



*National Pediatric MS Center
Department of Neurology*

*Lauren Krupp, MD, Director
Anita Belman, MD, Pediatric Neurologist
Maria Milazzo, RN, CPNP
Thomas Preston, PhD*

March 23, 2009

Dear Parents and Campers,

We are excited to announce that we are accepting applications for the National Pediatric MS Center's 5th Annual Teen Adventure Program. There will be two overlapping sessions this summer. Session 1 runs July 5-10, for NEW campers. Session 2, for RETURNING campers will be held July 7-11, 2009. The program will again be held at the Canonicus Retreat Center in Exeter, Rhode Island. (Details can be found at www.Canonicus.org).

Please fill out the attached forms and return the completed application by April 20, 2009. Applications will be accepted in order of receipt of completed packets.

VERY limited transportation assistance is available. If you would like to apply for travel assistance, please contact this office.

Camp personnel will include staff from the National Pediatric MS Center at Stony Brook, along with staff and volunteers from the National MS Society. Program professionals will be comprised of the Access 2 Adventure team of recreational therapists. All staff will be on-site, with the kids, throughout the weekend.

Please contact me at the National Pediatric MS Center with any questions about the program or application. I can be reached at 631-444-7802.

We look forward to another exciting Weekend Adventure!

Maria Milazzo, RN MS
Coordinator, National Pediatric MS Center

TEEN ADVENTURE APPLICATION

Camper Name _____

Address _____

Phone number _____ Parent's cell phone _____

Name of parent/guardian that camper lives with: _____

Parent/guardian e-mail address _____

Camper's e-mail _____ Camper's cell phone _____

Name, address and phone number of someone (other than parent) that we may contact in the event of emergency:

Name	Relation	Phone
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Address _____

Please indicate preferred session. We will do our best to accommodate your first choice.

_____ Session 1, NEW campers July 5-10, 2009
_____ Session 2, RETURNING campers July 7-11, 2009

General History

1) Please list any Diet Restrictions, Food Allergies or preferences: _____
We do have the option for vegetarian meals, but we **must request them in advance.**

2) List any other Medical Problems (such as allergies, asthma, hay fever, etc):

3) List any Drug Allergies: _____

4) Please explain your system for giving/taking medications: _____

5) If your child has had seizures, please describe the type of seizure: _____
_____. When was the last seizure? _____

How frequent are the seizures? _____. What type of treatment is used for the seizures? _____.

6) Any other information that will help us care for you child? _____
_____.

Authorization for National Pediatric MS Center to provide Medical, Dental, and Surgical Treatment.

Camper Name: _____ DOB _____

In the event that I am not available, I give the National Pediatric MS Center staff permission to authorize emergency care and treatment for my child. Notification of the parent will always be attempted.

Signature (Parent/Guardian) Date

Print Name Relationship

Permissions Page

- 1) May we photograph and/or videotape your child for educational purposes? Y N
- 2) May we photograph and/or videotape your child for fundraising purposes? Y N

It is understood that these photographs and videotapes will be used to promote public understanding and support of this program.

- 3) May we photograph or videotape your child for distribution within camp attendees, as “memories” of camp? Y N
- 4) Our high ropes program offers a safe and adventurous opportunity and is supervised by professionally trained program staff. All participants wear the safety equipment provided, including helmets and harnesses, which protects them from falls. May your child participate in a supervised high ropes course with certified staff? Y N
- 5) Our kayaking program offers a supervised kayaking trip. May your child participate in this supervised kayaking program? Y N
- 6) May your child participate in a supervised swim program? Y N
- 7) May we transport your child between the lodging and program venues? Y N

Mandatory Parent/Guardian signature

Date

Insurance information

Please attach a copy of updated Medical Insurance card below. This will be used in the event of a medical emergency.

(Front of Card)

(Back of Card)

Medications

Each family should send all medications and other supplies necessary for their child while at camp. The medications will be stored and administered as directed by you. Medications must be sent in the original container, with original labels. Please make sure to include any “premedications” that you may use for your child.

Are there any drug allergies? _____

Medication Name	Dose	Route	Frequency	Time/Day

INTEREST IN THE PROGRAM IS VERY HIGH.
PLEASE RETURN APPLICATION BY April 20, 2009 to

Maria Milazzo
National Pediatric MS Center
Department of Neurology
HSC-12
University Hospital
Stony Brook, NY 11794-8121

Fax: 631-632-2539
Phone: 631-444-7802
mcmilazzo@notes.cc.sunysb.edu



STONY BROOK
UNIVERSITY
MEDICAL CENTER

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National Pediatric Multiple Sclerosis Center-Teen Adventure

Medical Summary
To be completed by treating physician

Name of Camper _____
Date of Birth _____
Diagnosis _____
Date of Diagnosis _____
Medications _____

Allergies _____

Current Medical Status. Please include cognitive status and any physical limitations.

Do you have any concerns about this individual's ability to participate in a camp program?

Do you have any other information that might be helpful for us to make this a positive experience?

Please provide the name and contact information for the physician we may contact in the event of a problem during the camp session. Please include cell phone and pager information.

Please return this form to Maria Milazzo via fax 631-632-2539 or mail to:



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Teen Adventure Weekend-2009 Camper Contract

Lauren Krupp, MD, Director
Anita Belman, MD, Pediatric Neurologist
Maria Milazzo, RN, CPNP
William MacAllister, Ph.D., Pediatric Neuropsychologist

- Each camper will be treated with courtesy and respect.
- Smoking will not be permitted at any time during the Teen Adventure Weekend.
- There will be no mixed genders in private areas. Males and females may socialize in common areas only and with adult supervision.
- At night, the bedroom door may be closed, but must remain unlocked.
- Each night, a curfew will be set at which time we request all participants be in their bedrooms.
- The purpose of the weekend is to meet and socialize with other teens with MS. Therefore, cell phones may not be used during activities. Calls may be placed during specified times, but are expected to be off during events, and after ‘curfew.’
- We recognize that parents may be anxious and may wish to contact their children. Accordingly, you may call the “camp cell phone” at 631-418-5459 at any time.

By signing below, I agree to follow the rules of the Teen Adventure Weekend. **I understand that if I do not follow the camp rules, I will be sent home, at my own expense.**

Signature of camp participant date

Signature of parent date

Please return by mail or fax to 631-632-2539 with application.

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Teen Adventure Application Checklist

In order for your packet to be complete please be sure to include all of the following items. The Medical Summary form should be completed by your physician and submitted separately. However, this medical summary must be received by May 15, 2009.

- Application
- Copy of insurance card
- Camper Contract
- Medical Summary (May be sent by physician)

Gear List

Required for Ropes course - long pants, sneakers (closed toe shoe).

We recommend a change of clothes for sailing and kayaking just in case we get wet.

Long pants

Closed toe shoes/sneakers for ropes course

Shorts

Sweatshirt/windbreaker

Sandals

Sunscreen

Hat

Beach towel

Sunglasses

Raincoat

One piece bathing suit

Bug spray

Pajamas

Toiletries

Personal items

Duffel bag/Backpack

Quick drying shirt/shorts for kayaking