

CAMP I'M STILL ME PACKET – North Louisiana

Including this page, this Camp packet contains:

1. 2025 Camp Letter
2. Camper Information sheet (to be completed by parent/guardian)
3. Camp Waiver (to be signed by camper and parent/guardian)
4. Participation physical evaluation – medical history (to be completed by parent and physician)
5. Camper's Needs List
6. Map to Camp

TO DO LIST FOR CAMP:

1. READ the 2025 Camp letter.
2. Parent/ Guardian & Camper complete please fill out:
 - Camper information sheet
 - Sign the Waiver
 - Complete the parent/guardian portion of the medical history form
3. Have camper's physician complete the health form. Parent/guardian must complete their portion.
4. Once the camper packet is completed, please mail, email, or fax back to Ms. Eileen before May 10th.

Mail to:

Percy R. Johnson Burn Foundation
Camp I'm Still Me
1501 Kings Hwy
Box 610 (do not put PO Box)
Shreveport, LA 71130

Email: info@campimstillme.org

Fax: 318-626-3762

*** If you cannot return the packet or have questions, please contact Ms. Eileen at (318) 422-2005

PERCY R. JOHNSON BURN FOUNDATION
1501 Kings Highway
Box 610
Shreveport, LA 71130-3932



Hello Campers and Parents,

Camp I'm Still Me (CISM) 2025 will soon be here. CISM is a **FREE** week-long summer camp for any child between the ages of 5 - 17 who is a burn survivor. This free camp is possible because of generous donations and fundraising events.

PLEASE read and follow *ALL* the instructions included in this packet.

This is your child's invitation to attend camp!

SUNDAY, JUNE 1st - SATURDAY, JUNE 7th

For campers that will be joining camp for the very first time welcome!!

This camp packet includes all instructions and a map to camp. Please complete and return **all** enclosed forms by **May 10, 2025**.

Campers may start arriving AFTER 2 pm on Sunday, June 1st

Be sure your camper has lunch before arriving. Supper will be served at 6:00 pm.

Please return on Saturday June 7th @ 10:00 am to pick up your camper

Our camp theme this year is: **“Chomper goes Hawaiian”**

Below are some general information, guidelines, and instructions:

1. We are a fully staffed camp of physicians, nurses, firefighters, adult burn survivors, other medical personnel, and volunteers.
2. Campers are assigned to cabins with a minimum of 2 adult counselors.
3. No camper is ever left alone. All campers are closely supervised.

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4. Campers are given a swim test the first night by certified lifeguards.
 - a. If your child cannot swim, please let us know if you would like your child to have swimming lessons.

5. We recommend campers leave their cell phone or other electronic devices at home. We understand all campers want their phones, but we know cell phones are expensive and can easily be lost or damaged. We want our campers to spend time interacting and enjoying camp. If your camper would like to call home, a counselor will let them use their phone. Also, you are welcome to call me ANYTIME to speak with your camper. **Please note neither CISM nor Scottsville Camp and Conference Center will not be held liable for any lost, damaged, stolen phones, or electronic devices.**

6. If your child takes prescription/over-the-counter medications, please bring enough for the full week with complete instructions. **Labeled with the camper's name and place in a zip lock bag.** We also ask that if you have a child that takes ADD medication during school, please let them continue taking this medication during camp. We have 2 full-time Registered Nurses all week and they will oversee your camper receiving their medication as instructed. Also, address any other medical needs the camper may have.

7. We ask you to please speak with your camper and ask them to respect the rules/instructions they are given such as: participate in activities, wash hands, be kind to everyone, no bullying, etc. We want everyone to have the best and most memorable week at camp.

We are excited and honored to spend a fun filled week with your camper. Should you have any questions or concerns, please call me. We look forward to seeing your child at CISM 2025 and thank you for sharing them with us.

Truly,
Eileen McLain
Camp Director
(318) 422-2005
info@campimstillme.org

CAMP I'M STILL ME

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Shreveport, LA 71130

CAMPER INFORMATION SHEET

Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Camper's cell Phone Number: _____

Camper's Email: _____

Parent / Guardian Information

Name (s): _____

Phone Number: (home / cell) _____

(Work) _____

Email: _____

Alternate Emergency Contact (other than parent / guardian)

Name: _____

Relationship: _____

Phone Number: _____



Camp I'm Still Me

Percy R. Johnson Burn Foundation
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Shreveport, LA 71130

Participation and Activities Waiver and Release of Liability: Indemnification and Hold Harmless Agreement

Camper Name: _____

Birthdate: _____ Age at camp: _____

Camper Cell Phone: _____

Home Address: _____

Custodial Parent/Guardian: _____

Home / Cell Phone: _____

Parent email: _____

In exchange for Camper's participation in the Camp I'm Still Me at Scottsville Camp and Conference Center, Camper, Parent(s) and/or Legal Guardian(s) of minor Campers agree as follows:

