Dear MCBC Camper,

Your Midwest Children’s Burn Camp application is here! You may also access an online application at app.campdoc.com/register/mcbc. Please read the following carefully for important dates and information.

**Midwest Children’s Burn Camp 2020** is scheduled for **July 26, 2020 through August 2, 2020**! MCBC is for campers ages 6-17 who have sustained burn injuries including smoke inhalation. **Camp is free of charge!** This special camp offers the chance for youth burn survivors to enjoy fun summer activities with others who have gone through a similar experience. The camp’s positive and supportive environment helps build self-confidence, boost self-esteem and allows children to realize they are not alone.

**Please note the following important details for 2020:**

1) This year, Midwest Children’s Burn Camp will again be held at Camp Taum Sauk. Open in 1946, Taum Sauk is located along the Black River in Lesterville, Missouri and provides wonderful activities for your child to enjoy including floating down the river, horseback riding, swimming, high ropes course, and more! You can find out more information via their website [www.taumsauk.com](http://www.taumsauk.com).

2) There are several transportation options available for your child to get to/from Midwest Children’s Burn Camp including several bus pick-up and drop off locations throughout Missouri. Once again, we have collaborated with Angel Flight to assist with free air transportation to camp. Angel Flight is only for children living in areas not near a bus departure location in St. Louis, Kansas City, Columbia, Springfield, or Cape Girardeau, Missouri. If your child will be utilizing Angel Flight, please complete the enclosed Angel Flight forms.

3) In order for your child to attend Midwest Children’s Burn Camp, all of the enclosed forms must be completed and returned to our office or completed online **no later than Monday, June 22, 2020**. Please make every effort to have your application completed by this deadline. Help is available to successfully complete the application by calling the Burns Recovered office at (314) 939-1550. The safety of our campers is central to our camp experience and such we will not be able to allow children to attend camp with incomplete paperwork.

As soon as we receive all the completed camp forms, we will send you detailed transportation information, more details about the camp schedule and a list of things your child will need to bring with them to camp. We look forward to seeing your child at Midwest Children’s Burn Camp!

Sincerely,

Larry Conley,
Camp Director
Questions and Answers

Q: Who can attend Midwest Children’s Burn Camp®?
A: Midwest Children’s Burn Camp is for any child who lives in the Midwest, ages 6-17, who was treated for a burn injury or smoke inhalation injury.

Q: What is Midwest Children’s Burn Camp?
A: It is a week-long residential summer camp and a chance for a child to meet other children who have also experienced burn or smoke inhalation injuries.

Q: When is Midwest Children’s Burn Camp?

Q: Where is Midwest Children’s Burn Camp?
A: Camp Taum Sauk, 499 Country Road, 368, Lesterville, Missouri 63654 (www.taumsauk.com).

Q: Tell me more about the Activities at Midwest Children’s Burn Camp!
A: All Camp Activities are facilitated by Camp Taum Sauk staff. Camp Taum Sauk (www.taumsauk.com) is currently accredited through the American Camping Association and requires activity facilitators to be appropriately trained and licensed in their respective activity areas. Activities offered at Camp Taum Sauk include:

- Riflery
- Archery
- Arts & Crafts
- High Ropes Challenge Course
- Canoeing
- Nature
- Hiking
- River activities (kayaking, tubing, floating, paddle boarding)
- Swimming
- Fishing
- Caving (off-campus for campers 14+)
- Horseback riding

Campers may go off-campus for activities throughout the week. For example, campers go to Elephant Rocks (https://mostateparks.com/park/elephant-rocks-state-park) as well as a local ice cream parlor. When activities take place off campus, both MCBC Volunteers and Camp Taum Sauk staff work together to provide appropriate supervision to promote safety and have fun.

Q: How much does this cost?
A: Nothing. Camp is made possible by generous donations. Campers are only required to bring their own clothing and supplies.

Q: What about transportation?
A: Charter buses will transport the campers to camp from St. Louis, Kansas City, Columbia, Cape Girardeau, and Springfield. Angel Flight provides free air transportation for children who do not live near a bus departure location. While at camp, campers are transported to and from off-campus activities on vehicles provided and maintained by Camp Taum Sauk.
Q: Who are the counselors?
A: Our counselors all have different backgrounds. We have adult burn survivors, firefighters, medical staff, teachers and more. All counselors and staff are thoroughly background checked and appropriately trained for camp.

Q: What about my child’s special dietary or medical needs?
A: MCBC will have a medical infirmary open 24 hours a day staffed by either by our Camp Nurse or a First Responder. This person will dispense medications, change dressings (if necessary), provide first aid and perform other routine medical duties. If your child is allergic to certain foods or his/her diet is restricted, please let us know before camp, and we can accommodate them. Please let us know if your child takes any medications, which make them more sensitive to sun exposure, or would alter their ability to participate in the activities at camp.

If you have any questions, please call us at 314-939-1550 or email brsg@brsg.org.
**Midwest Children's Burn Camp Application**

Camper's Name: __________________________ Date of Birth: __________________________
Name Camper Prefers to be called: __________________________ Boy: _____ Girl: ______
Camper's race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Prefer not to share
Hispanic or Latino? ☐ Yes ☐ No

How did you hear about MCBC?

