



2101 Millburn Avenue
Maplewood, NJ 07040
Phone: 973-761-0422
Fax: 973-761-6792

THE VALERIE FUND

Spring 2011

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Executive Director

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CAMP HAPPY TIMES

Founder

Sy Frankel

Volunteer Camp Director

Millie Finkel

Assistant Camp Directors

Robin Pritchett

Matthew Ruttler

Camp Coordinator

Ashley Carfagno

Medical Director

Stacey Rifkin-Zenenberg, DO

LIT Program Coordinators

Anthony Geanoules

Jillian Griffith

Leslie Perez-Ortiz

Camp Committee

Willa Borderud

Karen Feinblatt

Debi Neretich

Kristin Pokorny-McCullough

Ron Pritchett

Ellen Ruban

Beth Ruttler

Michael Turk

Susan Turk

Helen Verniero

Dottie Ward-Wimmer

Dear Camper & Family,

Greetings from The Valerie Fund's Camp Happy Times! **Camp Happy Times 2011 will begin on Monday, August 15th and end on Sunday, August 21nd.**

Our theme for 2011 is "The Kingdom of Happy Times."

Enclosed, please find the 2011 application for The Valerie Fund's Camp Happy Times. Kindly take the time to complete all of the sections and review the code of conduct. Please make sure that the areas marked with an arrow are signed.

The application consists of two parts; Camper Application & Medical Application. Please make sure that the application is signed in the areas indicated with an arrow.

Application Deadlines and Mailing Addresses

(Please note this information has changed!!)

- **Camper Application (Part I) - Please complete Part I and return it by June 1, 2011.**

Return Part I to: Camp Happy Times, The Valerie Fund, 2101 Millburn Avenue, Maplewood, NJ 07040

- **Medical Application (Part II) - Call your doctor and schedule an appointment to have Part II completed and have them return it in the provided envelope by the July 1, 2011 deadline.**

Return Part II to: Ms. Debi Neretich, Camp Happy Times, c/o The Valerie Fund Children's Center, Saint Barnabas Medical Center, 94 Old Short Hills Road, Suite 182, Livingston, NJ 07039

A critical portion of a making camp safe and successful for each of our children is to ensure that we have all of the proper paperwork from each camper and necessary volunteers/staff for camp. You can help us by simply completing each portion of the required paperwork in a timely manner so that we can arrange the rest!

Feel free to call us at 973-761-0422 if you have any questions. You can also contact us via email at: Milliesue@aol.com (Millie), Robinalyce@aol.com (Robin), or Ruttlerm@aol.com (Matthew). We look forward to another wonderful week at Camp Happy Times!

All the best,

Millie Finkel

Volunteer Camp Director

Matthew Ruttler & Robin Pritchett

Assistant Camp Directors

Mark your calendar: The Valerie Fund Walk-A-Thon, Saturday, June 11, 2011

Campers and their families are encouraged to form a team and raise money for this exciting event. The Walk-A-Thon, sponsored by JAG Physical Therapy, WCBS-TV, and Burger King among others will be held at Verona Park in Verona, NJ. There will be live entertainment, food and games! Please visit our website to register.

Promoting Friendship, Independence and a Spirit of Cooperation for Children Who Have or Have Had Cancer

Children's Hospital of NJ at Newark Beth Israel • New York-Presbyterian Morgan Stanley Children's Hospital Columbia University Medical Center
Children's Hospital of Philadelphia, NJ Section of Hematology/Oncology Specialty Care Center • The Children's Hospital at Monmouth Medical Center
Morristown Memorial Hospital Goryeb Children's Hospital • Overlook Hospital • Saint Barnabas Medical Center
The Valerie Fund/CINJ LITE Program at the Cancer Institute of New Jersey



Attention Parents and Guardians!!

Please note that there is a Mailing Address change for the 2011 Camp Happy Times Applications!!

Return Completed **Part I (Camper Information)** forms to:

Camp Happy Times
The Valerie Fund
2101 Millburn Avenue
Maplewood, NJ 07040

Return Completed **Part II (Medical)** forms to:

Ms. Debi Neretich RN, CPNP, CPON
Camp Happy Times
c/o The Valerie Fund Children's Center
Saint Barnabas Medical Center
94 Old Short Hills Road, Suite 182
Livingston, NJ 07039

IT IS ESSENTIAL THAT YOU MAIL THE APPLICATION TO THE CORRECT PLACE IN ORDER TO GET YOUR CHILD PROCESSED AND IN OUR CAMP SYSTEM

If you have any questions at all please call Ashley Carfagno at the Valerie Fund office 973-761-0422. We look forward to seeing your child at camp in August!

