



*Families Healing Together*

**For One Another**

**Family Camp**

**June 14-17, 2018**

## **FAMILY REGISTRATION PACKET**

Please complete and return the following forms to:

Cancer Support Community  
102 South 11<sup>th</sup> Avenue  
Bozeman, Montana 59715

***Note: Participants who have not attended will be given priority; Space is limited so please return your packet by Friday, May 18<sup>th</sup>.***

Name for all family members attending camp	Relationship to survivor

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_

Emergency Contact: (please include name, phone number and address): \_\_\_\_\_

\_\_\_\_\_

*You are a Survivor from the moment you are diagnosed.*

*We consider anyone who has been diagnosed with cancer as a Survivor – regardless of how long ago or how recent the diagnosis.*

### **SURVIVOR INFORMATION**

Survivor Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Original Diagnosis (MM/YY): \_\_\_\_\_ Most Recent: \_\_\_\_\_

Primary Oncologist Name & Practice: (please include address & phone contact information) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the survivor currently undergoing chemotherapy? \_\_\_\_\_

Is the survivor currently undergoing radiation therapy? \_\_\_\_\_

Date of last treatment (prior to attending camp)? \_\_\_\_\_

### **Physical Program Requirements for The Survivor**

For One Another Family Camp is truly a “camp” experience, are there any physical or developmental concerns (e.g. lymphedema, neuropathy, bone pain, extreme fatigue, etc.) that we should be aware of in order to help you get the best experience possible over the weekend?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Medications & Medical History**

Please list any medications currently being taken that camp staff should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other medical/health/developmental concerns (other than cancer) that camp staff should be aware of: (e.g. seizures, heart condition, diabetes, asthma etc.): \_\_\_\_\_

---

## **FAMILY SECTION**

Please list any medications currently being taken by any family member(s) that camp staff should be aware of: \_\_\_\_\_

Please list any medical/physical/developmental concerns affecting family member(s) that camp staff should be aware of: (e.g. seizures, heart condition, autism, diabetes, non-ambulatory, asthma etc.) \_\_\_\_\_

---

Name on name tag	Relationship to survivor	DOB	Allergies	T-shirt size

Anyone in your family who is over the age of 13 interested in the high ropes course?

If yes, please list who here \_\_\_\_\_

---

THANK YOU!