Address: ____________________________________________________________
City: __________________________ State: _____ Zip: __________ County: __________
Home Phone ( ) _______________ Parent Work Phone ( ) __________
Parent Cell Phone ( ) _______________ Camper Cell Phone (If Applicable) ( ) __________
Camper's Email Address: __________________________
Parent's Email Address: __________________________
Camper lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Foster Parents ☐ Grandparents ☐ Other: ______
Name of Parent/Guardian: __________________________
Address and Phone Number of Parent/Guardian, if different than above ( ) __________

School where child attends: __________________________________

If there is an emergency at camp and we are unable to reach you immediately, please give us the names and phone numbers of two other people who we can contact. This information is necessary. Your child will not be allowed to attend Midwest Children's Burn Camp unless this information is complete.

Name: __________________________ Phone ( ) _______________ Relation to child: __________
Name: __________________________ Phone ( ) _______________ Relation to child: __________

Does your child have a Primary Care Physician? ☐ Yes ☐ No If yes, please provide the doctor's name and number.
Name: __________________________ Phone ( ) _______________ 

Has your child been recently exposed to any communicable diseases? Ex: Hepatitis, Influenza, HIV/AIDS, Tuberculosis ☐ Yes ☐ No If yes, please specify which diseases and when he/she was exposed: __________________________

Please list any allergies (Including medications, food, latex, etc.) __________________________

Please list any chronic illnesses your child has: __________________________

Does your child take any medications? ☐ Yes ☐ No If yes, please tell us what the medications are, the dosage amount and when taken (You may attach a separate Med sheet, if necessary): __________________________

IMPORTANT: Please send any medications for your child in the original container in a plastic Ziploc bag with his/her name on the outside of the bag. **Do not pack medications inside the camper's luggage.** All medication will be collected when the children arrive at the bus stop and will be administered by the Camp Nurse or First Responder. This is to prevent any of the campers from misplacing their medication, or taking them incorrectly.

<table>
<thead>
<tr>
<th>Burn Injury Date: ________</th>
<th>% Body Surface: ________</th>
<th>Degree of burn: ________</th>
<th>Hospital: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area of body burned: ________</td>
<td>Is your child a Junior Fire Setter? ☐ Yes ☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cause of burn: ________</td>
<td>Are your child burns visible, hidden or both? ________</td>
<td>Did your child need surgery? ☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

4
Does your child wear pressure garments? □ Yes □ No  If yes, please list which pieces will be worn at camp:

NOTE: Please label inside your child's garments with a permanent marker. We want each child to return home with all his/her own garments.

Does your child have any prosthetic devices? □ Yes □ No  Does your child use a wheelchair? □ Yes □ No
Will your child have wound dressing changes? □ Yes □ No  If yes, please send enough dressing supplies to last 7 days. There will be a Registered Nurse on duty to help with dressing changes, but you must send the necessary supplies.

Is there anything related to your child’s burn injury that we should be aware of to support your child’s social and emotional health? □ Yes □ No  If “yes”, please explain:

___________________________________________________________________________________

___________________________________________________________________________________

Does your child ever wet the bed? □ Yes □ No (We ask this so we will be prepared to deal with the situation quickly, confidentially and with respect for the child's feelings.)

Does your child have any physical or mental limitations? □ Yes □ No  Please include any condition, no matter how insignificant you may think it is. If your child does have limitations, please let us know how we can best accommodate his/her special needs.

___________________________________________________________________________________

___________________________________________________________________________________

Does your child have any particular fears or nervous habits that we should be aware of? □ Yes □ No  If yes, what are they?

___________________________________________________________________________________

___________________________________________________________________________________

Does your child know how to swim? □ Yes □ No  Describe their swimming ability:

___________________________________________________________________________________

___________________________________________________________________________________

Please list any other problems that we should know about or any activities in which you do not wish your child to participate:

___________________________________________________________________________________

___________________________________________________________________________________

Will your child require any other specific type of help that we should know about while at camp?

___________________________________________________________________________________

___________________________________________________________________________________

Is there anything of significance (good or bad) that has happened recently that would cause your child to have mood swings or “out of character” reactions that we should know about? (For example: death, separation, birth, move, etc.)

___________________________________________________________________________________

___________________________________________________________________________________

The theme for camp in 2020 is “The Future”. With that in mind, what are your camper’s career goals or interests? In other words, what does your camper want to be when they grow up?

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Please continue to signature on page 6
I certify that I am the legal parent/guardian of this child, and that all of the information given on this application is correct and true. I also understand that while my child attends Midwest Children's Burn Camp, I am responsible for letting Burns Recovered know how to reach me in an emergency. If there is an emergency, or if it becomes necessary for my child to be removed from camp because of ongoing unacceptable behavior, and I, or any of the other emergency contacts I listed cannot be reached within 24 hours, the staff of Burns Recovered may call Child Protective Services.

