

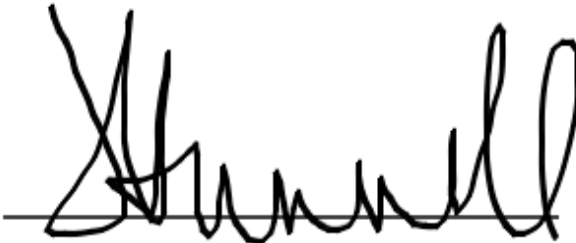
Camper Background Information

Submission Date	2014-06-23 17:23:23
Full Name	Tanner Ivan Kahler
Birth Date	October 3 2001
Sex	Male
Grade	7
T-shirt Size	Youth Large
Guardian's Name	Jessica Hunnell
Address	Street Address: 6956 Redbud Ct. City: Pleasant Hill State / Province: Ia Postal / Zip Code: 50327 Country: United States
Home Phone	(515) 3060253
Work Number	(515) 3060253
Cell Phone	(515) 3060253
E-mail	hunnell_j@yahoo.com
Emergency Contact	Jason Jorgensen
Relationships	Friend
Phone Number	(515) 4235510
Work Phone	(515) 4235510
Physician's Name	Dr.. Emily Gavin
Address	Street Address: 909 SW Oralabor Rd. City: ANKENY State / Province: Ia Postal / Zip Code: 50023 Country: United States
Phone Number	(515) 9634400
Neurologist's Name	Dr.. Frank Ritter
Address	Street Address: 225 Smith Ave. North Street Address Line 2: Suite 225 City: St. Paul State / Province: MN Postal / Zip Code: 55102 Country: United States

Phone Number	(651) 2415290
Which physician regularly treats your child's seizures?	Neurologist
My child makes friends	Fairly easy
What is the average age of your child's friends?	12-13
What do they like to do for fun?	Swim, video games, card games, outdoor play, coloring, bike riding, playing catch, movies, cooking, helping/volunteering, lounging, etc.
Would you describe your child's interactions with others as:	Flexible & easygoing
Does your child have any particular routines, habits, or rewards that are particularly meaningful? If yes, please describe in other.	No
Does your child have any significant emotional or behavioral issues (e.g. ADD, episodes of physical aggression or violent behavior, depression, suicidal thoughts, etc.)?	Yes
If yes, please describe in detail	ADD. In the broad world of this diagnosis, I feel Tanner's case is mild. His attention is mainly impacted by his interest, or lack thereof, in the subject matter.
What do you do to manage behavior when problems arise?	Tanner is an easy going, forgiving fellow. When he misbehaves, we generally have a discussion about making better choices, apologizing, and apply loss of privilege if appropriate.
Does your child require constant one-on-one supervision?	No.
Is your child comfortable talking about his/her seizures?	Yes
Does your child have any particular fears?	No
Prefers to be with:	Younger Children Same Age Adults
Are there any hygiene or special needs we should know about?	No
Any specific activities to be encouraged or restricted?	No
Is your child approved to sleep	Yes

on the top bunk if needed?	
Appetite:	Normal
Is your child on the Ketogenic, Modified Atkins, or any other special diet?	No
Dietary modifications needed:	None
How old was your child when first diagnosed with epilepsy or a seizure disorder?	8?
Operations or serious injuries in detail & dates:	None
Other chronic or recurring health problems:	Athsma, environmental allergies.
Will your child be bringing any of the following to camp: glasses, contact lenses, hearing aids, retainers, helmet, braces, etc.?	No
Does your child use a VNS (Vagus Nerve Stimulator)?	No
Please check all that apply:	Asthma Environmental allergies
Allergies:	Hay fever Other drugs
Please list all food, drug, or other allergies:	Zythromiacin aka Z-PAC
What is the reaction to the allergy? What is the recommended response?	Rash, hives
Will any emergency/specialized medications be brought to camp? (Epi-Pen, Inhaler, Nebulizer, Diastat, etc.)	Yes
When was the camper diagnosed with seizures or epilepsy?	Feb 2009
Seizure type	Generalized tonic clonic
Usual frequency	1-2 annually, last seizure 9/15/12
How long does it last?	2-5 minutes
Date of most recent seizure	09-15-2012
Brief description	Seizures vary. Most recent seizures: Tanner collapsed, arms & legs out of flailing, shallow breathing, discoloration,

