



March 10, 2026

Dear Parent(s) or Guardians:

Plans are now underway for our 41st Annual Camp Ed Bear summer camping weekend!

This year's camp will be held on May 29-Sunday, May 31.

Camp Ho Mita Koda (Welcome My Friend)
14040 Auburn Road
Newbury, Ohio 44065

Our camp theme will be: TBD

Enclosed you will find the following:

- An application form
- A consent for medical treatment/hospitalization form
- A medical history form
- A physician permission form
- A consent for photography form
- An activity permission form
- A parent's information sheet
- A suggested clothing and equipment list
- Directions to Camp Carl upon request

Patients ages **6 through 15** are eligible to attend. This eligibility includes patients that will be six years of age by **May 29, 2026**.

A suggested donation for attending Camp Ed Bear is \$20. Contributions are welcome.

On May 29th, camp registration will take place at Camp Ho Mita Koda. All parents and campers will meet at Camp Ho Mita Koda. Your registration time will come with your cabin assignment in a future letter. Parents and siblings are invited to Camp Ed Bear on **Sunday, May 31**, for a departing ceremony at **10:30 a.m.**

Parents are responsible for transporting their child to and from Camp Ho Mita Koda.



Please return:

- Medical History Form
- All consent/permission form
- Parent and camper information sheets

To:

**Akron Children's Hospital
One Perkins Square
Akron, Ohio 44308
Attn: Jen Heeter or Doug Palmer by May 8, 2026**

If more than one child will be attending Camp Ed Bear, please fill out separate applications.

Your Hematology/Oncology clinic doctor **REQUIRES** all campers be examined at least on a yearly basis. This means all campers must have been seen by their hematologist/oncologist between **June 1, 2025, and May 16, 2026**. All campers need to have a physical with their hematologist/oncologist prior to camp. If you need an appointment, please schedule as soon as possible by calling (330) 543-8581.

No patients will be seen the week of camp for these appointments.

Since our applications are now online, we have also added new consent forms. Please take your time to complete the application in full, as we need to have this information filled out before your camper can attend camp. The web address to get the application is www.akronchildrens.org/campedbear. You can also send completed applications to campedbear2020@akronchildrens.org OR you can mail it to the address above.

If you have any questions regarding Camp Ed Bear, please feel free to contact us at **330-543-3108**.

We hope your child can join us for a great weekend at Camp Ed Bear!

From,

The Hematology-Oncology Staff & Doug Palmer, MSW, LSW

PLEASE KEEP THIS LETTER



CAMP ED BEAR APPLICATION

CAMPER'S NAME _____

ADDRESS _____

CITY/STATE _____ **ZIP** _____

AREA CODE/TELEPHONE _____ **SEX** _____

BIRTHDATE _____ **AGE AT TIME OF CAMP** _____

T-SHIRT SIZE _____

HOW MANY YEARS HAS YOUR CHILD ATTENDED CAMP ED BEAR _____

PARENT SIGNATURE _____ **DATE** _____

A suggested donation for Camp Ed Bear is \$20.00 per camper. This fee is not required for attendance.

Payments may be made by cash, check or money order. Checks and money orders should be made payable to Camp Ed Bear.

APPLICATION PACKETS MUST BE RETURNED BY FRIDAY, May 8, 2026

Please return application AND payment to:

**ATTN: Jen Heeter, Hematology/Oncology
Akron Children's Hospital
One Perkins Square
Akron, OH 44308**



CAMP ED BEAR

SUGGESTED CLOTHING AND EQUIPMENT LIST

All clothing and personal items must be labeled with the camper's name. We are not responsible for lost clothing. Please don't send good clothing to camp.