Name of Parent/Guardian______________________________________________________________

Signature of Parent/Guardian__________________________________________________________

Date__________________________________________________________

NOTE: Please return this and all other forms by mail, email, or fax by June 22, 2020

Burns Recovered
6220 S. Lindbergh Blvd. Ste 203
St. Louis, MO 63123
Brg@brsg.org.
Fax: (314) 939-1555
Health Form Part One
(To be completed/signed by Parent/Guardian)

Camper Name___________________________________________________ Male_____Female_____
Date of Birth _______________ Camper Preferred Name ________________________________
Home Address _______________________________________________________________________________________
City ________________________________ State _________________ Zip __________________
Parent/Guardian Name(s) __________________________ Relationship to Camper ____________________
Address (if different than camper’s) _________________________________________________________________
Home Telephone Number __________________________ Work Telephone Number ___________________
Email Address for Parent __________________________________________________________________________
Emergency Contact __________________________ Telephone Number __________________

Insurance Information
Is the camper covered by medical insurance? ______ yes ______ no (if “no”, please complete waiver on page 9)
Name of Carrier_________________________________________________________________________________
Carrier Address______________________________________________
Carrier Phone Number____________________________________________________________________________
Name of Insured _______________________________Relation of Camper to Insured_________________________
Plan Name, Group Number and Policy Number _______________________________________________________

Emergency Treatment Release
I hereby authorize the medical personnel chosen by Burns Recovered to secure and administer treatment for my child in the event of a medical emergency. This treatment may include, but may not be limited to transportation, x-rays, routine tests and other necessary treatments.
Signature of Parent/Guardian ________________________________________________________________
Date ___________________ _____________

Health History
List any allergies that the camper is known to have (Including food, medications, latex, etc.)
__________________________________________________________________________________________
List any dietary restrictions that camper is known to have (e.g., gluten-free, vegetarian, kosher, etc…)
__________________________________________________________________________________________
List any medications camper is currently taking and dosage. Include all prescription and over-the-counter medications (*Any medications sent to camp must be in their original container in a plastic bag.)
__________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Has the camper</th>
<th>Yes</th>
<th>No</th>
<th>(Please explain “yes” answers on the back side of this page.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Had any recent illness or injury?</td>
<td></td>
<td></td>
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<tr>
<td>2. Been exposed to a communicable disease?</td>
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<tr>
<td>Ex: Hepatitis, Influenza, HIV/AIDS, Tuberculosis</td>
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<tr>
<td>3. Been hospitalized for reason other than burn injury?</td>
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<tr>
<td>4. Had a chronic or recurring illness or condition?</td>
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<tr>
<td>5. Had a head injury or been knocked unconscious?</td>
<td></td>
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<tr>
<td>6. Had recurring headaches?</td>
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<tr>
<td>7. Worn glasses or contacts?</td>
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<tr>
<td>8. Passed out, been dizzy or had chest pain after?</td>
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<tr>
<td>9. Had seizures?</td>
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<tr>
<td>10. Been diagnosed with any type of heart problem?</td>
<td></td>
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<tr>
<td>11. Had high blood pressure?</td>
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<tr>
<td>12. Been diagnosed with bleeding/clotting disorders</td>
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<tr>
<td>13. Had back or joint problems?</td>
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<tr>
<td>14. Had frequent ear infections?</td>
<td></td>
<td></td>
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<tr>
<td>15. Been diagnosed with asthma?</td>
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<td></td>
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<tr>
<td>16. Been placed in the ICU for their Asthma?</td>
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</tr>
<tr>
<td>17. Been diagnosed with diabetes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Has your child menstruated? (For Girls Only)</td>
<td></td>
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</tbody>
</table>
Please explain any “Yes” answers to the previous questions:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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Indicate if child is currently or in the past had any of the items listed below. If yes, give approximate dates.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Date</th>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pertussis</td>
<td></td>
<td></td>
<td></td>
<td>Polio</td>
<td></td>
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<tr>
<td>Tetanus</td>
<td></td>
<td></td>
<td></td>
<td>Chicken Pox</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Diphtheria</td>
<td></td>
<td></td>
<td></td>
<td>Head Lice</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>German Measles/Rubella</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Date (month/year) of last Tetanus shot:**

*Tetanus shot must be current according to your camper’s age and immunization schedule. Please consult your primary care provider if you are unsure whether your camper’s shot is current.*

Please use this space to provide any information about your child’s medical and mental health history about which we should be aware. Please include any physical, emotional, behavioral or mental health information.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

I do not wish my child to participate in any of the following activities:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Name of family physician __________________________________________________________
Phone number ________________________________________________________________

I certify that the health history provided above is correct and complete as far as I know. Unless otherwise noted above, my child has my permission to take part in all scheduled camp activities with no restrictions. I certify that I hereby give permission to the nurse or other medical personnel selected by Burns Recovered/Midwest Children’s Burn Camp (MCBC) to obtain and administer any surgical and medical treatment, or hospitalization needed in the case of an emergency for my child named above. I agree that Burns Recovered/MCBC or their authorized agents may administer over-the-counter medications, or their generic equivalent, as deemed necessary such as but not limited to: Calamine lotion, Betadine, Milk of Magnesia, Pepto-Bismol, Aspirin, Tylenol, Benadryl, Dramamine, and other antihistamines, Neosporin Ointment, sun block, Sucrets, sting ointment, Blistex and Visine.

Parent/Guardian Signature __________________________________________________________
Date ________________________________________________________________

**NOTE:** Please return this and all other forms to the address or email below by June 22, 2020.

Burns Recovered
6220 S. Lindbergh Blvd. Ste 203
St. Louis, MO 63123
Brsg@brsg.org.

Office: 314-939-1550
Fax: 314-939-1555
CAMPER WAIVER- NO HEALTH INSURANCE
(please complete only if your camper is not currently covered by Health Insurance)

I, parent/guardian of ___________________________, do understand and agree that Burns Recovered and Midwest Children’s Burn Camp (herein after, “Camp”) will provide coverage and payment up to $100,000 for medical treatment for injuries that occur at and during Camp. Camp will not pay for treatment for pre-existing conditions and injuries or pre-existing conditions that are exacerbated unrelated to activity at Camp. However, Camp will cover medical treatment for pre-existing burn scars or injuries that require medical treatment because of environmental conditions or activity at Camp.