The Valerie Fund's Camp Happy Times Camper Application

2011 Dates: August 15th-21st



Last Name: _____ First Name: _____

Camper Information

Camper Last Name		Camper First Name		Camper Nick Name		School Grade in 9/09	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /	Age	Cancer Diagnosis			Date of Diagnosis / /	
Camper Home Address		Apt.	City	State	Zip	County	
Camper Email Address		Camper T-Shirt Size <input type="checkbox"/> Child Small <input type="checkbox"/> Child Medium <input type="checkbox"/> Child Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large <input type="checkbox"/> Adult XX-Large					
Name of Treatment Center: <input type="checkbox"/> CHOP, Voorhees <input type="checkbox"/> CHOP, Philadelphia <input type="checkbox"/> Monmouth <input type="checkbox"/> Morristown/Overlook <input type="checkbox"/> Newark Beth Israel <input type="checkbox"/> NY Columbia Pres. <input type="checkbox"/> St. Barnabas <input type="checkbox"/> St. Joseph's <input type="checkbox"/> St. Peter's <input type="checkbox"/> Robert Wood <input type="checkbox"/> Other _____							
Name of Doctor at Treatment Center		Name of Social Worker		Center Phone		Center Fax	
Will your child be receiving treatment for cancer while at camp <input type="checkbox"/> No <input type="checkbox"/> Yes							
Will your child be taking other medication while at camp <input type="checkbox"/> No <input type="checkbox"/> Yes							

Parent/Guardian Information

Who does the camper live with or has primary custody? <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		
Mother/Guardian First and Last Name	Mother/Guardian Home Number	Mother/Guardian Cell Number
Mother/Guardian Email Address	Mother/Guardian Work Number	Work Extension
Father/Guardian First and Last Name	Father/Guardian Home Number	Father/Guardian Cell Number
Father/Guardian Email Address	Father/Guardian Work Number	Work Extension

Emergency Contact Information

Emergency Contact Person (First & Last Name) (<u>not the mother/father/guardian</u>)		Relationship to Camper
Emergency Contact Home Phone	Emergency Contact Cell Phone	Emergency Contact Work Phone

Insurance

You must include a photocopy of the front and back of the camper's current health insurance card

Name of Health Insurance Plan	Health Insurance Policy Number	Health Insurance Group Number
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Transportation

How will you ARRIVE at Camp Happy Times 2011? <input type="checkbox"/> Parent/Guardian will drive Camper to CHT <input type="checkbox"/> Bus provided at one of the locations listed below	
If you will be <i>arriving</i> by a bus provided by CHT, please indicate the pickup location: <input type="checkbox"/> Newark, NJ <input type="checkbox"/> Livingston, NJ <input type="checkbox"/> Monmouth, NJ <input type="checkbox"/> Morristown, NJ <input type="checkbox"/> Paterson, NJ <input type="checkbox"/> New York, NY <input type="checkbox"/> Voorhees, NJ	
How will you DEPART from Camp Happy Times 2011? <input type="checkbox"/> Parent/Guardian will drive Camper to CHT <input type="checkbox"/> Bus provided at one of the locations listed below	
If you will be <i>departing</i> by a bus provided by CHT, please indicate the location you want to return to: <input type="checkbox"/> Newark, NJ <input type="checkbox"/> Livingston, NJ <input type="checkbox"/> Monmouth, NJ <input type="checkbox"/> Morristown, NJ <input type="checkbox"/> Paterson, NJ <input type="checkbox"/> New York, NY <input type="checkbox"/> Voorhees, NJ	

We look forward to seeing you in August!

The Valerie Fund's Camp Happy Times Camper Application

2011 Dates: August 15th-21st



Last Name: _____ First Name: _____

Code of Conduct

In a continuing effort to offer campers the best week possible with the most memorable outcomes, rules for camper behavior should be understood and agreed upon by the Camper and Parent/Guardian before attending Camp Happy Times. While situations are not anticipated, this code is simply a way to provide a safeguard for the Camp as well as the participants. Please discuss with your child the following rules and the importance of adhering to them during their attendance at Camp Happy Times (CHT).