- Sleeping bag or bed linen (including flat sheet and 1-2 blankets)
- Pillow
- 1 pair of jeans or slacks (Needed for horseback riding)**
- 2-3 pairs of short pants or cut-offs
- 2-3 shirts, including one with LONG SLEEVES
- 3-4 sets of underclothes
- 2-3 pairs of socks
- Pajamas, including bathrobe or cover-up
- 1 pair of sneakers
- 1 pair close-toed shoes (Needed for horseback riding)**
- sweater, sweatshirt or lightweight jacket
- rain poncho or lightweight raincoat
- swimsuit and beach towel
- flip-flops
- plastic bag for wet articles
- laundry bag for dirty clothes
- sunscreen
- Medication (in original container)

TOILET ARTICLES:

- Toothbrush
- Toothpaste
- Comb/Brush
- Shampoo
- Bath towel
- Washcloth
- Deodorant

OPTIONAL:

- Flashlight
- Sandals
- Hand soap in plastic container
- Sunglasses
- Hat, cap, visor, or scarf
- Mosquito repellent

If there are any questions concerning the suggested clothing list, please contact Doug Palmer at (330) 543-3108.

PLEASE KEEP THIS LIST



CAMP ED BEAR

CAMPER INFORMATION SHEET

Dear Parent(s)/Guardian (s):

For us to assist your child in adjusting to camp life, we are requesting the following information. All answers are strictly confidential. Please answer these questions as completely as possible. It is very important that the parent, rather than the child, complete this form.

CAMPER'S NAME: _____

Has he/she been to Camp Ed Bear? _____ When? _____

Is he/she experienced at being away from home at night? Yes _____ No _____

Has he/she ever slept in a bunk bed?

If yes, was it the top bunk or bottom bunk? _____

Does your camper experience: (please check)

- Bedwetting
- Fainting
- Tiring easily
- Nightmares
- Sleepwalking
- Constipation
- Food sensitivities/ allergies

Any others, please list:

Appetite: Poor Fair Good

Swimming skill: Can swim only with life jacket
 Can swim only in shallow water
 Can swim independently

Comments: _____

All campers are required to take a swim test at the beginning of camp and swimming will be dependent on weather and water temperature.



March 10, 2026

Dear Parent(s) or Guardians:

Summer camp can be an exciting experience for most children! Perhaps you, as parents of children with hematology-oncology disorders, may feel more comfortable knowing something about the personnel and facilities available for the medical care of your child at camp.

There will be hematology-oncology nurse practitioners, pediatric residents, and pediatric nurses in attendance always during the weekend of Camp Ed Bear. Routine medications and treatments will be handled by these staff members. All camp personnel will be briefed on the special needs of our campers and emergency procedures. In the event of an emergency, the Geauga County Sheriff's Department **will be available to call for help and have camper transported to Children's Hospital if needed.** A hematology/oncology physician will be available by telephone during the camp weekend.

ALL MEDICATION MUST BE IN THE ORIGINAL LABELED CONTAINER

While it is certainly not the intention of the medical staff to keep your child at Camp if he/she becomes seriously ill, we do plan to be ready to handle most basic medical problems such as sore throats, sprains, strains, gastrointestinal disturbances, etc., so camp may be as pleasant as possible. The special needs of children currently on chemotherapy will be kept in mind. Children with hemophilia will be observed for bleeding joints or other bleeding problems and treated according to need. If a more serious medical problem arises, we will contact you and your child's doctor to arrange for safe transport to home or Children's Hospital depending on the situation and what the circumstances warrant. ***We must have a telephone number and/or alternative telephone number where the parents can be always reached!***

If you have any further questions regarding your child's medical care at Camp Ed Bear, please feel free to contact us at 330-543-8581.

We look forward to having your child at Camp Ed Bear for a fun and safe weekend!

Sincerely,

Bobbi Moser, RN
Bridget Shea, RN
Amelia Mosher, RN

PLEASE KEEP THIS LETTER



CAMP ED BEAR

CONSENT FOR MEDICAL TREATMENT/HOSPITALIZATION

I/We authorize the accompanying Registered Nurses from the Division of Hematology-Oncology

to render to _____
(Camper's Name)

the following medications as needed:

as well as permission to give **(please check one or both)**

Tylenol And /or Ibuprofen

and any emergency care required while at camp.