	gagging. Other times he has hallucinated and wandered around eventually collapsing, shallow breathing until the seizure ceases.
Seizure type	N/a
Usual frequency	N/a
How long does it last?	N/a
Date of most recent seizure	09-15-2012
Brief description	N/a
Seizure type	N/a
Usual frequency	N/a
How long does it last?	N/a
Date of most recent seizure	9-15-2012
Brief description	N/a
Seizure type	N/a
Usual frequency	N/a
How long does it last?	N/a
Date of most recent seizure	09-15-2012
Brief description	N/a
Does your child usually get a special warning prior to a seizure?	No
Does your child lose bowel or bladder control during a seizure?	No
Typical things that may trigger a seizure (check all that apply):	Flashing lights Triggers unknown
Special instructions during your child's seizures: (VNS, emergency meds)	At a seizures 3 minute mark, Tanner can take 10mg of Modazolam buccally (orally) squirted inside his mouth at the cheek, near molars. This would be a 5ml dose, 2.5 ml per cheek a few minutes apart. FYI-we have never utilize a rescue medication.
Special instructions for after the seizure (e.g. rest, sleep, special observations, etc.):	Tanner typically has a headache and is exhausted, ready to sleep it off.
Has the camper ever had Status Epilepticus?	No

If yes, how many times?	N/a
What has been effective in treating your child when in status?	Lie him down, monitor & time the seizure and prepare for rescue meds or resting time. Reassure him when he's coming out that he's safe, who he is, what happened and where he's at. He'll be embarrassed and frustrated, ready to nap.
Does your child require any special assistance? (For example, does your child require one-on-one care? Please explain)	Normal care following a seizure. Otherwise, no.
Name of person completing form	Jessica Lynn Hunnell
Relationship to camper	Mother
Names of all people allowed to pick up camper:	Jessica Hunnell, Jason Jorgensen.
Parent/Guardian Signature	
Parent/Guardian Print Name	Jessica Lynn Hunnell
Relationship to camper	Mother
Date	06-23-2014
	Accepted
	Accepted
	Accepted
	Accepted
	Accepted
	Accepted

Parent/Guardian Signature



Name of Parent

Jessica Lynn Hunnell

Name of Camper

Tanner Ivan Kahler

Camper is aware and understands what the code of conduct is and agrees to follow rules to ensure an amazing time for themself and others

Camper Agrees

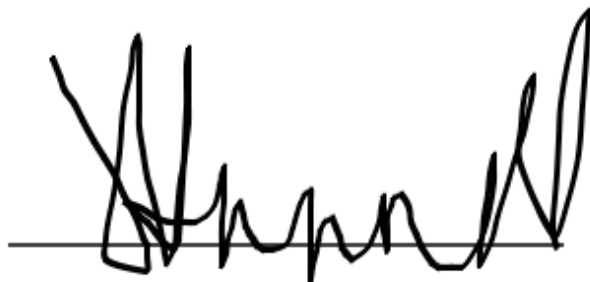
Date

06-23-2014

Camper's Full Name

Tanner Ivan Kahler

Parent/Guardian Signature



Parent/Guardian Name

Jessica Lynn Hunnell

Date

06/23/2014

Relationship to camper

Mother

Camper's Name

Tanner Ivan Kahler

Camper's Age

12

Phone Number

(515) 3060253

PayPal

- Camp Registration (Amount: 60.00 USD)

Total: \$60.00

==Payer Info==

First Name Jessica
Last Name Hunnell

E-Mail jlynnz_28@yahoo.com

==Address==

Name Jessica Hunnell
Street 6956 Redbud Court
City Pleasant Hill
State IA
Zip 50327
Country United States

Accepted