

# Welcome to Childspring International!



We are pleased you have found our organization and have requested our assistance in treating your child. In order to best serve your child, Childspring has developed policies, guidelines, and expectations for you, for Childspring staff, and for our many volunteers. It is important that you review and understand what our boundaries are before you submit an Application for Treatment to Childspring. By submitting a completed Application for Treatment you indicate that you understand and will abide by our policies, guidelines, and expectations.

As the parent (or legal guardian) of the child, it is your responsibility to supply all the information that Childspring requests in a timely manner. Whether an X-ray, MRI, passport, or immunization records, it is the parents' responsibility to provide these documents. Please fill out the following Medical and Social History Form to the best of your ability. The more information you share regarding your child's condition, the better able our physicians can determine the best course of treatment. The parent(s) must also confirm that any necessary aftercare is available in the country of origin and will be funded by the child's family.

Once Childspring receives a completed application with medical records, you can expect Childspring to present the case to our Medical Committee fairly and completely. Our Medical Committee will not accept children over 16, children with chronic conditions, diagnoses without a surgical solution, diagnoses that involve several specialties, and diagnoses that require more than two surgeries. Therefore, conditions like cerebral palsy, cystic fibrosis, Downs Syndrome, epilepsy, muscular dystrophy, oncology, and organ transplants will not be accepted into our program. If Childspring's Medical Committee accepts your child, Childspring staff will search up to 12 months for a doctor and hospital to provide the necessary treatment.

If a treatment location is found within 12 months, Childspring will:

- a. provide treatment as specified,
- b. provide the proper documentation to apply for the child's visa,
- c. provide a roundtrip airline ticket for the child to the treatment location,
- d. provide a wonderful volunteer family for your child to live with while in the U.S.
- e. provide you with regular updates, and
- f. return your child back to you transformed and ready for his or her new life!

If a treatment location is not found within 12 months, Childspring will close the case.

As you evaluate whether Childspring is the organization to help your child, please note the following:

- Childspring is NOT an adoption agency and adoption is strictly against our policies. Your child will return to you after medical treatment is completed.
- Childspring does not permit a parent, family members, or friends to travel to the USA with the child.
- Childspring does not permit family members or friends already in the USA to have contact with your child.
- We do not encourage long-term relationships with our volunteers in the USA.
- Childspring is not a funding source for your family's needs. We are only able to offer medical treatment for children. Please do not ask our wonderful volunteers for money to dig wells, buy homes, or fund business ventures.

Childspring staff will be your source of communication before, during and after your child receives treatment.

Please carefully review each of the required documents that must be completed in order for Childspring to consider a case. By signing below and submitting this application you agree to follow the policies and guidelines set by Childspring.

If you have applied to multiple organizations and decide not to work with Childspring, please, let us know and we will stop pursuing options for your child.

If you have any questions feel free to contact me by phone at 404-228-7773 or by email at [susan@childspringintl.org](mailto:susan@childspringintl.org).

Thank you,

Susan H. Wanserski  
Program Director  
Childspring International



## APPLICATION FOR MEDICAL TREATMENT

The entire application must be carefully read, fully understood,  
signed and promptly returned to:  
**Susan H Wanserski, Program Director**  
**Childspring International**  
**1328 Peachtree Street NE**  
**Atlanta, GA 30309**  
Tel: 404-228-7773 Fax: 404-228-7759

The following documents **must be fully completed in English** for Childspring International to consider a case:

1. **Point of Contact** in child's country with complete contact information.
2. **Complete medical report** from the child's primary doctor. Include an accurate diagnosis, details of the onset of the condition, and medical records so the doctors can thoroughly evaluate the case and decide a course of treatment. Please note that NONE of these documents, lab results, x-rays, etc. will be returned.
3. A copy of the child's **Birth Certificate.**
4. A recent **full body picture of the child.**
5. Several different **pictures of the area to be treated.**
6. **HEART patients MUST INCLUDE: Chest X-Rays, EKG Strip, and Echocardiogram**  
\*\*\*\*\*Echocardiograms must be less than 3 months old\*\*\*\*\*
7. **Doctor's Release Letter** printed on child's primary Doctor's letterhead and signed.
8. **Poverty Letter** to be completed by International Coordinator and/or child's family.
9. **A copy of the Passport photo** and data pages of the child's passport.
10. **Medical History Form**
12. **Social History Form** (Include Immunizations, medical records, HIV, TB, and Hepatitis test results.)
13. **Photo Release**

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**Only Applications completed in English will be considered! Submitting an Application does not guarantee treatment and records cannot be returned.**

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Case Referred By (name and contact information):

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Contact in Country (name and contact information):

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## Childspring International's Medical and Social History Form

### History of Present Illness

Information in this section is of great importance. The details included here should be written precisely, concisely, and orderly; they will support the ultimate diagnosis. List here all the pertinent, positive and negative background. The information should be listed chronologically; list the initial symptom, then the subsequent symptoms. The portions of Past History that would be pertinent to the present illness should be included here.