I do not have any expectation that Camp will be responsible for or pay for treatment associated with pre-existing conditions. Camp agrees to provide an onsite Nurse or First Responder who will treat and transfer the child, in accordance with standard practices of nursing care, for any pre-existing condition, as needed and in the nurse’s or First Responder’s judgment, but Parent/Guardian hereby agrees to assume all responsibility of the cost of transfer or treatment thereafter and agrees to indemnify and hold Camp, and its agents, employees, and volunteers harmless in the satisfaction of those bills.

I affirm that my child does not have health insurance coverage of any kind, public or private. However, health insurance is obtained at any time before the end of the Camp session, I will notify Burns Recovered and Midwest Children’s Burn Camp immediately.

I understand that my uninsured child is only allowed to attend Camp based on my agreement to the above terms and conditions. I may rescind this agreement at any time, in writing before the buses leave for Camp. I further understand that no promises have been made outside this agreement and that this document is the complete understanding of the agreement.

_______________________________________
Name and DOB of Child

_______________________________________
Signature of Parent or Guardian

Date

_______________________________________
Witness

Date
Health Form for Children Attending Midwest Children’s Burn Camp Part Two
(To be completed/signed by a Licensed Medical Professional)

This examination is for determining fitness and general health to engage in a variety of basic activities while at Midwest Children’s Burn Camp.

Camper Name ________________________________________________________________________________
Male _____  Female _____  Date of Birth _________________________________________________________
Child’s Weight ___________ lbs.  Height____________  Blood Pressure________________

I have examined the above mentioned Midwest Children’s Burn Camp participant. Date of last examination __________________

Immunizations
All immunizations must be up to date. Indicate dates (month and year) of basic immunizations or most recent booster.
DPT ____________ Polio ____________ MMR ____________ Haemophilis Influenza b ____________
Hepatitis A ____________ Hepatitis B ____________ Varicella ____________ Tetanus ____________

Medications: (medication, dosage, frequency, or special instructions)_____________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Health Recommendations/Restrictions
The applicant is under the care of a physician at this time for the following reasons: ________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
Current treatment includes: _____________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Known allergies (Including Food, Medications, Latex, etc.)____________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Description of any limitations or restrictions on camp activities:
☐ Riflery __________________________ __ Nature __________________________
☐ Archery __________________________ __ Swimming ______________________
☐ Arts & Crafts __________________________ __ Caving (for campers 14+) ______
☐ High ropes __________________________ __ Fishing ______________________
☐ River activities __________________________ __ Horseback riding _________
☐ Hiking __________________________ __ No restrictions __________________

Please provide us with any additional information for the Midwest Children’s Burn Camp health care staff which might prove to be beneficial: _______________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Release
In my opinion, the above camp applicant is able to participate in an active camp program. Yes ________  No ________

Signature of Licensed Medical Professional _______________________________________________________________

Please print name _______________________________________________________________________________________

Title _________________________________________________________________________________________________

Phone (________) ___________________________________________________________________ Date ______________________

You may fax this form to: Burns Recovered at (314) 939-1555 or email to brsg@brsg.org by 6/22/2020
Dear MCBC Camper and Family:

Midwest Children’s Burn Camp (MCBC) serves nutritious meals every day by participating in the Summer Food Service Program, funded by the U.S. Department of Agriculture and administered by the Missouri Department of Health and Senior Services.

MCBC receives reimbursement for meals served to children meeting the eligibility requirements for free or reduced-price school meals. We **MUST** document eligibility by obtaining family-size and income data. If your yearly income is equal to or less than the amount listed below for your family size, your child is eligible for free or reduced-price meals and MCBC will be eligible for financial assistance. **If your child is a member of a household receiving assistance under the Supplemental Nutrition Assistance Program (formerly known as food stamps) or the Temporary Assistance for Needy Families (TANF) program, he or she is automatically eligible when your case number is listed on the IEF.**

<table>
<thead>
<tr>
<th>FAMILY SIZE</th>
<th>INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual</td>
</tr>
<tr>
<td>1</td>
<td>23,107</td>
</tr>
<tr>
<td>2</td>
<td>31,284</td>
</tr>
<tr>
<td>3</td>
<td>39,461</td>
</tr>
<tr>
<td>4</td>
<td>47,638</td>
</tr>
<tr>
<td>5</td>
<td>55,815</td>
</tr>
<tr>
<td>6</td>
<td>63,992</td>
</tr>
<tr>
<td>7</td>
<td>72,169</td>
</tr>
<tr>
<td>8</td>
<td>80,346</td>
</tr>
<tr>
<td>For each additional family member add:</td>
<td>+8,177</td>
</tr>
</tbody>
</table>

If your family is not eligible, please put the child’s name on the form and then mark the form N/A. This will help us keep track of our campers and make sure that MCBC is able to receive all possible assistance.

