

February 1, 2024

Dear Parents,

Camp Eyabsut 2024 is just a few months away and again we will be hosted by Black Diamond Camps near Black Diamond and Auburn.

Camp Eyabsut is scheduled for **July 21-26, 2024** – still a Sunday arrival and we will be accepting campers starting at **9am and would like them to arrive by 11am**. It will be a Friday pick up again as this is what the facility had available. We are planning a fun-filled week for our campers around this year's theme "**Eyabsut Rocks!**" – a week of music, dancing and celebrating ... and of course, a whole lot of FUN!!

Please see the attached application, physical form and consent waivers. We will need **all** forms filled out **COMPLETELY** and returned by no later than **Monday, June 10, 2024. Note: The physical needs to be completed by July 13, not June 10.**

NOTE: If your child requires air travel, we need that information by no later than **Friday, May 24, 2024** so we can make those arrangements. There will be no bus transportation this year from Federal Way. All campers in Washington must arrive by car. We can help with matching you up with a carpool if needed. There will be a bus from Portland Oregon Burn Center.

We are looking forward to a super week and spending time with the best kids in the world!!

There are 3 ways to return your application ... 1 and 2 are preferred.

1. **Scan and email it to:** eyabsut@gmail.com
2. **Fax to:** **877-449-3896**
3. **Mail to:** **Camp Eyabsut PO Box 5212 Lynnwood, WA 98046**

If you have any questions or concerns, please don't hesitate to contact us by calling 425-508-8204 or emailing - eyabsut@gmail.com

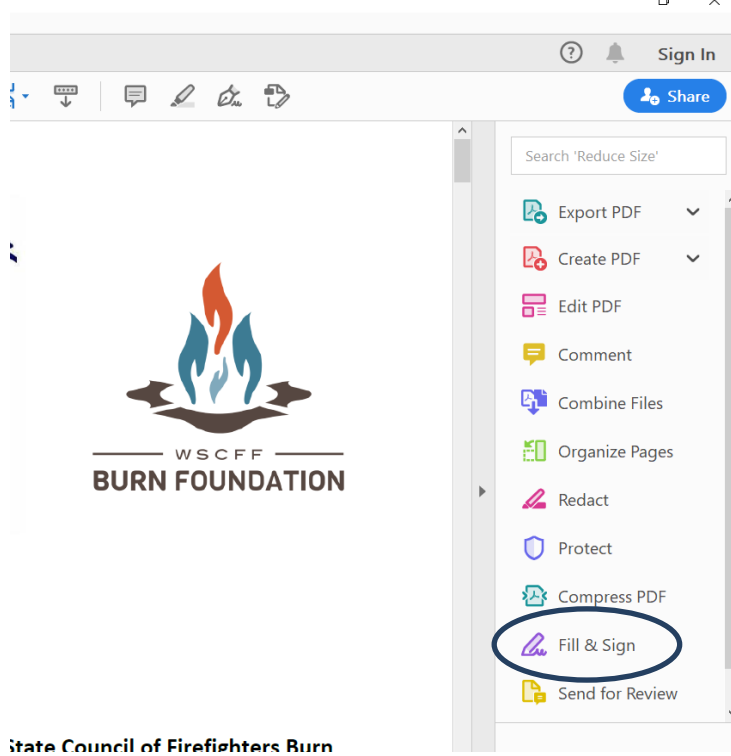
Sincerely,

Troy Smith aka Yogi
Camp Director

Matt Ricks
WSCFFBF Board President

To fill out online and return by email:

1. Download the PDF form to your desktop. Open using Acrobat Reader. On the right side of Acrobat, look for “Fill and Sign”



2. Fill out the form by putting your cursor into a field, type your info, select next field.
3. To sign, a Sign option becomes visible when you are editing the PDF. Click Sign and you will be able to add a Signature and Initials using your mouse to draw them. Once you save those, you can drag them to the appropriate place in the form as needed. If you need help, just ask your kids 😊 or you can call me at 425-508-8204
4. Once the form is completely filled out, Save the Form back to your desktop. Open a new email message, upload the PDF and send to eyabsut@gmail.com

To fill out and fax:

1. Complete steps 1-3 above
2. Once the form is completely filled out, Save the Form back to your desktop. Print a copy and fax to 877-449-3896

FAX TO: 877-449-3896
EMAIL TO: EYABSUT@GMAIL.COM
MAIL TO: Camp Eyabsut PO Box 5212 Lynnwood, WA 98046
Camp Dates: July 21 - July 26, 2024