- Acknowledgement of Risk.** Camper, Parent(s) and/or Legal Guardian(s) acknowledge and fully understand that there are inherent risks of serious injury or death associated with playing sports, hiking, biking, swimming, canoeing, paddle boating, basketball, volleyball, fishing, slip and slide, tug-of-war, hot air ballooning, skating, bowling, baseball, and other activities associated with the camp experience. These inherent risks include but are not limited to: encountering natural dangers such as irregular or uneven ground, unseen and unmarked objects, drowning or serious injury in and around water could occur due to water movement, subsurface conditions, water impurities and the like. Inherent risks also include acts or omissions of other Campers, the condition of equipment or property, even if properly maintained; weather conditions (such as lightning strikes, sunburn, rain or hail storms, tornadoes and the like), contact with plants, animals or insects, the risk of Camper engaging in unauthorized activities, Camper's physical conditions or Camper's own acts and omissions, conditions or roads, trails, waterways or terrain, the administration and availability of first aid and emergency treatment and consumption of food or drink by Camper. Camper, Parent(s) and/or Legal Guardian(s) further acknowledge that all inherent risks associated with activities at Summer Camp, including hiking, biking, swimming and canoeing or any other activities that cannot be described as part of this document.



Camp I'm Still Me

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Waiver and Release of liability; Indemnification and Hold Harmless Agreement

(Continued)

2. **Camper Waiver of Rights and Release of Liability.** Camper, Parent(s) and/or Legal Guardian(s) hereby release, waive and discharge Percy R. Johnson Burn Foundation/Camp I'm Still Me, Scottsville Camp and Conference Center, its employees and agents from liability claims and demands of negligence on the part of Percy R. Johnson Burn Foundation, Camp I'm Still Me, Scottsville Camp and Conference Center, its employees and agents arising in connection with the participation in camp activities and use of camp facilities and equipment, including, but not limited to, those risks described in paragraph #1 above; providing, however, that this waiver and release does not include injury, damage, or loss as a result of the intentional or reckless acts of Percy Johnson Burn Foundation, Camp I'm Still Me, Scottsville Camp and Conference Center, its agents or employees.

3. **Indemnification and hold harmless.** Camper, Parent(s) and/or Legal Guardian(s) further agree to indemnify and hold harmless, its employees Percy R. Johnson Burn Foundation, Camp I'm Still Me, Scottsville Camp and Conference Center and agents, against all losses, damages, monetary awards and expenses, including all costs and attorney's fees incurred in connection with any and all claims of negligence on the part of Camp, its employees and agents, brought by Camper, Parent(s) and/or Legal Guardian(s), his or her heirs, successors, assigned and legal representatives for any injury, death, illness, disease or damage to property, arising from or connected with participation in any activity of Camp. The indemnification and hold harmless agreement does not include losses, damages, monetary awards and expenses as a result of the intentional or reckless acts of Percy R. Johnson Burn Foundation/Camp I'm Still Me, Scottsville Camp and Conference Center, its agents or employees.

4. **Miscellaneous.** The parties agree that the provisions of this 'Waiver and Release of Liability; Indemnification and Hold Harmless Agreement' ("Agreement") shall be deemed severable and that the invalidity or unenforceability of anyone or more of the provisions of clauses hereof shall not affect the validity or enforceability of the other provisions or clauses hereof except as specifically set forth herein the terms of this Agreement constitute the entire agreement and understanding between the parties.



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Waiver and Release of liability; Indemnification and Hold Harmless Agreement

(Continued)

5. **Opportunity to Negotiate.** You are encouraged to carefully review the contents of this Agreement and take the time you feel necessary to review it **DO NOT SIGN THIS AGREEMENT UNLESS YOU UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT.** You may wish to consult an attorney. If you wish to negotiate any of the terms of this Agreement for modifications, deletions or additions, please contact the Percy Johnson Burn Foundation/Camp I'm Still Me Camp Director prior to signing and executing this Agreement. If you do not contact the Director prior to signing and executing this Agreement, Percy Johnson Burn Foundation/Camp I'm Still Me, Scottsville Camp And Conference Center understands that you are accepting the terms and conditions as set forth above, and that you do not wish to pursue any further negotiations regarding the terms and conditions of this Agreement.
6. **Optional Permission.** The following items are not necessary requirements for Camper participation in activities. Please indicate with a check mark whether you "Yes" give your permission for your Camper to participate in such activities, or "No" you do not give your permission for your Camper to participate in such activities.

MEDICAL and/or HOSPITAL TREATMENT RELEASE:

The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by the examining physician and me. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director or designated assistant to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.

