



Dear Parents and Campers:

Thank you for your interest in Camp Odayin! We are a special kind of camp, specifically for children with heart disease. We have four exciting sessions planned for this summer and each session is geared toward providing a well-rounded camp experience for children in a specific age range.

At Resident Camp, our on-site medical staff of experienced cardiac doctors and nurses is under the direction of Pediatric Cardiologist and Neonatologist, Dr. Chip Martin from the University of MN and St. Cloud Hospital and Linda Nelson, RN from Medtronic. To ensure camper support, each of our cabin groups has 7-8 campers along with a dedicated nurse and 2 cabin counselors. Our Day Camp program is staffed with program leadership, counselors, a full time nurse and an on call pediatric cardiologist.

Our 2008 Dates:

- ♥ July 21 - 25: Resident Week (Chippewa campers ages 8-11)
 - ♥ July 28 - Aug 1: Resident Week (Flambeau campers ages 12-14)
 - ♥ August 4 - 8: Resident Week (Namekagon campers ages 15-17)
- Our residential programs take place at Camp Knutson in Crosslake, MN.
- ♥ August 18 - 22: Day Camp Week (Gitche Gumee campers ages 6-7)
- Takes place at the Dodge Nature Center in West St. Paul, MN, 8:30am - 12:00pm.

The only charge to attend camp is a \$25 registration fee. Camp Odayin is a non-profit organization fully funded by corporate gifts, fundraisers and private donations. The actual cost to send a child to Resident Camp is \$500 and \$250 for Day Camp. Any donations to help with these expenses are welcomed.

Please complete and sign the enclosed forms no later than May 2nd, 2008. Space is limited and applications are processed in the order they are received. Send the following items **together in one envelope** to: Camp Odayin, P.O. Box 2068, Stillwater, MN 55082.

1. Completed application signed by parent/guardian (ivory)
2. Completed medical form signed (and filled out) by applicant's cardiologist (ivory)
3. A check for \$25 made out to Camp Odayin (refunded if camper is not accepted)

Once we receive these materials, and our medical team approves your camper to attend camp, you will receive written notification by mid May confirming your space at camp and a comprehensive packet of information including what to pack, free round-trip bus transportation from the Twin Cities for residential campers, and a schedule of camp activities. Of course, if you have any questions, please call us at 651.351.9185, or visit our website at www.campodayin.org.

We're looking forward to another great summer together.
At Camp Odayin... kids play, worries rest, fun happens!

Sara Meslow, Executive Director
Alison Boerner, Assistant Director
Matt Olson, Office Manager
Laura Prekker, Summer Camp Coordinator
Kindra Molin, Program Director



2008 Camper Application

(To be filled out by parent or guardian. Please fill this out entirely even if your child is a returning camper)

Please check the session of camp your child would like to attend:

- July 21 - 25 Resident Week (Chippewa campers ages 8-11)
- July 28 - Aug 1 Resident Week (Flambeau campers ages 12-14)
- August 4 - 8 Resident Week (Namekagon campers ages 15-17)
- August 18 - 22 Day Camp Week (Gitche Gumee campers ages 6-7)

Camper's Name: _____ **Please Check One:** Male Female

Grade in school:(fall '07)_____ **Date of Birth**(mo/day/yr):_____ **Age as of 1st day of camp:**_____

Parent/Guardian Names: _____

Home Address: _____

City _____ **State** _____ **Zip** _____

Phone: MOM: Day (____) _____ **Evening** (____) _____ **Cell**(____) _____
DAD: Day (____) _____ **Evening** (____) _____ **Cell**(____) _____

E-mail Address: _____

Name and phone # of Cardiologist: _____

Camper's Cardiac Diagnosis: _____

How will your child benefit from attending Camp Odayin?

Medications:

Name	Dose	Frequency	Preferred Time

Please Note: This medication list is for informational purposes only.
 A detailed medication sheet will be filled out upon acceptance to Camp Odayin and arrival at camp.

Allergies:

Medical _____
Food _____
Environmental _____

Participation Level: Does your child... (Please circle Y or N)

- 1. Y N ... have the ability to bathe, dress, and feed him/herself unassisted?
- 2. Y N ... participate in a physical education program at school?
- 3. Y N ... know how to swim? (___ excellent ___ good ___ fair ___ poor)
- 4. Y N ... have the ability to walk 100 yards without extreme fatigue?
- 5. Y N ... experience overnight visits away from home?
- 6. Y N ... exhibit signs of homesickness when away from home?
- 7. Y N ... make friends easily?
- 8. Y N ... have a general knowledge of his / her heart condition?
- 9. Y N ... have bedwetting or other sleep issues?
- 10. Y N ... have any emotional, social, or behavioral issues?