2024 CAMP EYABSUT – CAMPER APPLICATION

CAMPER NAME: _____ LIKES TO BE CALLED: _____ BOY GIRL

BIRTH DATE: _____ AGE ON DAY 1 OF CAMP: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ HOME PHONE: _____ EMAIL: _____

PERSON CAMPER IS LIVING WITH: _____ RELATIONSHIP: _____

ETHNICITY WITH WHICH YOUR CHILD MOST IDENTIFIES (PLEASE CHECK ONE): AFRICAN AMERICAN/ BLACK LATINO/HISPANIC

ASIAN/ PACIFIC ISLANDER WHITE/ CAUCASIAN AMERICAN INDIAN/ALASKA NATIVE OTHER: _____

PRIMARY LANGUAGE SPOKEN BY CHILD? _____ BY ADULT? _____

MOTHER'S NAME: _____ HOME PHONE: _____ CELL PHONE: _____

MOTHER'S PLACE OF EMPLOYMENT: _____ WORK PHONE: _____

FATHER'S NAME: _____ HOME PHONE: _____ CELL PHONE: _____

FATHER'S PLACE OF EMPLOYMENT: _____ WORK PHONE: _____

OF PEOPLE IN HOUSEHOLD: _____ SIBLING NAMES: _____

EMERGENCY PHONE NUMBERS (OTHER THAN HOME PHONE AND PARENT WORK NUMBERS):

NAME: _____ PH.# () _____ RELATION TO CHILD: _____

NAME: _____ PH.# () _____ RELATION TO CHILD: _____

CHILD'S T-SHIRT SIZE (ADULT SIZES): _____ CHILD'S SHOE SIZE: _____ CHILD'S WEIGHT: _____

HAS YOUR CHILD ATTENDED THE CAMP EYABSUT BEFORE? YES NO

IF NO, HOW DID HE/SHE HEAR ABOUT IT? _____

IS YOUR CHILD EXCITED TO COME TO CAMP? YES NO

HAS YOUR CHILD ATTENDED OTHER SUMMER CAMPS? YES NO PLEASE TELL US WHICH CAMP, DATES AND LOCATION:

WHAT ARE YOUR CHILD'S FAVORITE ACTIVITIES? _____

WHAT SCHOOL IS YOUR CHILD CURRENTLY ATTENDING & WHAT GRADE IS HE/SHE IN? _____

HAS YOUR CHILD BEEN HAVING ANY PROBLEMS IN SCHOOL? ANY ISSUES WITH BULLYING, DRUGS, ALCOHOL, SMOKING ETC? PLEASE EXPLAIN:

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CAMP EYABSUT 2024 - CAMPER MEDICAL HISTORY & TREATMENT

Physician's Name: _____ Phone #: (_____) _____
 Physician's Address: _____ City: _____ State: _____
 Dentist/ Orthodontist name: _____ Phone #: (_____) _____
 Dentist's address: _____ City: _____ State: _____

Insurance information:

Is the child covered by family medical insurance? Yes No

If Yes, carrier or plan name: _____ Group #: _____

Insurance address: _____ Phone #: (_____) _____

Please tell us about your child's burn injury:

Date of child's burn injury: _____

% Body surface burned _____ Where was your child hospitalized? _____

Length of hospital stay _____ Area of body affected by the burn: _____

Cause of the burn injury: _____

Does this child wear any splints, pressure garments or have any open wounds that require dressings? Please check all that apply:

Splints Pressure Garments Open Wounds None

Indicate item(s) that will be sent to camp and schedule: _____

Is your child currently receiving physical or occupational therapy? Yes No

If yes, will your child require Physical Therapy while at camp? Yes No If yes, please describe:

Restrictions - The following restrictions apply to this child:

Dietary: ___ Does not eat red meat ___ Does not eat pork ___ Does not eat eggs ___ Does not eat poultry
 ___ Does not eat seafood ___ Does not eat dairy products ___ Other _____

Activities (what cannot be done, what adaptations or limitations are necessary): _____

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**CAMP EYABSUT 2024 - CAMPER MEDICAL HISTORY & TREATMENT
CONTINUED**

Psychosocial Considerations:

How would you describe your child's adjustment to his/her burn injury?

Does your child have a marked fear of any of the following? (check all that apply)

The Dark Being Alone Thunderstorms Other: _____

Does your child require one-on-one supervision? Yes No

Does your child have difficulty falling asleep? Yes No

Does your child (check all that apply): Bedwetting Snore Sleepwalk

Has your child ever been diagnosed with any of the following (check all that apply):

ADD/ADHD Depression Anxiety Oppositional Defiant Disorder Other (please specify)

Has your child received treatment (medication or counseling)? Please Explain:

Has your child ever received professional counseling? Yes No If yes, dates of treatment? _____

Focus of treatment: _____

Is your child currently dealing with any special life issues? Please check all that apply:

Parental Divorce Death Peer Pressure School Pressure Learning Disability Alcohol Use
 Drug Use Tobacco Use Other/Please Specify _____

How can we be most helpful for your child while at camp?