****MUST BE SIGNED BY PARENT/GUARDIAN BEFORE MD WILL TREAT CAMPER****

YES NO

Waiver and Release of liability; Indemnification and Hold Harmless Agreement



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(Continued)

I give permission for the taking of photos, audio and / or video and/or release of general information regarding my Camper. The photographs and/or videos and general information may be used as needed in the administration of the Percy R. Johnson Burn Foundation/ Camp I'm Still Me and may be published in, or used by, any of the media or hospital publications (including newspapers, magazines, brochures, pamphlets, reports, radio, etc.) without any liability on the part of Percy R. Johnson/Camp I'm Still Me or their agents or employees.

YES NO

I give permission for my Camper to participate in swimming lessons, if he/she so chooses.

YES NO

I HAVE READ AND UNDERSTOOD THE ABOVE WAIVER AND RELEASE. I AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE PERCY R. JOHNSON/CAMP I'M STILL ME, SCOTTSVILLE CAMP AND CONERENCE CENTER FROM LABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIENCE OR ANY OTHER CAUSE AND THAT I SIGN IT VOLUNTARILY.

Camper: _____

Camper's Full Name (please print)

Date: _____

(Signature of Camper)

Parent/Legal Guardian: _____ Date: _____

*(Legal signature) *A Parent/Legal Guardian must sign if participant is under 18*

WHAT DOES THE CAMPER NEED FOR CAMP LIST

Clothing:

- ❖ 7 changes of clothes (play clothes)
 - *Shirts must cover mid-section*
 - *Shorts must be appropriate length*
- ❖ Appropriate clothes or costume for the dance
- ❖ Socks
- ❖ Underwear
- ❖ Pajamas
- ❖ **One Piece Swimsuits (NO bikinis)**

Extra Things Needed:

- ❖ Sneakers
- ❖ Hat/cap
- ❖ Sunglasses
- ❖ Swim shoes
- ❖ Towels/wash clothes bring 2/3 each
- ❖ Pillow
- ❖ Personal toiletry items----toothbrush, toothpaste, deodorant, comb/brush, shampoo, etc.
- ❖ Any compression garments or splints required by camper's physician

CAMPER'S MEDICATION:

- ❖ Must be labeled with the camper's name, amount to take, how often or when to take
- ❖ Placed in a zip lock bag
- ❖ The camp nurse will keep all medications and administer as directed

We ask that all electronics devices be left at home. These items are expensive to replace (Cell Phone, Gameboy, IPad, Notepad., etc.)

***Camp I'm Still Me or Scottsville Camp
are not responsible for any lost or stolen articles***

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

MEDICAL HISTORY FORM **MUST** be completed by a parent/guardian for the camper to attend camp.

Camper's Name: (print) _____

Sex: _____ Age: _____ Date of Birth: _____

In case of emergency, contact:

Name: _____

Relationship: _____

Phone: _____

- 1. Has the camper had a medical illness/injury since your last checkup or physical? YES NO
- 2. Does the camper have any know heart conditions? YES NO
- 3. Is the camper under a doctor's care? YES NO

If so, what is the camper being treated for by the doctor? _____

- 4. Is the camper currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? YES NO

Please provide a list of medications, the amount taking, and how often taking

***Please send medications labeled with camper name and instructions in a zip lock bag ***

*** Please continue all ADD/HD medication while the camper is at camp***

- 5. Does the camper have any allergies (pollen, medicine, food, or stinging insects)? YES NO

What are the allergies: _____

Do the allergies require medical treatment? YES NO

Please explain: _____

6. Does the camper have asthma? YES NO
- Does the camper require an inhaler or nebulizer? YES NO
7. Does the camper have any special Needs? YES NO

What are the needs: _____

It is understood that all measures possible are in place to protect the safety and welfare of the camper. Still there is the possibility that accidents and illnesses can occur. Neither CAMP I'M STILL ME nor SCOTTSVILLE CAMP AND CONFERENCE CENTER assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of CAMP I'M STILL ME, the above camper should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said camper by any physician, nurse or camp representative. I do hereby agree to indemnify and save harmless the CAMP I'M STILL ME, SCOTTSVILLE CAMP AND CONFERENCE CENTER, and any camp representative from any claim by any person on account of such care and treatment of said camper.

If, between this date and the beginning of participation of camp, any illness or injury should occur that may limit this camper's participation, I agree to notify the CAMP I'M STILL ME authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to be truthful could subject the camper to be ineligible to attend camp.