The Camper and Parent/Guardian must sign this agreement in order to for the applicant to attend. Campers are expected to abide by the following codes:

1. All medications (including over-the-counter) must be kept in the Infirmary. Parents must clearly mark all medication with the Campers Full Name along with an adequate supply for the duration of Camp. The Infirmary shall dispense the respected medications as prescribed by the Campers Physician.
2. For personal protection, Campers must abide by the established Safety Rules at each activity. Consumption of or the sale of Tobacco Products, Alcohol or Illegal Substance is not permitted.
3. Campers are encouraged to eat their meals as well as drink fluids at every meal. Campers must also wear sunscreen, hats and shirts at all times for sun protection.
4. Campers are to abide by common standards of decency including dress and behavior. Abusive language, arguing or fighting between campers, or with the staff is intolerable. (i.e. fighting, threats, insults, cursing and discrimination)
5. Campers are responsible for their own personal belongings. Campers shall not bring Money or Valuables, including I-Pods and cell phones to Camp Happy Times. Campers must obtain permission to use other's personal belongings and be respectful in its use.
6. Pornographic or Offensive Material is not allowed at CHT. This shall include Music and Magazines. Music brought to CHT shall be decent and not contain any profanity. Items of such nature will be confiscated.
7. Inappropriate displays of affection (i.e. kissing, cuddling or other sexual innuendo) are not acceptable behavior at Camp Happy Times.
8. Campers may not posses or use weapons or items that may be used to cause bodily harm to self or another.
9. Campers, of all ages, are not permitted to leave the presence of their counselors at any time. Campers must remain with their cabins at the assigned activities at all times. In addition, Campers may not enter the cabins of the opposite sex.
10. Campers are not permitted to make phone calls while at CHT, except in the event of an emergency.
11. Campers must respect the camp grounds- they may not litter or deface camp property and should actively participate in keeping the camp grounds and their cabins clean.

Consequences

Unacceptable behavior during Camp Happy Times (as defined within this Code or through an administrative review process) may result in the following consequences (not necessarily in this order):

1. A verbal warning
2. Temporary suspension from camp activities
3. Restitution or repayment of damages
4. Early release from Camp Happy Times. (Parent/Guardian assumes responsibility of arranging transportation home in the event of an Early Dismissal)
5. Denial of future participation in Camp Happy Times for one or more years

NOTE: Any conduct not specifically covered by this code of conduct, but deemed inappropriate by those responsible for Camp Happy Times will be viewed as a violation and appropriate action will be taken. If an infraction occurs, the Camp Director will provide appropriate communication to parent/guardian.

Camper Signature (must be signed in order to participate)

As a participant at Camp Happy Times, I have read and understood the above "Code of Conduct" and will abide by the expectations described in the Code of Conduct. I understand that if I act inappropriately, I will have to accept responsibility for my actions that may result in the consequences listed above.

→ Campers Full Name	Campers Signature	Campers Age
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We look forward to seeing you in August!

The Valerie Fund's Camp Happy Times Camper Application

2011 Dates: August 15th-21st



Last Name: _____ First Name: _____

Parent/Guardian Signature (must be signed in order to participate)

As parent/guardian, I have discussed and reviewed the above "Code of Conduct" with my child. I understand that failure to abide by the "Code of Conduct" may result in consequences listed above. In the event of that my child is discharged from Camp Happy Times, I assume the responsibility of transporting my child home on the day of such action.

Parent/Guardian Print First and Last Name	Parent/Guardian Signature	Date
→		

General Consent (must be signed in order to participate)

I understand and agree that Camp Happy Times, The Valerie Fund and all of their agents, representatives and employees (paid or volunteer) accept no responsibility for the loss, damage or theft of my child's property. Should either parents or guardians, during the 2011 Camp Happy Times Session, leave my/our place of residence; I will advise the Camp Administration where I/We can be contacted in the event of an emergency.

I understand and agree that certain activities at Camp Happy Times have an increased risk of injury. I understand and agree to release, waive, indemnify, defend and hold harmless Camp Happy Times, The Valerie Fund and all of their agents, representatives and employees (paid or volunteer) from any and all injuries, losses, claims, cost, expenses and/or damages.

In the event of a medical or surgical emergency, I hereby authorize the Licensed Medical Staff at Camp Happy Times to render to my child or arrange for my child to receive any and all treatment deemed advisable by them and to be rendered under the supervision of medical personnel. I understand that I am responsible for obtaining insurance authorization or referral if needed for such treatment and any cost incurred for such that any existing insurance may not cover. I also understand that I will be contacted in the event of an emergency.