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CAMP EYABSUT 2024 - CAMPER MEDICAL HISTORY & TREATMENT
CONTINUED

Will your child need to take medication while at Camp?

Yes No Daily Meds As Needed Meds

Please complete the attached Medication List page with **ALL** prescribed, as well as **Over The Counter** (OTC) medications that your child will take while at camp. ****** (If you need additional space for medications, please attach additional page with medication information)

Identify any medications taken during the school year that your child does not take during the summer:

Does your child have any Allergies? Yes No

Medication allergies (list)	Reaction and Normal Treatment/Management
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Food allergies (list)	Reaction and Normal Treatment/Management
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Other allergies (list) - include insect stings, hay fever, asthma, animal dander, etc. _____

GIRLS:

Has your child started menstruating? Yes No Normal history: _____

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Medication List

Camper Name: _____

Cabin: _____
(TO BE FILLED OUT BY CAMP STAFF)

Medication Name Strength	Medication Info	Date Started	Reason for Taking	When is it Given	Amount/Dose Given	How is it Given
	<input type="checkbox"/> Rx <input type="checkbox"/> OTC <input type="checkbox"/> REFRIGERATE			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:		<input type="checkbox"/> By Mouth <input type="checkbox"/> Topical <input type="checkbox"/> Inhaler <input type="checkbox"/> Other:
	<input type="checkbox"/> Rx <input type="checkbox"/> OTC <input type="checkbox"/> REFRIGERATE			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:		<input type="checkbox"/> By Mouth <input type="checkbox"/> Topical <input type="checkbox"/> Inhaler <input type="checkbox"/> Other:
	<input type="checkbox"/> Rx <input type="checkbox"/> OTC <input type="checkbox"/> REFRIGERATE			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:		<input type="checkbox"/> By Mouth <input type="checkbox"/> Topical <input type="checkbox"/> Inhaler <input type="checkbox"/> Other:
	<input type="checkbox"/> Rx <input type="checkbox"/> OTC <input type="checkbox"/> REFRIGERATE			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other		<input type="checkbox"/> By Mouth <input type="checkbox"/> Topical <input type="checkbox"/> Inhaler <input type="checkbox"/> Other:
	<input type="checkbox"/> Rx <input type="checkbox"/> OTC <input type="checkbox"/> REFRIGERATE			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:		<input type="checkbox"/> By Mouth <input type="checkbox"/> Topical <input type="checkbox"/> Inhaler <input type="checkbox"/> Other:
	<input type="checkbox"/> Rx <input type="checkbox"/> OTC <input type="checkbox"/> REFRIGERATE			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other:		<input type="checkbox"/> By Mouth <input type="checkbox"/> Topical <input type="checkbox"/> Inhaler <input type="checkbox"/> Other:

Prescribing Provider Name: _____

Phone #: _____

Parent/Guardian Name: _____

Relationship: _____

Parent/Guardian Signature: _____

Date: _____

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2024 CAMP EYABSUT – PARENT CONSENT FORM

PLEASE READ THROUGH THE FOLLOWING STATEMENTS AND INITIAL ON THE LINE NEXT TO EACH STATEMENT. IN ORDER FOR YOUR CHILD'S APPLICATION TO BE ACCEPTED, PAGE MUST BE FILLED OUT FULLY AND SIGNED BY THE CAMPER'S PARENT/GUARDIAN.