MCBC cannot be approved unless the attached application is completed according to the directions provided below:

**Part 1 of 4: Children Enrolled in the Program**

List all of the children in the household for who are enrolled in MCBC. This includes foster children. Indicate the birth date of the child. If you have a foster child, whose care and placement is the responsibility of the State or has been placed by a court with a caretaker, MCBC is eligible for this program regardless of household income. If you are applying for a foster child, the application must have the child’s name, the child’s “personal use” income, your signature and the date. If you currently receive benefits from SNAP or TANF please indicate the appropriate case number in the spaces provided and sign and date the form. You do not need to complete Part 2. If you do not list a SNAP or TANF case number for your children, you must complete parts 2 and 4.

**Part 2 of 4: Household and Income Information**

List the names of everyone who lives in your household. Include parents, grandparents, all children, foster children, other relatives, and unrelated people who live in your household. Report the monthly income by source for each household member. The income reported on the application must include all income before deductions.
Part 3 of 4: Racial Ethnic Information – Completion is voluntary

Part 4 of 4: Signature
The adult household member completing the application must sign and date the application. If the household does not receive TANF or SNAP benefits, the adult signing the application must provide the last four digits of their social security number. If the adult does not have a social security number, write “none” in the space provided.

Non-Discrimination Disclosure:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider. This statement implementation date is November 2015.

If you have any questions about how to fill out this form please contact our office at 314-939-1550 and we will be more than happy to help.

Sincerely,

Madeleine Carson  
Director of Youth Programs
**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES**

**BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE**

**SUMMER FOOD SERVICE PROGRAM**

**INCOME ELIGIBILITY FORM**

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the program.

### PART 1  CHILDREN ENROLLED IN THE PROGRAM

Complete information below for children enrolled at the camp/site. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number. **In certain cases, foster children are eligible for free meals regardless of household income.** If foster children live in your household, please contact the camp or site sponsor for more information.

<table>
<thead>
<tr>
<th>NAME (first and last)</th>
<th>BIRTH DATE</th>
<th>FOSTER CHILD</th>
<th>SNAP CASE NUMBER</th>
<th>TEMPORARY ASSISTANCE CASE NUMBER</th>
</tr>
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### PART 2  HOUSEHOLD AND INCOME INFORMATION

List all members of the household including the children listed in Part 1. Indicate source and amount of current income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month’s income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months.

<table>
<thead>
<tr>
<th>INCOME BASED ON (CHECK ONE)</th>
<th>YEARLY</th>
<th>MONTHLY</th>
<th>2 X A MONTH</th>
<th>EVERY 2 WEEKS</th>
<th>WEEKLY</th>
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**HOUSEHOLD MEMBERS**

<table>
<thead>
<tr>
<th>GROSS WAGES</th>
<th>WELFARE, CHILD SUPPORT, ALIMONY</th>
<th>PENSIONS, RETIREMENT, SOCIAL SECURITY</th>
<th>OTHER</th>
</tr>
</thead>
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### PART 3. PARTICIPANT’s ETHNIC AND RACIAL INFORMATION (Optional)

Hispanic or Latino:  [ ] YES  [ ] NO

Race:  [ ] AMERICAN INDIAN OR ALASKA NATIVE  [ ] ASIAN  [ ] BLACK OR AFRICAN AMERICAN  [ ] NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  [ ] WHITE

### PART 4  SIGNATURE

I hereby certify that all information provided is correct and true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

**SIGNATURE OF ADULT FAMILY MEMBER**

**SOCIAL SECURITY NUMBER**

**DATE**

**PRINTED NAME OF ADULT**

**ADDRESS**

**PHONE NUMBER**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance (TA) Program case number for your household or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

### FOR SPONSOR USE ONLY

<table>
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<tr>
<th>TOTAL HOUSEHOLD SIZE:</th>
<th>INCOME:</th>
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**INCOME BASED ON (CHECK ONE):**

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**SNAP (Food Stamp)**  [ ]

**TEMPORARY ASSISTANCE**  [ ]

<table>
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<tr>
<th>Eligibility Determination:</th>
<th>Eligible</th>
<th>Ineligible</th>
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**SIGNATURE OF CENTER REPRESENTATIVE**

**DATE**
Camper Behavior Contract

Campers are expected to abide by the rules of Midwest Children's Burn Camp. They are as follows:

1. **No** abusive or foul language.
2. **No** Bullying. This includes, but is not limited to, name-calling, making threats, spreading rumors, excluding someone from activities, hitting/kicking/pinching, and taking or breaking someone’s things.
3. **No** smoking, vaping, or tobacco use of any type. No use of alcohol or drugs. Weapons are not allowed at camp.
4. **No** water guns, nerf guns, or anything that could cause physical harm.
5. **No** electronics at camp (cell phones, tablets, MP3 players, iPods, hand-held games, etc.)
6. **No** hitting, shoving, pinching, scratching, biting, etc.
7. After curfew, campers must stay in their cabins.
8. Smoke detectors and fire extinguishers in cabins are not to be played with.
9. Listen to counselors and staff.
10. **No** “sneaking off”. You must stay under the supervision of an MCBC staff member at all times.
11. Be respectful of the rights, privacy and property of others.
12. Take care of and return all camp equipment.
13. Dress appropriately for recreational purposes.
14. Abide by all local, state and federal laws.

If the camper displays disruptive or harmful behavior, every effort will be made to address the behavior and to work with the camper. If the camper’s behavior does not change after counseling, support, and a phone call to his or her parents, **it will result in the camper being sent home**. Campers who are sent home due to behavior issues will not be invited back.