All information is correct so far as I know and the child/camper herein described has permission to engage in all prescribed camp activities, except as noted by me and the examining physician. By signing below, I hereby understand and agree with all of the terms listed above.

Parent/Guardian Print First and Last Name	Parent/Guardian Signature	Date
→		

Off Site Trip (must be signed in order to participate)

I hereby authorize The Valerie Fund's Camp Happy Times to take my child to any scheduled off-site trip. This authorization includes all travel to and from, and attendance at an off-site event. Parent grants this authorization knowingly and voluntarily and fully recognizing the potential risks and hazards (to both persons and property) that may be associated with travel to and from, and attendance at an off-site event. In consideration for The Valerie Fund agreeing to take Camper to an off-site event, Parent knowingly and voluntarily releases and discharges The Valerie Fund, its officers, directors, employees, volunteers, trustees, administrators and agents (collectively "Releasees"), from any and all liability, demands, causes of action, legal proceedings, damages (including, but not limited to, damage or injury to persons or property) and claims of every kind, nature and description whatsoever, whether known or unknown, including attorneys' fees and costs related thereto (collectively "Claims"), which against Releasees, its successors and assigns, Parent, on behalf of Parent's self, Parent's spouse, children, guardians, heirs, executors, administrators, predecessors, successors and assigns ("Releasers") has, had or may have, relating to any off-site trip. Parent further agrees to defend, indemnify and hold the Releasees harmless from and against any and all Claims arising out of or related to the acts or omissions or Camper in connection with travel to and from, and attendance at any off-site trip.

Parent/Guardian Print First and Last Name	Parent/Guardian Signature	Date
→		

Media/Photo

I understand and agree that Camp Happy Times, The Valerie Fund and all of their agents, representatives and employees (paid or volunteer) shall have permission to use my child's name and/or image in print, video or film for any advertising or promotion.

Parent/Guardian Print First and Last Name	Parent/Guardian Signature	Date
→		

We look forward to seeing you in August!

The Valerie Fund's Camp Happy Times Camper Application

2011 Dates: August 15th-21st



Last Name: _____ First Name: _____

Questionnaire

Parent/Guardian: Please complete the below to help promote a positive camp experience for each camper and to help assist the counselors assigned to your child. Please note: The information provided will be kept confidential and shared only among the CHT staff.

Section 1 (Personality)

Describe your child's personality:

Has your child been classified as having a learning disability? Yes _____ No _____
Has your child been classified as having a behavioral problem? Yes _____ No _____
Does your child need to be reminded of instructions? Yes _____ No _____
Does your child have difficulty making friends? Yes _____ No _____
Does your child need encouragement? Yes _____ No _____
Is your child currently under the care of a mental health provider? Yes _____ No _____

If you answered "Yes" to any of the above please provide additional information:

Section 2 (Camp/Cabin Specific)

How many years has your child attended Camp Happy Times No. Years: _____
What language(s) does your child speak? _____
Has your child slept away from home other than a hospital stay? Yes _____ No _____
Does your child need a night light to sleep? Yes _____ No _____
Does your child have specific fears such as water, darkness, etc? Yes _____ No _____
If yes, please explain _____
Does your child have any special nighttime routines Yes _____ No _____
If yes, please explain _____
Does your child sometimes wet the bed? Yes _____ No _____
If yes, any special instructions? _____
Does your child need assistance...
Getting dressed? Yes _____ No _____
Swimming? Yes _____ No _____
With the toilet or shower? Yes _____ No _____

Section 3 (Medical)

When was your child first diagnosed? Yes _____ No _____
If your child has even relapsed, when? Relapsed date: _____
Has your child ever had a port of broviac? Yes _____ No _____
If yes, which one? Port Broviac will it be in at camp? Yes _____ No _____
Does your child
Have seizures? Yes _____ No _____
Wear a wig? Yes _____ No _____
Wear a prosthesis? Yes _____ No _____
Have food restrictions? Yes _____ No _____
Have hair or skin issues? Yes _____ No _____
Have difficulty walking? Yes _____ No _____

We look forward to seeing you in August!