### Past History

- **Perinatal and Neonatal Information:** More emphasis will be placed on this information especially when it pertains to an infant patient. The information in this section might include birth date, hospital, city, weight, and length. The type of delivery, for example, spontaneous and the type of presentation; vertex or breech. Apgar scores, age of mother, length of gestation, exposures to infectious diseases, and medications, drugs, or alcohol including tobacco used during pregnancy should be recorded if pertinent to the case. Information regarding the newborn, might include hypoglycemia, cyanosis, pallor, seizures, jaundice, skin lesions, muscle skeletal deformities, respiratory distress or feeding problems.
- **Previous Illnesses and Surgeries:** Age, severity, and complications.
  - Serious childhood illnesses
  - Surgical procedures, approximate dates, tests performed pre-operatively, and complications
  - Injuries and fractures
  - Hospitalizations
- **Immunizations:** Indicate sources of information, dates immunizations given, and which type of immunization was provided. Also include if any TB testing has been performed.
- **Medication and Allergies:**
  - Current Medications: Include name of medication, dose, frequency and reason for the medication.
  - List all known allergies.
- **Nutrition:** Information regarding nutrition should be appropriate for the child's age. For example, infants – breast or bottle fed, if formula is used which type, vitamin supplementation, and growth information.
- **Developmental History:** Record information regarding a child's current developmental status with regard to each of the four following areas: gross motor, fine motor, social and language skills. When children are of school age also include information regarding academics and physical activities such as participation in sports.
- **Habits and Personality:**
  - Sleep
  - Issues with regard to behavior

### Family/Genetic History:

Record all known significant diseases in first degree relatives (parents, grandparents, aunts, uncles and siblings). Record all deaths in these same first degree relatives. Examples that might be included in this section would be diabetes, cancer, epilepsy, allergies, hereditary blood disorder, early coronary artery disease, high cholesterol, mental retardation, muscular dystrophies, congenital anomalies, degenerative diseases, cystic fibrosis, and celiac disease.

### Social History

- Living circumstances: place and nature of dwelling, sleeping arrangements, care arrangements.
- Economic circumstances.
- Parents occupations and marital status.
- Household pets.
- Potential exposures to toxins in home, for example, cigarette smoke exposure.
- Age of home if children less than 3 years of age (possible lead exposure)
- Water source

Patient Name:			
Sex:		Date of Birth:	
Address:			
Phone Number:			
Primary caregiver(s):			
Primary Diagnosis:			
Secondary Diagnosis:			
History of <b>Present</b> Illness:			
Perinatal History:			
Neonatal History:			
Previous Illnesses:			
Previous Surgeries:			
Immunization History:			
Medications:			
Allergies:			

Nutrition:	
Developmental History:	
Habits and Personality:	
Family/Genetic History:	
Social History:	
Availability of Post-operative Care in Home Country:	

Tell us about the child's condition:

- a. If the child is in pain, how does the pain affect the child's ability to function? Describe how the child performs physically with respect to their peers.

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b. Describe how the child develops personal relationships with family and friends.

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c. Describe how the child is treated by their family, friends, and community due to their medical condition.

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d. Please include any other useful information.

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**Childspring International  
Photo and Video Release for Minor Child or Children**



I hereby authorize Childspring International to publish photographs taken of myself and/or the minor child or children listed below, and our names and likenesses, for use in Childspring International's print, online and video-based marketing materials, as well as other Childspring International publications and at fundraising events.

I hereby release and hold harmless Childspring International from any reasonable expectation of privacy or confidentiality for myself and for the minor child or children listed below associated with the images specified above. I understand that Childspring International works to protect the dignity and privacy of the children they serve, and will not release sensitive medical information.

Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Childspring International to use their likenesses and names. I further acknowledge that participation is voluntary and that neither I, the minor child, nor minor children will receive financial compensation of any type associated with the taking or publication of these photographs in Childspring International publications (print, online, video-based materials) or at fundraising events. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Childspring International, its contractors, its employees and any third parties involved in the creation or publication of Childspring International publications (print, online, video-based materials), from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

**Authorization –**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Relationship to Children: \_\_\_\_\_

**Names and Ages of Minor Children –**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**----- TRANSLATOR AFFIDAVIT -----**

I, \_\_\_\_\_, hereby certify and attest that I am fluent in both reading and speaking English and the \_\_\_\_\_ language, which is understood by the parent(s) and/or legal guardian(s) of the Child who signed this document. I certify that I have read this entire document to them in their native language, in a manner such that the parent(s) or legal guardian(s) of the Child understood the entire document before signing it. I further certify that I have accurately translated the conversations, the questions, and the answers that occurred in my presence between the Child, the parent(s), or legal guardian(s) of the Child, and representatives of Childspring International prior to this document being signed.

So certified and attested by me as translator, on this \_\_\_\_ day of \_\_\_\_\_, 201\_\_

Signature of Translator: \_\_\_\_\_

Printed Name: \_\_\_\_\_