Additionally, I/we authorize Camp Ed Bear officials, physicians, nurses, or other personnel to admit the above-named camper to Akron Children's Hospital if it is determined that hospitalization is necessary. In such an instance, I understand that I will be notified as soon as possible.

I know and understand that I/we are financially responsible for the medical care and treatment rendered to the above-named camper if there is a charge for the medical services provided.

Parent's or Guardian's Signature

Relationship to Camper:

Age of Camper:

Date:

Witness's Signature (Required)

Date: _____



CAMP ED BEAR

MEDICAL HISTORY FORM

Date _____ Child's Name _____

Hem/Onc Diagnosis _____

Hem/Onc Physician _____

Date of last hematology/oncology clinic visit: _____

Is child aware of the diagnosis? Yes _____ No _____ Birthdate _____

Age at time of Camp _____ Sex _____ Weight _____

Home Address _____

Area Code/Telephone _____ Alternate Phone Number _____

Person, relationship, area code/telephone to contact in an emergency: _____

Allergies (drugs, food, insect bites, etc.) And type of reaction to allergies (swelling, breathing difficulty, vomiting)

Any dietary restrictions?

Other medical problems (asthma, hay fever, diabetes, etc.):

Date of most recent tetanus immunization

(Must be within the past ten (10) years)

Has your child had chickenpox? Yes _____ No _____

Has your child received the chickenpox vaccine (VZIG)? Yes _____ No _____ Date _____



List any activity restrictions or limitations (crutches, no swimming, no prolonged exposure to sunlight, must wear hat, no contact sports, bottom bunk only, etc.)

List all medications which your child will need to take at Camp Ed Bear. Please write the approximate time they take each medication. Please have your child bring all of their scheduled and as needed medications to camp.

MEDICATION	DOSE	MORNING	AFTERNOON	EVENING	BEDTIME
Ex: Tylenol	325mg once a day			6:00 pm	

All medications **MUST** be in their original containers with your child's name and administration instructions clearly shown on each medication container.

We will store/supervise/administer all medications while at Camp Ed Bear and return any unused medications when your child returns home.

Indicate any further information about your child's medical needs or other needs that you feel we should know e.g. sleepwalking, needs to take medication with food or after meals, etc.



IT IS REQUIRED THAT ALL CAMPERS BE MEDICALLY EXAMINED ON A YEARLY BASIS BY THEIR CHILDREN'S HOSPITAL HEMATOLOGIST/ONCOLOGIST. THIS FORM WILL ONLY BE SIGNED IF YOUR CHILD HAS BEEN EXAMINED IN THE LAST YEAR.

Child's Name _____

For primary Hematologist/Oncologist to complete:

I hereby give my permission for this patient to attend Camp Ed Bear I have also listed any specific instructions or limitations below my signature.

Physician's signature: _____

Date: _____

You can send this page in with the rest of the application, and we will be able to get eligible applications signed by your physician.



CAMP ED BEAR

ACTIVITY PERMISSION FORM

The staff of Camp Ed Bear have planned a full and active schedule for your child's weekend at Camp. The activities that will be offered include: swimming, rock wall, canoeing, archery, ropes courses and other athletic activities.

PLEASE COMPLETE ONLY SECTION A OR B

Section A

I give permission for _____ to participate in all scheduled
(Camper's Name)
activities while at Camp Ed Bear. I hereby release from liability and hold harmless Camp Ed Bear/Camp Ho Mita Koda employees and staff from all liability which might result from the above-named camper participating in scheduled activities while attending Camp Ed Bear.

Section B

I give permission for _____ to participate in all activities
(Camper's Name)
except _____
while at Camp Ed Bear, I hereby release from liability and hold harmless Camp Ed Bear/Camp Ho Mita Koda employees and staff from all liability which might result from the above-named camper participating in scheduled activities while attending Camp Ed Bear.