The Valerie Fund's Camp Happy Times Camper Application

2011 Dates: August 15th-21st



Last Name: _____ First Name: _____

If you answered "Yes" to any of the above please provide additional information:

Section 4 (Other)

Our Camp Happy Times counselors are committed to the health and safety of your child during the week at camp. If there is any additional information about your child that would assist us in understanding him/her, please provide us that information.

**Congratulations on completing your
2011 Camp Happy Times Application!
Welcome!**

We look forward to seeing you in August!

The Valerie Fund's Camp Happy Times
Camper Medical Application (Part II)

2011 Dates: August 15th-21st



Last Name: _____ First Name: _____

To Parent/Guardian:

Complete Sections I (Camper Information) and II (Treatment Center) below. Also include a photocopy of the front and back of your current health insurance card

Please schedule an appointment with your doctor as soon as possible to give him/her ample time to fill out this form which needs to be **returned by July 1, 2011**. If circumstances or medications change after July 1st, please advise CHT (see medical contact information at the end of this form). If you have any general camp questions, please don't hesitate to contact Millie Finkel or Ashley Carfagno at 973-761-0422 or email camphappytimes@thevaleriefund.org.

To Doctor:

Thank you for taking the time to complete the Camp Happy Times Medical Application. This portion is vital in the application process as it allows CHT to successfully prepare and plan for each camper. The following sections will provide the CHT medical staff and counselors with the necessary information required to provide the camper with any necessary medical care or address any special needs that may exist.

Please return this application by July 1, 2011.

If there is any concern with the deadline or if you have any questions, please call Millie Finkel or Ashley Carfagno at 973-761-0422 or email camphappytimes@thevaleriefund.org.

I. Camper Information (to be completed by parent/guardian)

Camper Last Name	Camper First Name	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /	Age
Camper Home Address	Apartment	City	State	Zip
Parent / Guardian Name	Home Phone	Parent's Cell Phone	Parent's Work Phone	
Camper's food allergies	Does the camper have a latex allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is the camper allergic to peanuts? <input type="checkbox"/> No <input type="checkbox"/> Yes		

II. Treatment Center (to be completed by parent/guardian)

Name of Treatment Center: <input type="checkbox"/> CHOP, Voorhees <input type="checkbox"/> CHOP, Philadelphia <input type="checkbox"/> Monmouth <input type="checkbox"/> Morristown/Overlook <input type="checkbox"/> Newark Beth Israel <input type="checkbox"/> NY Columbia Pres. <input type="checkbox"/> St. Barnabas <input type="checkbox"/> St. Joseph's <input type="checkbox"/> St. Peter's <input type="checkbox"/> Robert Wood <input type="checkbox"/> Other _____			
Name of Doctor at Treatment Center	Name of Social Worker	Center Phone	Center Fax

We look forward to seeing you in August!

The Valerie Fund's Camp Happy Times
Camper Medical Application (Part II)

2011 Dates: August 15th-21st



Last Name: _____ First Name: _____

III. Medical Information (to be completed by doctor)

Oncology Diagnosis	Protocol	Date of Diagnosis / /	Active Treatment <input type="checkbox"/> No <input type="checkbox"/> Yes	Date therapy ended / /
Relapse Diagnosis <input type="checkbox"/> N/A	Relapse Protocol <input type="checkbox"/> N/A	Date of Relapse / /	Relapse Therapy Ended / /	
Drug Allergies <input type="checkbox"/> NKDA	Weight KG	Date of Weight / /	Date of Tetanus Booster / /	
Flu Vaccination <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Flu Vaccination / /	Varicella Status <input type="checkbox"/> Had Varicella <input type="checkbox"/> Recv'd Vaccination <input type="checkbox"/> Positive Titers		

IV. History (to be completed by doctor)

Central Line <input type="checkbox"/> No <input type="checkbox"/> Yes	Needle Size Gauge	<input type="checkbox"/> Hickman/Broviac <input type="checkbox"/> Mediport/Port-a-cath <input type="checkbox"/> PICC Other _____
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes	Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes	
Prosthetic Device <input type="checkbox"/> No <input type="checkbox"/> Yes	Impairments <input type="checkbox"/> No <input type="checkbox"/> Yes	
Transplant <input type="checkbox"/> No <input type="checkbox"/> Yes	Surgeries <input type="checkbox"/> No <input type="checkbox"/> Yes	
Colostomy / Catheterization <input type="checkbox"/> No <input type="checkbox"/> Yes	Feeding Tube <input type="checkbox"/> No <input type="checkbox"/> Yes	
Social Concerns <input type="checkbox"/> No <input type="checkbox"/> Yes	Behavioral Issues <input type="checkbox"/> No <input type="checkbox"/> Yes	
Psychiatric Issues <input type="checkbox"/> No <input type="checkbox"/> Yes	Learning Disabilities <input type="checkbox"/> No <input type="checkbox"/> Yes	
Comments (please address the above with any additional information that the CHT Medical Staff needs to have)		

We look forward to seeing you in August!