GUARDIAN/PARENT INITIALS REQUIRED	EACH ITEM MUST BE INITIALED TO SIGNIFY UNDERSTANDING / APPROVAL.
	I GIVE MY APPROVAL AND CONSENT FOR _____ TO ATTEND CAMP EYABSUT. <div style="text-align: center;">CAMPER'S NAME</div>
	MY CHILD UNDERSTANDS AND AGREES TO ABIDE BY ANY RESTRICTIONS PLACED ON HIS/HER PARTICIPATION IN CAMP ACTIVITIES. MY CHILD UNDERSTANDS AND AGREES TO OBEY AND ABIDE BY ALL CAMP RULES AND GUIDELINES.
	I UNDERSTAND THAT INFORMATION IN THIS APPLICATION WILL BE SHARED WITH CAMP STAFF.
	I UNDERSTAND IF MY CHILD LOSES AN ITEM AT CAMP THAT THE STAFF WILL DO EVERYTHING POSSIBLE TO LOCATE THAT ITEM BEFORE CAMP ENDS BUT IS NOT REQUIRED TO REPLACE OR COMPENSATE FOR ANY ITEM THAT IS NOT LOCATED.
	I AGREE TO THE RELEASE OF ANY RECORDS NECESSARY FOR INSURANCE PURPOSES.
	I GIVE PERMISSION TO THE CAMP TO ARRANGE NECESSARY RELATED TRANSPORTATION FOR MY CHILD. I GIVE PERMISSION FOR MY CHILD TO ATTEND ALL SCHEDULED OFFSITE ACTIVITIES IN THEIR AGE GROUP.
	I UNDERSTAND AND AGREE TO PICK UP MY CHILD FROM CAMP IF THEY ARE ASKED TO LEAVE FOR ANY REASON. IF I AM NOT AVAILABLE, I WILL HAVE A SURROGATE PLANNED TO PICK THEM UP. PICK UP MUST HAPPEN WITHIN 6 HOURS OF REQUEST BY THE CAMP DIRECTOR OR MEDICAL STAFF.
	I UNDERSTAND MY CHILD'S COMPLETE APPLICATION MAY BE PHOTOCOPIED FOR THE MEDICAL STAFF AND TRIPS OFF CAMP GROUNDS.
	I HEREBY GIVE PERMISSION TO THE CAMP MEDICAL STAFF TO PROVIDE ROUTINE HEALTH CARE, ADMINISTER PRESCRIBED MEDICATIONS AND SEEK EMERGENCY MEDICAL TREATMENT INCLUDING ORDERING X-RAYS OR ROUTINE TESTS.
	IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION FOR MY CHILD.
	I AGREE TO PROVIDE THE CAMP NURSE WITH A REPORT OF PHYSICAL EXAMINATION, SIGNED BY A LICENSED PHYSICIAN, DUE BY THE FIRST DAY OF CAMP.
	IN CONSIDERATION FOR THE ACCEPTANCE OF MY CHILD, I HEREBY RELEASE AND WAIVE ANY CLAIM, CAUSE OR ACTION WHICH MAY ACCRUE AGAINST BLACK DIAMOND CAMP AND/OR CAMP EYABSUT, ANY EMPLOYEE THEREOF OR ANY OTHER PERSONS ACTING WITH THEIR PERMISSION, ARISING OUT OF INJURY DURING HIS/HER STAY AT CAMP, IN TRANSIT TO AND FROM CAMP, OR DURING ANY ACTIVITY APPROVED BY ANY OF SAID PERSONS.
	I DO _____ DO NOT _____ GIVE PERMISSION TO THE WSCFFBF AND CAMP EYABSUT TO USE ANY PICTURES, SILHOUETTE, VIDEO, FILM, OR OTHER REPRODUCTION OF PHYSICAL LIKENESS IN WHICH MY CHILD MAY APPEAR FOR THE PURPOSES OF CAMP FUNDRAISING, CAMP MARKETING AND CAMP ADVOCACY/EDUCATION.
	THE INFORMATION IN THIS APPLICATION IS CORRECT SO FAR AS I KNOW, AND THE CHILD HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL SCHEDULED CAMP ACTIVITY EXCEPT AS NOTED.
	IF REQUIRED, I AGREE TO ALLOW THE CAMP EYABSUT MEDICAL TEAM OR ASSISTING FIRE DEPARTMENT TO TEST MY CHILD FOR COVID-19 USING A "RAPID ANTIGEN TEST" UPON ARRIVAL AT CAMP. THIS MAY BE REQUIRED FOR ENTRY TO CAMP BY WASHINGTON STATE AND THE BLACK DIAMOND CAMP FACILITY.

I AGREE TO THE ABOVE STATEMENTS AND UNDERSTAND THE CAMPER WILL BE REFUSED ACCEPTANCE TO THE CAMP WITHOUT MY CONSENT.

X _____
PARENT/GUARDIAN SIGNATURE REQUIRED

X _____
DATE

X _____
WITNESS

X _____
DATE

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Application Deadline: MONDAY, JUNE 10, 2024

CAMP EYABSUT 2024 - TRAVEL ARRANGMENT FORM

PLEASE COMPLETE THIS FORM SO FINAL TRAVEL ARRANGEMENTS CAN BE MADE FOR ALL CAMPERS. THERE ARE DIFFERENT LOCATIONS FOR BUS PICK-UP AND DROP OFF. PLEASE CHECK THE LOCATION WHERE YOU WILL BE DROPPING OFF AND PICKING UP YOUR CHILD. A CONFIRMATION OF YOUR DROP OFF AND PICK UP TIMES WILL BE SENT TO YOU.

