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State of California—Health and Human Services Agency
California Department of Public Health



ARNOLD SCHWARZENEGGER
Governor

MATERNAL PKU CAMP / CONFERENCE
June 20 - 25, 2010
APPLICATION FORM

Please complete this Application Form and the attached Health History and Release Forms. Return to **Norah Ojeda** at the following address: **Maternal PKU Program, Genetic Disease Screening Program, 850 Marina Bay Pkwy, F175, Richmond, CA 94804**. Deadline is **April 30**. The cost, which includes room, board, and group activities, is \$125.00 for California residents, \$475.00 for out-of-state residents. Please enclose a deposit of \$50.00 for California residents, \$275.00 for all others, by check or money order made payable to **University Corporation**. After acceptance to camp, you will be mailed a confirmation letter, map and other information. The balance of the registration fee will be due by the first day of camp.

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____
address/street apt. #

city state zip code

HOME TELEPHONE () _____ WORK TELEPHONE () _____

In case of EMERGENCY please notify: _____
name relationship
at () _____ or at () _____
telephone telephone

PERSONAL PHYSICIAN: _____ Telephone: () _____

PKU CLINIC: _____ Telephone: () _____

DATE OF LAST VISIT TO PKU CLINIC: _____

EDUCATION

Are you currently attending school (circle)? YES NO
If yes, school name _____ Class type (circle): Regular Special Education Honors
Highest grade completed (circle): 8 9 10 11 12 Some College College Degree

PERSONAL INFORMATION

Are you married (circle)? YES NO
Do you have children (circle)? YES NO How many? _____ Ages _____
Occupation (if applicable): _____

SPECIAL INTERESTS

1. To help us plan group activities, please check the activities you would enjoy most at camp:

_____ **Swimming** (recreation, pool)

_____ **Team Sports** (circle: Volleyball, Softball, Soccer, Basketball)

2. List your favorite low-phe recipes/foods and other dishes that you would like to learn to cook:

3. What most interested you in attending this camp/conference? (e.g., meeting other women with PKU, learning about diet, pregnancy, PKU, etc.)

4. Other Questions or Comments:

PKU & DIET INFORMATION

1. How old were you when your PKU diet was started? _____
2. Are you on a PKU diet now? (circle) YES NO
If **NO**: when did you stop the diet? (age) _____
Are you interested in going back on diet? YES NO
3. a) How much phenylalanine (Phe's) are you allowed each day in your diet:
_____ mg. Phe per day OR # _____ exchanges per day
b) What is/was the name of your formula product: _____
How do/did you prepare it: (#) _____ scoops/cups (circle one) and water to make
_____ ounces. Flavored with: _____
c) Do you have any problems obtaining Low Pro food or formula? YES NO
If **YES**, explain: _____
d) Do you keep your own diet records? YES NO
e) Do you have your blood level for PKU taken regularly? YES NO
If **YES**, by what method? FINGERSTICK VENOPUNCTURE (arm) OTHER
What was your last result? _____ Date: _____
4. Describe your typical diet, including beverages, for ONE day:
BREAKFAST _____
LUNCH _____
DINNER _____
SNACKS _____
5. Do you prepare your own meals?
a) Breakfast YES NO b) Lunch YES NO
c) Dinner YES NO d) Snacks YES NO
6. Do you use food lists to look up exchanges? YES NO
If **YES**, which one _____

HEALTH HISTORY

List **ALL** medications you are currently taking (include vitamins and birth control):

Are you allergic to penicillin? (circle) YES NO

Other allergies (LIST ALL): _____

Please check if you have ever had **ANY** of the following: (If YES, please explain)

	NO	YES	EXPLANATION
Diabetes	___	___	_____
Convulsions/Seizures	___	___	_____
Heart Defects	___	___	_____
Rheumatic Fever	___	___	_____
High Blood Pressure	___	___	_____
Menstrual Problems	___	___	_____
Mononucleosis	___	___	_____
Asthma	___	___	_____
Bleeding/Clotting Problems	___	___	_____
Depression	___	___	_____
Over/Under Weight	___	___	_____
Other Health Problems	___	___	_____

Date of last Tetanus Vaccine: _____

List any activities that you cannot participate in due to health problems or physical limitations:

Serious injuries, illnesses, operations: _____

Age when menstruation began (age): _____ years old

Are you pregnant right now? (circle): yes no Due date: _____

Do you smoke cigarettes? (circle): yes no

Do you drink alcoholic beverages? (circle): yes no

Medical Insurance Company: _____

Policy Number: _____ Expiration date: _____

*** PLEASE READ AND SIGN THE MEDICAL RELEASE FORM ON THE BACK ***

CONSENT AGREEMENT AND RELEASE OF MEDICAL INFORMATION

NOTE: All camp/conference participants must sign this form to attend. If participant is a minor (under age 18), then the signature of a parent or legal guardian is also required.