**Search and Seizure Policy**: MCBC is committed to creating a safe environment for all campers, staff, volunteers, and visitors. For this reason, MCBC Staff reserve the right to search any camper’s personal property on camp property during the week of camp without reason for cause. If any of the prohibited items listed above is found, the Director(s) have the right to seize any and all items; with the exception of illegal items, any items seized by the Director(s) will be returned to the camper/staff person at the conclusion of camp. The Director(s) will meet with the camper/staff in question and appropriate consequences will be implemented. The Director(s) reserve the right to dismiss the camper from camp. If a camper is dismissed, then the dismissed camper will be separated from the camp population until a parent/guardian can arrange to pick-up the camper. In the event of discovery of any illegal substance or weapon, the appropriate authorities will be contacted, and the illegal items will be given to the appropriate authorities.

I have read this contract with my parents/guardians and I understand what it means. I promise to obey the rules and I understand that if I fail to obey the rules, I may be sent home at the expense of my parent/guardian.

Signature of camper: ___________________________ Date: ________________

I have read the above rules to (with) my child. I understand that while my child is at camp, he/she is to abide by these rules and that if camp staff feels that my child's behavior is disruptive and/or diminishing the camp experience for other campers, my child will be sent home. I understand it is my responsibility to pick up my child from camp if they are sent home for breaking this contract.

Signature of Guardian: ___________________________ Date: ________________
RELEASE & CONSENT FORM

Burns Recovered needs your help to support our mission to provide services and programs to burn survivors. Often, as people become aware of how to prevent burns, they also want to support programs that help those who have burn injuries. You can help our efforts to increase support for the valuable programs in which you participate. We need your authorization. **Check the appropriate answers AND sign below.**

**Photo/Video**

___ Yes, I authorize Burns Recovered to photograph my child, and to publish the photographs for use in promotional materials such as displays, presentations or publications about Midwest Children's Burn Camp, or for advertising purposes, including media advertisements. I understand that last name, cause of burn, and any other sensitive personal information will not be revealed without my specific consent.

I give my permission for news media representatives to photograph my child for publication in newspapers or television news broadcast. I understand that Burns Recovered may, at its own discretion, share photographs of my child as required or requested by vendors, donors, or governmental agencies.

Burns Recovered is hereby released from any legal liability that may arise from the release of the photographs and any information provided.

___ No, I will not allow photos or video showing my child’s face to be used in any way. I understand that it would not be feasible to remove my child’s entire body from camp photos given the nature of the group setting at camp. I understand that by choosing this option, my child’s face will be blurred or covered in the event that my child is in a photo that is shared internally and/or externally.

PLEASE NOTE: There will be no monetary compensation for use of your child's photograph. Any photographs taken during Midwest Children's Burn Camp will become the property of Burns Recovered.

**Group Study**

___ Yes, my child can participate by completing a quick survey one afternoon while at camp to help develop programs aimed at child burn survivor’s needs.

___ No, I would prefer that my child not participate in a group study.

PARENT/GUARDIAN SIGNATURE: ______________________________  Date: ___________

RISKS INVOLVED IN CAMPING ACTIVITIES

As the parent/legal guardian of the camper, I have been informed about the activities of the camp. I acknowledge that participating in outdoor and adventure activities in a camp setting includes inherent and other risks, hazards and dangers that cannot necessarily be predicted or controlled. I do give my consent and approval for my camper to attend Midwest Children’s Burn Camp and to participate in all aspects of the camp program, and I will inform the camp in writing of any activities that should be limited or prohibited.

PARENT/GUARDIAN SIGNATURE: ______________________________  Date: ___________
TRANSPORTATION RELEASE

I hereby authorize Burns Recovered to provide for my child's transportation to and from Midwest Children's Burn Camp. There are several locations for bus pick-up & drop-off. Please check the location that is closest to your area. (Angel Flight is provided, at no cost to you, via privately-owned, small aircraft. This is only for children living in areas not near bus departure locations.)

☐ St. Louis ☐ Kansas City ☐ Columbia ☐ Springfield ☐ Cape Girardeau ☐ Other ____________

Someone other than the parent/guardian will be picking up my child at the bus or airport. The name and contact number for this person is:

NAME OF ALTERNATIVE PERSON: _________________________________ Phone: ___________________

- In the event that transportation must be arranged via “Angel Flight”, please answer the following:
  1. Has your child flown in a small aircraft before? Yes ______  No ______
  2. What is your child’s current body weight? This number MUST BE accurate to ensure a safe flight. _______ pounds

Please indicate your camper’s lunch selection on the trip to camp:
☐ Oscar Meyer Lunchable – Turkey/American Cheese
☐ Oscar Meyer Lunchable – Ham & Swiss with Crackers
☐ Smucker’s Uncrustable – Peanut Butter & Strawberry Jelly*
☐ Smucker’s Uncrustable – Peanut Butter & Grape Jelly*

Please indicate your camper’s lunch selection on the trip from camp:
☐ Oscar Meyer Lunchable – Turkey/American Cheese
☐ Oscar Meyer Lunchable – Ham & Swiss with Crackers
☐ Smucker’s Uncrustable – Peanut Butter & Strawberry Jelly*
☐ Smucker’s Uncrustable – Peanut Butter & Grape Jelly*

* Please note, in the case that a fellow bus rider has a severe peanut allergy, nut free “Uncrustables” will be served instead

CAMPER NAME: ______________________________________________

PARENT/GUARDIAN SIGNATURE: ___________________________ Date: __________
Dear Parent/Guardian:  

Summer, 2020

Midwest Children’s Burn Camp collaborates with Angel Flight Central (AFC) to provide air transportation assistance to campers.

