



**Information Sheet :**

**Name and age of applicant:** \_\_\_\_\_

**Please circle one: boy or girl**

**Medical condition:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Favorite foods of child:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Physicians name and number: (used on in emergency)** \_\_\_\_\_

\_\_\_\_\_

**Parents name:** \_\_\_\_\_

**Siblings names and ages:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Emergency contact name and number:** \_\_\_\_\_

\_\_\_\_\_

**This information is only for the use of Camp New Hope. It will not be shared with any other organization. We use this information so that your stay with us may be more comfortable.**

**Thank you!**

**Please have your physician write a short statement verifying your child has been diagnosed with a life threatening disease. Camp New Hope is a free camp for children who have life threatening diseases and their families or friends.**

**Childs name** \_\_\_\_\_

**has been diagnosed with**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**This diagnosis is life threatening and qualifies the child for Camp New Hope.**

**Physicians signature:** \_\_\_\_\_