations Department at  
(215) 557- 8090, extension 1128 or email [kkeener@donors1.org](mailto:kkeener@donors1.org)*

# Medical Information Sheet

**\*Please Print All Information\***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Organ(s) Transplanted: \_\_\_\_\_ Date of (Last) Transplant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal code/Zip: \_\_\_\_\_

Bee Sting allergic: ☐ Yes ☐ No Other Allergies: \_\_\_\_\_

Circle: Boy/Girl Age: \_\_\_\_\_ Date or Birth: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_ - \_\_\_\_\_

Work: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

**In the event of an emergency and the primary contact listed above is not available, notify:**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_ - \_\_\_\_\_

Work: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_ - \_\_\_\_\_

Work: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

## Doctor Contact Information:

Family Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Family Orthodontist: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

## Area Hospital Information:

The Primary Hospitals in the servicing Lafayette Hill area are Chestnut Hill Hospital and Roxborough Memorial Hospital. In the event of an emergency and a choice is possible, which hospital would you prefer:

Check one: ☐ Chestnut Hill Hospital ☐ Roxborough Memorial Hospital

Will your child be taking any medications? ☐ Yes ☐ No

Will your child require help in taking this medication? ☐ Yes ☐ No

If yes, what type of medication is he/she taking? \_\_\_\_\_

Why are they taking this medication? \_\_\_\_\_

Do we have permission to give your child Children's Tylenol? ☐ Yes ☐ No

Is the camper allergic to any medications? ☐ Yes ☐ No

Does your child have any allergies? ☐ Yes ☐ No

**Medical Information Sheet Continued on Next Page**

Does the camper have any handicaps or chronic ailments that we should be aware of?

☐ Yes ☐ No If yes, list & explain: \_\_\_\_\_

Has the camper been identified with any learning disabilities, or other medical conditions that may affect participation in camp activities or programs? ☐ Yes ☐ No

List & explain: \_\_\_\_\_

Are there any specific activities that, for health purposes, should be limited or restricted?

List & explain the specific limitations: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Do you have any suggestions or health related information that would help camp personnel in helping the camper? \_\_\_\_\_

This medical information form is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

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

### **Insurance Coverage**

I/We the parent(s) or guardian(s) of the enrolling camper, certify that the camper is covered by adequate medical/hospitalization insurance for the duration of the camp season. I/We understand therefore, that the cost of medical services due to any injuries sustained by the camper will be the financial responsibility of the parent or guardian. The camper enrolled is covered by the following medical/hospitalization insurance.

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

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

### **Emergency Authorization**

I hereby give permission to the medical personnel selected by the camp director to provide emergency medical treatment. I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for the child mentioned above. This form may be faxed or photocopied. I hereby assume the responsibility for payment for any emergency medical treatment.

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



# Medical Waiver

This medical waiver must be completed by your physician in its entirety and submitted to Karen Keener, Community Relations Coordinator, by **Friday, July 18<sup>th</sup>, 2025**.

Although you are conditionally registered for Camp Jeremy as a camper, **in order to participate in all of the activities your last transplant must have been functioning for at least six (6) months, and you must be authorized by a physician to participate.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Organ(s) Transplanted: \_\_\_\_\_ Date of (Last) Transplant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal code/Zip: \_\_\_\_\_

Bee Sting allergic: ☐ Yes ☐ No Other Allergies: \_\_\_\_\_

List all prescription and non-prescription medications and dosages (attach additional sheets, if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

Swimming, Tennis, Golf, Basketball, Softball, Baseball, Tetherball, Archery,  
Volleyball, Ropes Course, Climbing and Street Hockey

Please review the list of activities that this camper may participate in during Camp Jeremy and **mark statement A, B or C** below.