TRANSPORTATION TO CAMP ON SUNDAY, JULY 23, 2023:

- CAMPER WILL REQUIRE AIR TRANSPORTATION TO CAMP.

AIRPORT NAME: _____ CITY: _____ STATE: _____

- CAMPER WILL BE DROPPED OFF AT BLACK DIAMOND CAMP, AUBURN, WA. **REMINER: CAMPERS SHOULD BE DROPPED-OFF BETWEEN 9AM AND 11AM ON SUNDAY, JULY 21, 2024.**

- CAMPER WILL RIDE THE BUS FROM PORTLAND / OREGON BURN CENTER. **MORE INFORMATION AND DETAILS WILL BE SENT FROM OBC.**

TRANSPORTATION FROM CAMP ON FRIDAY, JULY 26, 2024:

- I WILL PICK MY CHILD UP AT THE AIRPORT:

AIRPORT NAME: _____ CITY: _____ STATE: _____

- I WILL PICK MY CHILD UP AT BLACK DIAMOND CAMP, AUBURN, WA. **REMINER: CAMPERS MUST BE PICKED-UP AFTER 1PM AND BEFORE 3PM, FRIDAY, JULY 26, 2024.**

- CAMPER WILL RIDE THE BUS TO PORTLAND / OREGON BURN CENTER. **MORE INFORMATION AND DETAILS WILL BE SENT FROM OBC.**

AIR Travel Arrangement Deadline: Friday, May 25, 2024

Application Deadline: MONDAY, JUNE 10, 2024

If your camper is new to Eyabsut, please attach a picture of your child to this application.

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CAMP EYABSUT 2024 - PHYSICAL EXAMINATION FORM

This form must be completed and signed by a licensed MD, PA or NP and is **due by the FIRST day of camp.**
Your child will not be able to attend camp without this form.

CHILD'S NAME: _____ BIRTH DATE: _____ BOY GIRL

I EXAMINED THIS INDIVIDUAL ON _____ THE ABOVE APPLICANT IS IS NOT ABLE TO PARTICIPATE IN CAMP.

WEIGHT: _____ HEIGHT: _____ TEMP: _____ PULSE: _____ RESP: _____ BP: _____

THE APPLICANT IS UNDER CARE OF A PHYSICIAN FOR THE FOLLOWING CONDITIONS: _____

CURRENT MEDICATIONS INCLUDE:

MED # 1: _____ DOSAGE: _____ FREQUENCY: _____

MED # 2: _____ DOSAGE: _____ FREQUENCY: _____

CURRENT TREATMENT AT THE TIME OF THIS REPORT INCLUDES: _____

ARE THERE ANY LIMITATIONS IN RANGE OF MOTION DUE TO BURN INJURY OR SCARRING? _____

ARE THERE ANY OPEN WOUND AREAS? _____

PLEASE LIST ANY ALLERGIES: FOOD _____ MEDICATIONS _____

OTHER: (INSECT STINGS, HAY FEVER, ETC) _____

DOES THE APPLICANT HAVE ANY OF THE FOLLOWING CONDITIONS (PLEASE CHECK ALL THAT APPLY):

DIABETES SEIZURES RESPIRATORY PROBLEMS CHRONIC EAR EPILEPSY HEART DEFECT/DISEASE

COMMENTS: _____

PLEASE LIST THE APPLICANT'S IMMUNIZATION HISTORY (RECORD MONTH & YEAR):

DPT: _____ HIB: _____ POLIO: _____ SMALL POX: _____ MMR: _____ TETANUS: _____

TB TEST: _____ HEPATITIS B: _____ CHICKEN POX (VACCINE OR ILLNESS): _____ OTHER: _____

RECOMMENDATIONS AND RESTRICTIONS AT CAMP: _____

PLEASE LIST ANY TREATMENT TO BE CONTINUED AT CAMP: _____

ANY MEDICALLY PRESCRIBED MEAL PLAN/DIETARY RESTRICTIONS: _____

ACTIVITIES TO BE ENCOURAGED OR LIMITED: _____

ANY OTHER IMPORTANT HEALTH
INFORMATION: _____

MEDICAL PROVIDER'S SIGNATURE _____ **DATE:** _____ **PHONE:** () _____

MEDICAL PROVIDER'S PRINTED NAME & ADDRESS: _____

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