The Valerie Fund's Camp Happy Times Camper Medical Application (Part II)

2011 Dates: August 15th-21st



Last Name: _____ First Name: _____

V. Physical (to be completed by doctor)

Vision <input type="checkbox"/> NML <input type="checkbox"/> ABNL	Neurological <input type="checkbox"/> NML <input type="checkbox"/> ABNL
Heent <input type="checkbox"/> NML <input type="checkbox"/> ABNL	Hearing <input type="checkbox"/> NML <input type="checkbox"/> ABNL
Abdomen <input type="checkbox"/> NML <input type="checkbox"/> ABNL	Teeth <input type="checkbox"/> NML <input type="checkbox"/> ABNL
Genitalia <input type="checkbox"/> NML <input type="checkbox"/> ABNL	Lung <input type="checkbox"/> NML <input type="checkbox"/> ABNL
Heart <input type="checkbox"/> NML <input type="checkbox"/> ABNL	Musculoskeletal <input type="checkbox"/> NML <input type="checkbox"/> ABNL
Comments (please address the above with any additional information that the CHT Medical Staff needs to have)	

VI. Medication (to be completed by doctor) Note: You will be able to provide us with an updated list prior to camp for meds that might Δ, i.e. MTX, 6 MP. Please see contact information listed on the next page.

Prescription:	Dose	<input type="checkbox"/> Milligrams (MG) <input type="checkbox"/> Milliliters (ML) <input type="checkbox"/> Grams (G) <input type="checkbox"/> Units (U) <input type="checkbox"/> micrograms (MCG)	Frequency
	Route <input type="checkbox"/> Intramuscular (IM) <input type="checkbox"/> Oral (PO) <input type="checkbox"/> Subcutaneous (SQ) <input type="checkbox"/> Intravenous (IV)		
Prescription:	Dose	<input type="checkbox"/> Milligrams (MG) <input type="checkbox"/> Milliliters (ML) <input type="checkbox"/> Grams (G) <input type="checkbox"/> Units (U) <input type="checkbox"/> micrograms (MCG)	Frequency
	Route <input type="checkbox"/> Intramuscular (IM) <input type="checkbox"/> Oral (PO) <input type="checkbox"/> Subcutaneous (SQ) <input type="checkbox"/> Intravenous (IV)		
Prescription:	Dose	<input type="checkbox"/> Milligrams (MG) <input type="checkbox"/> Milliliters (ML) <input type="checkbox"/> Grams (G) <input type="checkbox"/> Units (U) <input type="checkbox"/> micrograms (MCG)	Frequency
	Route <input type="checkbox"/> Intramuscular (IM) <input type="checkbox"/> Oral (PO) <input type="checkbox"/> Subcutaneous (SQ) <input type="checkbox"/> Intravenous (IV)		
Prescription:	Dose	<input type="checkbox"/> Milligrams (MG) <input type="checkbox"/> Milliliters (ML) <input type="checkbox"/> Grams (G) <input type="checkbox"/> Units (U) <input type="checkbox"/> micrograms (MCG)	Frequency
	Route <input type="checkbox"/> Intramuscular (IM) <input type="checkbox"/> Oral (PO) <input type="checkbox"/> Subcutaneous (SQ) <input type="checkbox"/> Intravenous (IV)		
Prescription:	Dose	<input type="checkbox"/> Milligrams (MG) <input type="checkbox"/> Milliliters (ML) <input type="checkbox"/> Grams (G) <input type="checkbox"/> Units (U) <input type="checkbox"/> micrograms (MCG)	Frequency
	Route <input type="checkbox"/> Intramuscular (IM) <input type="checkbox"/> Oral (PO) <input type="checkbox"/> Subcutaneous (SQ) <input type="checkbox"/> Intravenous (IV)		

*Please attach an additional page if needed

We look forward to seeing you in August!