The Health History on the reverse of this form is accurate to the best of my knowledge. I (or my parent/legal guardian if I am under 18) give permission for me to engage in all camp and conference activities except as noted on the Health History form.

I or my parent/legal guardian give permission to the Maternal PKU Camp/Conference and its authorized coordinator and staff leaders to obtain proper medical treatment (x-rays, injections, anesthesia, surgery, hospital care) for me in the case of an emergency. In such an instance, I understand that my parent or legal guardian will be notified as soon as possible. I (or my parent/legal guardian if I am under 18) am responsible for any expense incurred by such services.

(Print name of Participant)

(Signature of Participant) *(Date)*

(Signature of Parent/Legal Guardian) *(Date)*

PHOTO RELEASE

Further permission and authority are also granted to the California Department of Public Health and its representatives to photograph me and to use, publish and release for publication and Program use such photos, videotapes and/or slides pertaining to the Camp/Conference. Photographs published for Program purposes will not be accompanied by your name or other personal information

(Print name of Participant)

(Signature of Participant) *(Date)*

(Signature of Parent/Legal Guardian) *(Date)*

Consent Form for Blood Testing

Maternal PKU Camp/Conference, June 20 - 25, 2010

Dear Camper:

You will be encouraged to follow a low-phenylalanine diet while you are at camp. This is your opportunity to give the diet a try if you are not already on it. To help us evaluate your diet; we will offer blood phe testing on the first and last day of camp. Please sign below. If you are under 18 years of age, your parent/legal guardian must sign the consent below also in order for you to participate in the blood testing.

A small sample of blood will be drawn on two different occasions by a phlebotomist or nurse at camp. The results of the blood tests will be mailed to you, your PKU clinic, and if you wish, your primary care physician. Please provide us with the appropriate addresses:

PKU Clinic:

Primary Care Physician:

I hereby give permission to have my blood drawn and tested for phenylalanine levels and to have the results of such testing be distributed to the PKU clinic and primary care physician as listed above.

(Signature)

(Date)

If under 18 years old:

I hereby give permission for my daughter/ward _____ to have her blood drawn and tested for phenylalanine levels and to have the results of such testing be distributed to the PKU clinic and primary care physician as listed above.

(Signature of Parent/Guardian)

(Date)

2010 Maternal PKU Camp Behavior Contract

The Maternal PKU Camp/Conference offers a unique opportunity for young women with PKU to live and learn together in a supportive camp structure. To accomplish this, it is important that all participants, counselors, and campers agree on certain basic ground rules that will create the necessary environment for this to happen.

Therefore, I agree to abide by the following ground rules in an effort to have an exciting and positive week at camp:

1. Be on the low phenylalanine diet (including formula) for the entire week. This includes completing a daily food record the entire week;
2. Cooperate with the group in necessary "housekeeping" chores of camp so that we can meet the schedule;
3. Sign IN and OUT during free time, be only in designated areas on campus, and adhere to all CSU-Northridge Housing rules (see the **Housing and Campus Policies** in the "Important Information" enclosure for details);
4. Be responsible for my actions and behavior so that it doesn't interfere with anyone else's enjoyment of camp;
5. To act in a manner safe to myself and other campers or counselors at all times;
6. Not to drive myself, or be driven by other campers anywhere, at any time, during the week of camp without prior permission from the Camp Director;
7. No alcohol; no drugs; no sex.

I understand that by signing this contract I am agreeing to follow these ground rules, and if I choose not to follow them, I may be sent home at the discretion of the MPKU Camp Director at my (or my family's) cost.

Camper's Signature: _____ Date: _____

If under 18 years old:

As the parent I agree to discuss these rules and be sure that my daughter understands them. I agree that if my daughter cannot live within these guidelines, at the discretion of the Camp Director, I will incur the cost to send her home.

Parent's Signature: _____ Date: _____