11. Any Restrictions: _____

Please share details about any emotional or behavioral concerns you have for your child:

Please share details about any physical or non-cardiac health concerns you have for your child:

Please tell us about any doctors or health care providers apart from a Cardiologist that your child sees. What is their role in your child's care?

What else should we know to ensure a safe, fun camp experience for your child?

How did you hear about us? _____

My signature verifies the above information to be current and accurate. I am authorizing Camp Odayin to contact my child's cardiologist regarding any medical questions, or obtain records from office visits, in case additional information is needed.

Parent/Guardian Signature: _____ Date: _____

Please complete and return this form quickly as space is limited. The **application deadline is May 2nd, 2008**. This application will only be accepted if accompanied by the \$25 registration fee and the completed medical form. Your check or money order will not be cashed until mid- May.

Parents, if your child is accepted to our residential camp, he/she will need to receive a general physical exam from a pediatrician (not their cardiologist). *It's a good idea to make an appointment SOON!* A form will be sent to you in mid May, and must be completed and returned to the Camp Odayin office by June 30th, 2008.



2008 Camp Odayin Medical Application Form

(To be filled out by Cardiologist)

Dear Cardiologist,

Your cooperation is requested in supplying the information below regarding this child who is an applicant for attendance at Camp Odayin, a summer camp for children with heart disease. All information is confidential and used solely for the guidance of our medical staff at camp.

****Please fill out this form completely or attach office notes from this visit.****

Camper's Name: _____

Applicant's Cardiac Diagnosis: _____

General Cardiac Information:

Date patient was last seen in your office (must be within the last year): _____

Height _____ Weight _____ O2 Sat _____

Blood Pressure _____ Pulse _____ Respiratory Rate _____

Please write the most recent EKG Results or attach a copy: Date _____

Please write the most recent Echo Results or attach a copy: Date _____

Cardiac Surgeries (Start with most recent and/or attach typed list of surgeries)

Surgical Procedure	Date

Device Information:

Does the applicant have a pacemaker or ICD? Y N

Reason for implanted device: _____

Pacemaker Y N (if yes, please complete information below)

Brand: _____ Model: _____ Date of last interrogation: _____

Pacing Mode: _____ Lower Rate: _____ Upper Rate: _____

Dates of revision or battery change out: _____

ICD Y N (if yes, please complete information below)
Brand: _____ Model: _____ Date of last interrogation: _____
Pacing Mode: _____ Lower Rate: _____ Upper Rate: _____
Dates of revision or battery change out: _____
Program Detection Rate: VF _____ VT _____
Has this patient experienced a shock? _____ Most Recent: _____

Cardiac Transplant ONLY:

Date of Transplant: _____ Surgeon: _____
Name of Center: _____ Phone: (____) _____
Address: _____
Evidence of rejection: Y N (circle one) Last cardiac biopsy date: _____
If evidence of rejection, type and grade: _____

Activity Level:

Please circle one of the letters below indicating the level of activity at which the applicant is able to participate in camp activities.

- A FULL ACTIVE PARTICIPATION WITH MODERATE EXERCISE
Participates in non-competitive games which may involve running short distances, repetitive motion and/or swimming.

- B PARTIAL ACTIVE PARTICIPATION WITH LIGHT EXERCISE
Participates in limited activities (such as nature walks) and rests occasionally.

- C LIMITED ACTIVE PARTICIPATION WITH NO EXERCISE
Must rest frequently; participates in sedentary activities only (such as craft projects).

Is there anything else we should know?

Do you feel this child would benefit from attending a camp specifically designed for children with heart disease? Y N (circle one)

If any heart-related event occurs while your patient is at camp, we will contact you for further consultation as needed. Please contact the Camp Odayin office at 1-866-9-ODAYIN, if you have any questions regarding this form or about camp in general. **Please return this form to the applicant's family upon completion.**
Your signature verifies the above information to be current and accurate. Thank you.

Cardiologist Signature: _____ Date: _____
Printed Name: _____
Work Address: _____
Hospital Affiliation: _____
Phone Numbers: Office: _____ Other: _____

- Some of my other patients may benefit from attending Camp Odayin.
Please send me a few brochures.**