Camper Signature: _____

Parent / Guardian Signature: _____

Date: _____

PHYSICAL EXAMINATION

(TO BE COMPLETED BY PHYSICIAN BEFORE CAMP)

Camper's Full Name _____

Sex _____ Age _____ Date of Birth _____ Height _____ Weight _____

Pulse _____ BP _____ / _____

Allergies: _____

Medical Diagnosis: _____

Special Diet/ Restrictions: _____

Current Medications: _____

CHECK IF ABNORMALITY NOTED:

- Eyes Ears Nose Throat Heart Lungs Abdomen Hernia
- Spine Extremities

Additional Health Information: _____

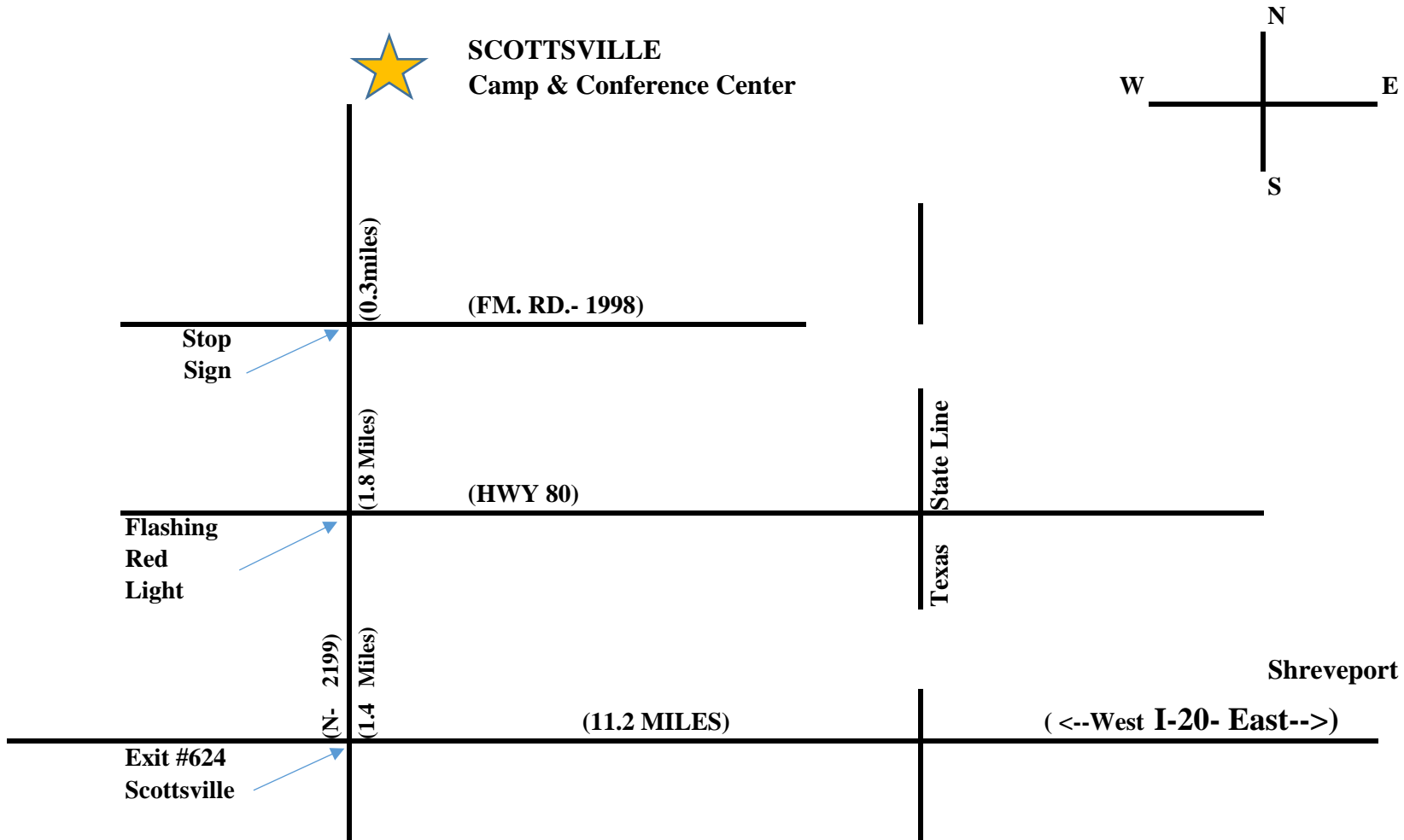
PHYSICIAN'S AUTHORIZATION:

I have examined _____, and in my opinion, my patient is able to participate in camp activities. I have reviewed the medical information on the health form.

Physician Signature: _____

Address: _____

Phone: _____



Leaving Shreveport travel WEST on Interstate 20 toward Dallas. After crossing the Texas State Line travel 11.2 miles to exit number 624 Scottsville. Going Right off exit travel 1.4 miles to the first Red flashing stop light . Continue straight for 1.8 miles to the next stop sign. Continue straight for 0.3 miles. Camp will be on the right.