Parent's or Guardian's Signature _____

Relationship to Camper:

Date:

Witness's Signature (Required)

Date:



**FACT SHEET
CAMP ED BEAR
(CHILDREN'S HEMATOLOGY-ONCOLOGY PATIENTS AND STAFF)**

What is Camp Ed Bear?

It is a summer camping weekend experience for children and adolescents diagnosed with leukemia, cancer (solid tumors), sickle-cell anemia, hemophilia, and other blood disorders, which are currently or have previously been treated in the Division of Hematology-Oncology at Akron Children's Hospital. It was founded by Cheryl Jones, M.S.S.A., and former Hematology-Oncology Social Worker and is presently directed by Doug Palmer, MSW, LSW, Maria Hartland LISW-S and Leah Mallinos, MSW, LSW, Hematology-Oncology Social Workers.

When was the summer program started?

The first camp, Camp C.H.O.P.S. (Children's Hospital Patients and Staff), was in 1982 and 16 children attended. The number of campers has continued to grow each year. Camp Ed Bear is always planned for the weekend after Memorial Day.

Why this type of camp?

Camp Ed Bear is a weekend camping experience that enables patient to have informal, fun interactions with their hospital caregivers and volunteers. Many of our volunteers have coped with similar chronic conditions and attended Camp Ed Bear (or C.H.O.P.S.) as children. The children meet other children who truly understand what it is like to live with a serious illness, develop friendships and have opportunities to give and receive hope from one another.

What is the age requirement?

Children ages 6 through 15 are invited to attend. The age requirement relates to the child's age as of May 30, 2025. Exceptions may be considered by Camp Director.

Where is Camp Ed Bear held?

In 1982, the camping program was held at Camp Ledgewood in Peninsula, Ohio. From 1983 to 1990, the weekends were held at Camp Y-Noah located in Clinton, Ohio. From 1991 to 2010, our camp was held at Camp Christopher in Bath, Ohio. Since 2011, our camp has been held at Camp Carl in Ravenna, Ohio. Recently (2025), we have now switched venues to Camp Ho Mita Koda in Newbury, Ohio, and look forward to having a long withstanding partnership with Camp Ho Mita Koda.

What is the cost?

The cost per camper is \$20. Financial aid is available if a family is unable to pay some, or all, of the \$20 fee.

How is funding obtained?

Funding for the camping weekends is solicited from private donations, community resources, and organizations interested in child health. Project Ed Bear has offered complete funding for Camp C.H.O.P.S. since 2006 and with Camp Ed Bear

How are the volunteer staff recruited?

Most are nurses, social workers, residents/interns, and other health care professionals employed at Akron Children's Hospital. Other camp counselors are survivors or people interested in helping at our camp. All work is on a volunteer basis, and everyone is screened prior to their acceptance as counselors. We are very fortunate that many former campers desire to become camp counselors. At age 16 and 17 years old, they can apply to become Counselors in Training. At present, at least one third of our counselors are former campers.

What about medications?

Medical coverage is provided by pediatric Hematology-Oncology nurses who are familiar with the children and their diagnosis. At least one physician and/or nurse is on staff during the weekend as well as having the hematologists on call during the entire weekend. Children in all stages of illness and treatment attend camp and continue to receive all the oral chemotherapy necessary for the management of their illness. The distribution of medications is supervised and maintained by designated nursing staff. All medication must be in the original container.

What activities are provided at camp?

Swimming, arts and crafts, hiking, canoeing, rock wall, sports, and a dance as well as low and high ropes course, Gaga ball, and other activity initiatives. Camp Ho Mita Koda will look to offer a therapeutic horseback riding program for future camps.

For further information about Camp Ed Bear, please contact Doug Palmer, Social Work Department, at 330-543-3108, or Jen Heeter in the Division of Hematology-Oncology at 330-543-5191. Donations and can be sent to:

**Akron Children's Hospital
One Perkins Square
Akron, Ohio 44308
ATTN: Jen Heeter, Hematology/Oncology**

PLEASE KEEP THIS FACT SHEET

Please call if you need hard copy directions to Camp Ho Mita Koda