Angel Flight Central pilots fly small general aviation aircraft. These planes generally have small baggage compartments and pilots may or may not have a mission assistant onboard. To learn more about the types of planes and flying with Angel Flight Central pilots, please visit www.angelflightcentral.org.

STEP 1 - Please complete an online Request for Assistance at www.angelflightcentral.org by June 22nd, 2020.

Step 2 - Please complete the following three forms by June 22, 2020:
1. AFC Liability Release (REQUIRES Parent/Guardian signature- (if more than one camper is traveling, a parent/guardian signature and date must be provided for each camper).
2. AFC Parent Agreement
3. AFC Camper Medical Release (REQUIRES a doctors’ signature. 1 form is required for each camper)

ALL application forms related to attending Midwest Children’s Burn Camp, including all paperwork for Angel Flights Central, must be completed and submitted to Midwest Children’s Burn Camp by June 22nd, 2020. Failure to submit paperwork by the deadline will result in your child being unable to attend camp.

Once you complete your forms, you will be notified by an Angel Flight Central Pilot of time, date and place of departure and arrival time from, or to, an airport near your home.

IMPORTANT THINGS TO KEEP IN MIND:
- Contact Angel Flight Central IMMEDIATELY if your camper will not be attending camp and their flight is no longer needed. For this situation, call 816-421-2300.
- Bad weather or an unforeseen mechanical challenge may cancel a flight. Please provide accurate phone numbers in case we need to contact you.
- You MUST comply with the luggage limitations in the Parent Agreement.
  - PLEASE pack light and use small soft-sided luggage.
- You MUST be at the correct airport at least 30 min. prior to departure.
- The designated adult MUST be on time to pick up the return camper at the airport.
- It is the parent/guardian responsibility to communicate with the pilot who will be contacting you before the flight as to where and when to meet for any outbound or return travel. This information will not be available from AFC office staff.
- Campers will fly into and out of Farmington Regional Airport (KFAM), Farmington, MO. Midwest Children’s Burn Camp staff will assist campers at the airport with travel to and from the campsite to the airport.
- This service is a GIFT TO YOU. PLEASE THANK THE VOLUNTEER PILOT. They are paying all costs for the flight.
Angel Flight Central [AFC] has the right to refuse service to any passenger for any reason.

+ AFC's Liability Release, Parent Agreement and Medical Release must be received by the camp no later than __June 22, 2020_____.

+ AFC may refuse passage to any camper who does not arrive 30 minutes prior to the flight departure, who poses a threat or safety concern to the pilot or other passenger or whose personal weight or the size and weight of their luggage exceed the planes capacity and safety limits.

+ When returning from camp, pilots will ONLY release a camper to the parent/guardian of record, who must present a government issue ID, such as a Driver’s License, etc. unless the parent/guardian has specified another person and their phone number to AFC, who also must be able to present ID to the pilot.

+ On Flight Days: Report ALL delays to Angel Flight Central IMMEDIATELY at 800-474-9464

☐ Campers MUST follow the directions given by the pilot to ensure their safety.

☐ LIABILITY RELEASE: consent for your camper to receive travel assistance from Angel Flight Central. More than one child in a family, or under a guardian may be on the same Liability Release, provided there is a signature and date for EACH camper is on the Liability Release.

☐ MEDICAL RELEASE: ONE FORM per camper must be signed by a doctor. AFC must be informed of any medical equipment needed on-board and the weight of each piece of equipment. AFC must be informed if oxygen will be used on-board the plane.

REVIEW this SAFETY information with EACH CAMPER BEFORE flight day.

☐ There are no bathrooms on the plane. Please use the restroom before you board. Each camper must be able to walk to the plane and step-up (18-20 inches) and sit upright in an aircraft seat for the duration of the flight. Most seats do not recline. You can bring a small pillow, a book or small game for your trip.

☐ Pack and WEIGH YOUR LUGGAGE the night before your flight. NO more than 30 POUNDS of Luggage per Camper - Small soft-sided luggage please. If you have “extra” treasures to bring home from camp; ask camp staff if they can be shipped to you. Do NOT ask the pilot if he can take extra luggage or people. A different pilot and plane may be bringing you home.

☐ Listen to ALL instructions given to you by the pilots. Campers are assigned to planes according to the weight of passengers, weight of luggage and number of seats. Campers may not be able to fly with friends or siblings. The pilot’s first priority is to fly the airplane and keep you safe.

☐ Be respectful of the pilot and his plane. The airplane is the private property of the pilot. Do not eat or drink anything in the plane without the pilot’s permission. Ask the pilot any questions you have before the flight. Remove any trash when you leave. PLEASE thank the pilot for flying you.

Call the Camp IMMEDIATELY if you are unable to attend camp 314-939-1550

PARENT/GUARDIAN: Please check the box on the Liability Release that you have read and agree with these instructions and have reviewed them with your camper(s). THANK YOU.
**LIABILITY RELEASE and PARENT AGREEMENT:** Please print camper name(s). If more than one camper is listed on this form, a parent/guardian signature and date is required for EACH camper and the appropriate box checked for minors.