The Valerie Fund's Camp Happy Times
Camper Medical Application (Part II)

2011 Dates: August 15th-21st



Last Name: _____ First Name: _____

VII. Limitations/Restrictions (to be completed by doctor).

Does the camper have any physical limitations? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Please explain
Does the camper have any physical restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Please explain

VIII. Physician Consent (to be completed by doctor)

I have examined the Camp Happy Times Applicant, who is physically able to engage in camp activities, except for any physical limitations and restrictions hereby noted. I affirm all information contained in this form is accurate and understand that the Licensed Camp Happy Times Physician will notify me in the event of a medical emergency. However, I understand that in a medical emergency, and in the Physician's best clinical judgment, the camper may require care at Wayne County Memorial Hospital, Honesdale, Pennsylvania. I also agree that if any of the information contained in the application changes prior to the 2011 session, I understand the importance and assume full responsibility of communicating the information promptly TO CHT.

MD/DO/NP Name		Address		Suite
City		State	Zip	Phone
Fax	Beeper		E-Mail	
MD/DO/NP Signature				Date

Return Completed Medical Applications to:

Ms. Debi Neretich RN, CPNP, CPON
Camp Happy Times
c/o The Valerie Fund Children's Center
Saint Barnabas Medical Center
94 Old Short Hills Road, Suite 182
Livingston, NJ 07039

Or fax to: 973-322-2856 Attn: Debi Neretich

Please Note:

If circumstances of medications change after July 1, 2011, a revised medication sheet can be submitted to the above address or via email to DNetetich@SBHCS.com. You can easily submit revisions via the Bus Departure Form which will be mailed out to you in early August. If you have any medical related questions please call Debi Neretich at 973-322-8096. If you have other camp related questions please call the Valerie Fund office at 973-761-0422

We look forward to seeing you in August!



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CAMP HAPPY TIMES

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Ron Pritchett

Ellen Ruban

Beth Ruttler

Michael Turk

Susan Turk

Helen Verniero

Dottie Ward-Wimmer

****Flashes of Hope Information and Photo Release Form Request****

Spring 2011

Dear Camper and Family,

We have invited [Flashes of Hope](#) to hold a photo shoot for children at Camp Happy Times for the 3rd year in a row. Flashes of Hope has been a huge success at camp and as you may know the families loved the pictures.

The children may be photographed individually or with their friends and counselors. Families of photographed children will receive a free portrait gift package as described in the attached brochure. This is totally voluntary and free of charge.

In order for Flashes of Hope to photograph your child you must sign the enclosed [Photo Release Form](#) and return it to the Valerie Fund office with [Part 1 of your Camper Application](#). The address is:

Camp Happy Times
The Valerie Fund
2101 Millburn Ave
Maplewood, NJ 07040

Feel free to call Ashley at 973-761-0422 if you have any questions. You can also contact us via email at: Milliesue@aol.com (Millie), Robinalyce@aol.com (Robin), or ruttlerm@aol.com (Matthew). We look forward to another wonderful week at Camp Happy Times!

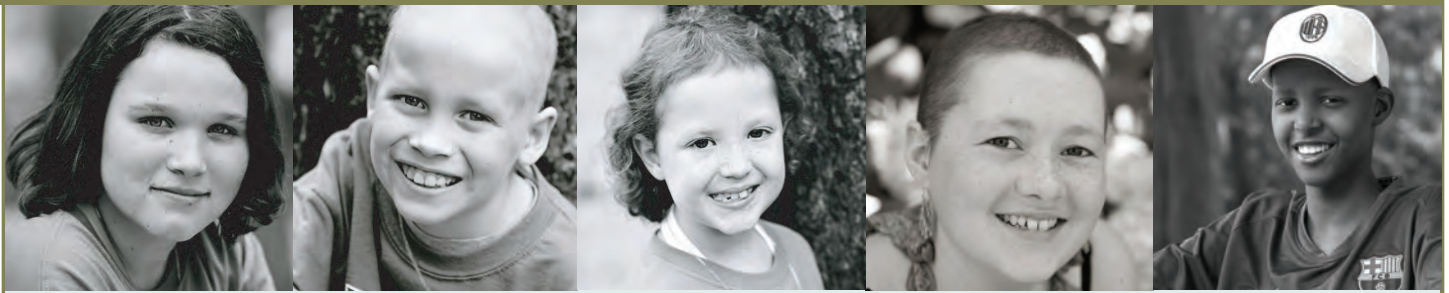
All the best,

Millie Finkel
Volunteer Camp Director

Promoting Friendship, Independence and a Spirit of Cooperation for Children Who Have or Have Had Cancer