- ☐ **A. NO RESTRICTIONS.** I have reviewed the proposed activities for Camp Jeremy and approve the **above named camper's participation in any combination of activities listed.**
- ☐ **B. SOME RESTRICTIONS.** I have reviewed the proposed activities for Camp Jeremy and **do not approve his/her participation in the following events.**  
\_\_\_\_\_
- ☐ **C. COMPLETELY RESTRICTED.** I have reviewed the proposed activities for Camp Jeremy and **do not approve his/her participation in any of the events listed.**

Is this individual in good general health? ☐ Yes ☐ No Blood Pressure: \_\_\_\_/\_\_\_\_ Diabetic: ☐ Yes ☐ No

Other special issues, special needs, comments (**please include any Covid-19 related masking or other requirements and restrictions**):  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I have reviewed the above information, examined the above-named participant and have concluded that he/she is fit to participate in Camp Jeremy as indicated in statement above:

SIGNATURE OF PHYSICIAN: \_\_\_\_\_

Date of recipient's last physical: \_\_\_\_\_

Name of Physician (Please print): \_\_\_\_\_

Office Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please complete and return forms by Friday, July 18<sup>th</sup>, 2025 to:**

**Gift of Life Donor Program, Attn: Karen Keener**

**401 North 3<sup>rd</sup> Street, Philadelphia, PA 19123**

**Email: kkeener@donorsl.org**

# Camp Jeremy Check List

## **Please make sure all campers have the following items each day:**

- **Backpack** – Every kid will be responsible for carrying their own items.
- **Sunblock** – We are in the sun most of the day and reapply sunblock several times. Please make sure your child has the sunblock you prefer them to use every day.
- **Refillable Water Bottle** – Hydration is a must! Please pack a full water bottle for your child every day. There are stations to refill them throughout the day.
- **Sneakers & Socks** – Some of the activities require sneakers and socks, so if your child wears sandals to camp please make sure these are in their bag.
- **Bathing Suit & Towel** – One of the favorite activities at camp is swimming. All children will be given a swim test to determine what parts of the pool they are able to play in. If they do not have a bathing suit, they are not allowed in the pool.

## **Optional items to send to camp:**

- **Snacks** – We eat lunch (provided by camp) at a scheduled time each day. If you think your child may require a morning/afternoon snack, please provide one. Please **DO NOT** send candy or items that can melt.
- **Goggles** – These are not provided by camp, so if your child prefers them when swimming please provide them.
- **Plastic Bag** – Please include a plastic bag if you would like wet items to stay separate.

## **The following items are not allowed to be used at camp:**

- **iPads**
- **Cell Phones**
- **Video Games**

**Please contact Karen Keener if you have any questions at 215-557-8090, ext. 1128 or [kkeener@donors1.org](mailto:kkeener@donors1.org)**

# Camp Jeremy 2025

## Photo Release Form

Child's Name: \_\_\_\_\_

City and State: \_\_\_\_\_

Would you like us to send a photo of you to your local news media? ☐ Yes ☐ No

My Local Newspaper and Radio Stations are: \_\_\_\_\_

☐ Yes, I consent to the use of photographs and the name of my child to promote organ and tissue donation. I understand that their name and photos may be used, but are not limited to newspaper articles, brochures, displays, television, radio and on the Gift of Life Donor Program's social media pages including Facebook, Instagram, Pinterest, Twitter, and E-newsletters. I hereby acknowledge that this authorization is volunteered without obligation of any kind on the part of Gift of Life Donor Program, partners, their employees, and designated agents. This authorization is given without hope or expectation of reward or compensation of any kind. I hereby waive my right to inspect or approve materials which may from time to time be created by Gift of Life Donor Program and partners, which may include my name, image, photo, likeness, or voice. I, together with my heirs, assigns, agent, guardians, and legal representatives hereby release Gift of Life Donor Program and partners from all claims, liabilities, and losses that may arise from its use of their name, image, photo, likeness, and voice.

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

As a parent/guardian, I am interested in learning more about:

☐ Volunteering

☐ Receiving Gift of Life's e-mail blast

Please contact Karen Keener with any questions: [kkeener@donors1.org](mailto:kkeener@donors1.org) or 215-557-8090.

