



*National Pediatric MS Center  
Department of Neurology*

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

February 18, 2010

Dear Parents and Campers,

We are excited to announce that we are accepting applications for the National Pediatric MS Center's 6th Annual Teen Adventure Program. Due to the success of last year's format, there will again be two overlapping sessions. Session 1 runs July 11-16 for NEW campers. Session 2, for RETURNING campers will be held July 13-17. The program will once more be held at the Canonicus Retreat Center in Exeter, Rhode Island. (Details can be found at [www.Canonicus.org](http://www.Canonicus.org)).

Please fill out the attached forms and return the completed application by April 1, 2010. 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 Summer Adventure!

Maria Milazzo, RN MS  
Coordinator, National Pediatric MS Center



**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 “pre-medications” 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 1, 2010 to:

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

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



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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.



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### **Teen Adventure Weekend-2010 Camper Contract**

- 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, 2010.**

- 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 shoes).**

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

Long pants

Quick drying shirt/shorts for kayaking

Shorts

Sweatshirt/windbreaker

Pajamas

Closed toe shoes/sneakers for ropes course

Sandals

Hat

Beach towel

Sunglasses

Raincoat

One piece bathing suit

Toiletries

Personal items

Duffel bag/Backpack

Flashlight

Bug spray

Sunscreen