Children's Hospital of NJ at Newark Beth Israel • New York-Presbyterian Morgan Stanley Children's Hospital Columbia University Medical Center
Children's Hospital of Philadelphia, NJ Section of Hematology/Oncology Specialty Care Center • The Children's Hospital at Monmouth Medical Center
Morristown Memorial Hospital Goryeb Children's Hospital • Overlook Hospital • Saint Barnabas Medical Center
The Valerie Fund/CINJ LITE Program at the Cancer Institute of New Jersey

Flashes of Hope Camp Program



Flashes of Hope is a nonprofit organization that creates uplifting portraits of children fighting cancer and other life-threatening illnesses. The photographs, taken by award winning photographers, help children feel better about their changing appearance by **CELEBRATING** it!

A Flashes of Hope photo shoot will be held during your child's stay at camp. Children will be photographed individually and with their supporters, camp buddies and even a favorite camp counselor.

Families receive a **FREE** portrait gift package, including one 8x10 portrait, 4x6 proofs, and a CD of all the images.

To have your child participate in the photo shoot, please sign the attached photo release form and return it with your camp registration materials to your camp director. Unfortunately, without a signed release, your child will not be able to participate in the photo shoot.

For more information, please contact • Hannah Terrell • 440.442.9700 • hannah@flashesofhope.org

www.flashesofhope.org





**PATIENT & FAMILY PHOTO RELEASE AND
PERMISSION FORM FOR PUBLICATION OF CHILD PHOTOGRAPHS**

Name of PATIENT(only): _____ Age: _____

On behalf of myself and the above-named Child, I give Flashes of Hope and the photographer engaged by Flashes of Hope to create photographic images of the above-named child.

I give permission to Flashes of Hope, Inc. to publish photograph(s) of my child in promotional materials to further the goals of this nonprofit corporation in improving the self esteem of children with cancer and other illnesses. I hereby agree that photographs of my child may be: (1) published in brochures, newsletters, newspapers and other forms of print media; (2) posted on the Flashes of Hope Web site, accessible via the Internet/World Wide Web; and/or (3) published via other forms of visual media including but not limited to billboards and video or television promotional segments.

I also give Flashes of Hope, Inc. permission to post my child's first name along with the photographs being published. I understand that at no point will my child's: (1) last name; (2) home address; (3) personal e-mail address; (4) telephone number ever be posted along with such photographs. If, for some reason, Flashes of Hope, Inc. wishes to post my child's first and last name with a photograph, separate permission will be sought and obtained.

I understand the photographer, Flashes of Hope and I will own a common undivided interest in the copyright in all photographs of my child as tenants in common and that each of us will be permitted to use the photographs in the manner generally described in this form. My signature below is conditioned on the photographer being restricted from commercial exploitation or other uses of the photograph, except as authorized below. Accordingly, I hereby consent for the photographer to use the photographs in the photographer's own print portfolios and electronic displays, including a web site, owned and controlled by the photographer, for self-promotion of the photographer. No commercial or other uses of the photographs by the photographer are authorized by me. In consideration for the grant of ownership in the copyright by the Photographer, I may use the photographs for only for personal use and not commercial exploitation. Since the purposes of Flashes of Hope are charitable, I agree that my personal use will not include sales of the photographs or use of them in commerce.

I understand that grant of permission to Flashes of Hope for publishing my child's photograph and/or first name in the various forms described above (i.e. print media, Internet and other visual forms of media) and to the photographer for the self-promotion described above, continues indefinitely until I revoke such consent in writing. Revocation must be addressed to the address above and will be effective upon receipt by Flashes of Hope and the photographer. However, for any publications that had been authorized prior to the receipt of the revocation but had not yet been published, if Flashes of Hope or the photographer has control over the publication, they will attempt to stop the publication but not be liable if it is unsuccessful and the publication occurs.

I understand that by signing this permission form I waive any rights to keep private the fact of my child's condition, as my child's disability may be self-evident from the photograph, or from the nature of any other material accompanying my child's photograph.

I further agree to hold harmless and indemnify Flashes of Hope, Inc., its Board of Directors, members, employees, agents and volunteers from any claims, demands, or actions that may result from the posting of such photographs and accompanying information.

Parent/Guardian Name (please print): _____ Phone number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Signature: _____ Date: _____