The War Amps

CHAMP

Child Amputee Program

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Fax: 1 866 235-0350, 613 731-4092
champ@waramps.ca

CHAMP Enrolment

The information requested will assist us in providing resources specific to your child. Please provide us with as much information as you can regarding your child's amputation to ensure our files are as complete and detailed as possible. **Information collected may be processed by a third-party service provider.**

Information About Your Child

Child's name: _____ _____ _____
First name | Middle name(s) | Last name

Child's preferred name: _____ Date of birth: _____
day/month/year

Gender: _____ Child's preferred pronouns: _____

Address: _____

City: _____ Province: _____ Postal code: _____

For confidentiality and privacy purposes, all mail from CHAMP Program will be mailed to your child at this address.

Please state your language preference: ☐ English ☐ French

How did you learn about the CHAMP Program?

_____

What are your most immediate needs?

_____

How do you see CHAMP assisting you and your family?

_____

Information About the Parents/Guardians

First parent/guardian: _____ _____
First name | Last name

Relationship to child: _____ Lives with child: ☐ Yes ☐ No Has legal custody: ☐ Yes ☐ No

Address (if different from child's): _____

City: _____ Province: _____ Postal code: _____

Home phone: _____ Work phone: _____ Ext.: _____ Cell phone: _____

Email: _____

Second parent/guardian: _____ _____
First name | Last name

Relationship to child: _____ Lives with child: ☐ Yes ☐ No Has legal custody: ☐ Yes ☐ No

Address (if different from child's): _____

City: _____ Province: _____ Postal code: _____

Home phone: _____ Work phone: _____ Ext.: _____ Cell phone: _____

Email: _____

We will require a copy of any custodial agreements in effect. In the absence of information, both parents will have equal access to the child's records.

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March 2025

Vendor Information

Please indicate the person(s) to whom The War Amps reimbursement cheques are to be made payable (i.e., travel expenses for prosthetic appointments, seminars, etc.).

☐ First parent/guardian ☐ Second parent/guardian ☐ Both parents/guardians

Type of Amputation(s)

Please select all amputation types that apply and indicate the location (for bilateral amputations, check both left and right). Provide the cause (at birth, medical or accident) and date of each amputation.

	Left	Right	Cause	Date
Transradial (below the elbow)	☐	☐		
Partial hand	☐	☐		
Wrist disarticulation (through the wrist)	☐	☐		
Transtibial (below the knee)	☐	☐		
Transfemoral (above the knee)	☐	☐		
Partial foot	☐	☐		
Syme's	☐	☐		
Ankle disarticulation (through the ankle)	☐	☐		
Knee disarticulation (through the knee)	☐	☐		
Transhumeral (above the elbow)	☐	☐		
Elbow disarticulation (through the elbow)	☐	☐		
Hemipelvectomy	☐	☐		
Hip disarticulation (through the hip)	☐	☐		
Rotationplasty	☐	☐		
Forequarter	☐	☐		
Shoulder disarticulation (through the shoulder)	☐	☐		

Other (please specify): _____

The amputation(s) is/are the result of a limb length discrepancy of the: ☐ Femur and/or ☐ Tibia/Fibula

The amputation(s) is/are the result of a limb length discrepancy of the: ☐ Humerus and/or ☐ Radius/Ulna

The limb length discrepancy is: _____ cm or _____ inches

Additional notes: _____

Cause(s) of Amputation

Please select all that apply and provide the date(s) of each amputation or surgery, if applicable.

At birth

Congenital ☐

Congenital surgical ☐
(As a result of congenital limb deficiency where surgical amputation has been or will be required)

Congenital type:

No cause or diagnosis ☐
Amniotic band syndrome ☐
Fibular hemimelia ☐
PFFD ☐
TARS ☐
Other ☐

Please specify: _____

Medical

Date of diagnosis: _____

Cancer ☐
Meningitis ☐
Diabetes ☐
Vascular ☐
Sepsis ☐
Other ☐

Please specify: _____

Accident

Date of accident: _____

Automobile accident ☐
Farm accident ☐
Lawn mower ☐
Train accident ☐
Electrocution ☐
Frostbite ☐
Grinder accident ☐
Workplace accident ☐
Miscellaneous accident ☐

Please specify: _____

Date(s) of amputation(s)/surgery or surgeries (if applicable): _____

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Are you considering pursuing legal action as a result of the cause of amputation (if applicable)? ☐ Yes ☐ No

Please indicate the prosthetic/rehabilitation centre you attend: _____

Is a prosthetic limb/device currently being made? ☐ Yes ☐ No

Other Sources of Funding

Are you eligible for funding from any other source, such as social assistance, or do you have personal extended health coverage or group insurance through your place of employment? This will ensure the coverage of artificial limbs is within our funding guidelines.

☐ Yes *Please specify:* _____ ☐ No

Release

In consideration of The War Amputations of Canada enrolling my child, _____, in the Child Amputee Program, known as the CHAMP Program, I, _____ (parent/guardian of _____), hereby release and forever discharge The War Amputations of Canada of any fault from all claims, demands, damages, actions or causes of action arising, or to arise, whatsoever in law or in equity which I, my heirs, executors, administrators or assigns can, shall or may have because of my child's involvement in the CHAMP Program, including activities such as video/film projects and other Association functions.

Further, I agree to indemnify and save harmless The War Amputations of Canada and their successors and assigns against and from all actions, damages, debts, accounts, claims and demands that may hereafter be brought against them by or on behalf of my said child because of their involvement with the CHAMP Program.

_____ _____

Parent/guardian (print name) Witness (print name)

_____

Email

_____ _____

Parent/guardian's signature Witness' signature

Date: _____ Date: _____

day/month/year day/month/year

Application Signatures

_____ _____

First parent/guardian's signature Second parent/guardian's signature

Date: _____ Date: _____

day/month/year day/month/year

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Consent to Release Information to a Third Party

I acknowledge that The War Amps may need to communicate personal information to a third party in order to provide requested services. Before or at the time The War Amps collects or accesses personal information, the Association will explain the information's intended use. Unless required by law, The War Amps will not use or disclose any personal information that has been collected without documenting the new purpose and obtaining further consent. A photocopy or electronic version of this authorization is as valid as the original. This permission is valid until I withdraw my consent in writing.

I/We authorize The War Amps to release my/our personal information relating to requested services such as accommodation, travel, shipping and special requirements to third parties.

First parent/guardian (print name)

Second parent/guardian (print name)

Relationship of first parent/guardian to child

Relationship of second parent/guardian to child

First parent/guardian's signature

Second parent/guardian's signature

Date: _____
day/month/year

Date: _____
day/month/year

Please return your completed form to CHAMP.
Charitable Registration No.: 13196 9628 RR0001