☐ I agree and will follow all instructions on the Parent Agreement.

| CAMPER: ___________________ | Parent/Guardian: ___________________ | Date: _____ | Minor ☐ |
| CAMPER: ___________________ | Parent/Guardian: ___________________ | Date: _____ | Minor ☐ |
| CAMPER: ___________________ | Parent/Guardian: ___________________ | Date: _____ | Minor ☐ |
| CAMPER: ___________________ | Parent/Guardian: ___________________ | Date: _____ | Minor ☐ |

**Completed by Angel Flight Central**

FLIGHT DATE: [ ]/ [ ]/ [ ]

AFIDS #: ______

PIC: ______

N#: ______

Angel Flight Central · 10 Richards Road · Kansas City, MO · Office 816.421.2300 · Fax 816.421.2409 · www.angelflightcentral.org

18
Medical Approval for Transportation on Private Aircraft

Send to Midwest Children’s Burn Camp by 6/22/2020
FAX: 314-939-1555 or email brsg@brsg.org

Patient Name: ___________________ DOB: __________

This document is valid for one year from date signed. A new release is required after surgery or when the patient’s medical condition changes.

Physicians: By signing this form, you are giving your medical approval that it is safe and advisable for this patient to fly under the conditions described below. Physician approval is required for approval of any request for a flight.

INFORMATION YOU SHOULD KNOW BEFORE COMPLETING THIS FORM

• Angel Flight Central and its volunteer pilots provide no medical equipment, personnel or assistance.
• Patients must be medically stable and are responsible for their own medication(s) and medical assistance, if needed.
• Each aircraft has total weight limits and limits for each seat. Available aircraft may be unable to accommodate the weight of persons and equipment above safe/legal limits.
• There are no restrooms and there is not sufficient room for the patient to recline or move about as they would in a commercial aircraft. Most aircraft are not air-conditioned and are small, single-engine, general aviation aircraft.
• Patients must be ambulatory, step up 18-20 inches, sometimes on a slanted wing surface and bend to enter and exit the aircraft.
• The majority of small general aviation aircraft are not pressurized, however, they fly at altitudes below 10,000 feet which does not require the use of supplemental oxygen.
• In a non-pressurized aircraft, the patient is breathing the air at the altitude at which they are flying.
• Turbulence during flight may be felt more than on a commercial aircraft.
• Flight times are longer than on a commercial aircraft. Average cruising speed is approximately 140 miles.
• Flights are scheduled in 250-300-mile legs; approximately 2-3 hours.
• Flights over 300 miles may require changing aircraft along the route.

What is this patient’s current weight: ______ (pounds)
What is this patient’s current height: ______ (in inches)

Height and Weight MUST BE accurate, as it affects the flight plan.

Describe the specific medical purpose for the trip: _____ Midwest Children’s Burn Camp

Instructions: Please check Yes or No and complete each question below.

Yes No
☐ ☐ Is this patient ambulatory and mobile enough to get in and out of a small aircraft unassisted?
If No, Describe:
Folding walkers/collapsible child-size wheelchairs are ok unfortunately adult wheelchairs do not fit in small aircraft

☐ ☐ Is this patient medically and mentally stable to fly in a small aircraft?
What medical equipment or assistance is necessary for this patient for travel?

☐ ☐ Is it medically safe for this patient to fly in a non-pressurized aircraft?
If No, Explain:

☐ ☐ Does this patient need oxygen during flight?
Patients may bring Department of Transportation (DOT)-approved oxygen, if medically necessary.

☐ ☐ Do you anticipate this patient’s condition changing in the near future?

Please describe any other information that might be helpful for the pilot to know about this patient?
__________________________________________________________________________________________________________________________________________________________________

I have carefully read and completed the above information and approve ___________________________ (Patient Name) for flight(s) in a small non-pressurized aircraft.

Physician’s Name: ____________________________ (please print) Office Phone: (_____) __________________ Date: __________

Physician’s Signature: ____________________________

Angel Flight Central ∙ 10 Richards Road ∙ Kansas City, MO ∙ Office 816.421.2300 ∙ Fax 816.421.2409 ∙ www.angelflightcentral.org
Application Checklist

Before submitting your application, please ensure you have the following forms completed:

1. Midwest Children’s Burn Camp Application (3 pages)
2. Health Form Part One (2 Pages) To be completed by parent/guardian
3. Camper Waiver – No Health Insurance (1 page) to be completed by parent/guardian only if camper is not currently covered by health insurance
4. Health Form Part Two (1 Page) this form must be completed and signed by a licensed medical professional
5. Missouri Department of Health and Senior Services Summer Food Service Form (1 page)
6. Camper Behavior Contract (1 page) Signed by camper & parent/guardian
7. Release and Consent/Transportation Release/Activity Permission (2 pages)
8. Angel Flight Central Liability Release (if you are using Angel Flight Central)
9. Angel Flight Central Medical Approval for Transportation (if using Angel Flight Central)

ALL OF THE ABOVE ARE DUE TO THE BURNS RECOVERED OFFICE BY June 22, 2020

No Exceptions to This Due Date Will Be Made

Please return completed applications using your preferred method:

Mail
Burns Recovered
6220 S. Lindbergh Blvd, Ste 203
St. Louis, MO 63123

Scan and email
Brsg@brsg.org

Fax
(314) 939-1555

Questions? Call 314-939-1550