

Camper Information

Name: _____ D.O.B. _____ Age (as of 6/09): _____
Sex: M/F

Diagnosed Disability: _____
(Documentation of Disability MUST be included (Copy of IEP, 504 Plan, or documentation provided by physician))

Has s/he attended Haccamo in the past? Y/N

Camper's Address: _____
City Zip

Phone (H): (____) _____ - _____ Phone (C) (____) _____ - _____

Name of Parent/ Guardian: _____ Relationship to camper: _____

Parent/Guardian e-mail: _____

Does the Camper reside with the parent? If not, complete the following information:

Parent/Guardian Address (if different): _____
City Zip

Phone (H) (____) _____ - _____ Phone (C): (____) _____ - _____ Phone (W): (____) _____ - _____

Application completed by: _____ Relationship to Camper: _____

Does the camper reside in a group home? If yes, complete the following section:

Name of group home: _____ Phone (____) _____ - _____

Contact person at residence: _____

Is the camper affiliated with a service agency? If yes, please complete the following section:

Agency: _____ Service Coordinator: _____

Phone (____) _____ - _____ E-mail: _____

Name of school attended by camper: _____

Session Preference

Please read the following dates and age groupings closely.

As stated in the letter with this application, our camp will be taking place at two different locations this summer. Please choose an appropriate week for the camper to attend.

Ages 18-28 Adult Sessions at Camp Haccamo in Penfield

____ July 6th - July 10th

____ July 13th - July 17th

Ages 7-17 Children's Sessions at Sunshine Camp in Rush

____ August 3rd - August 7th

____ August 10th - August 14th

Camper Release Information

Please list individuals granted permission to pick up or visit the campers during his/her session. If an individual not listed on this form arrives at camp, we will contact the parent/guardian to ensure safety. **We will release the camper only to individuals listed below!**

Name: _____ Relationship to Camper: _____

Address: _____ Phone: (____) ____ - ____

Name: _____ Relationship to Camper: _____

Address: _____ Phone: (____) ____ - ____

Name: _____ Relationship to Camper: _____

Address: _____ Phone: (____) ____ - ____

Camper's Release of Liability

In consideration for being permitted to participate in any activity sponsored by Camp Haccamo, including the use of Camp Haccamo facilities and any of the equipment provided by Camp Haccamo, I, for the above applicant;

Acknowledge that I understand the nature of the activities and the use of the equipment available and the use of facilities. I further acknowledge and declare that I grant permission to participate in such activities and to use the facilities and equipment provided. **Additionally, I acknowledge that any photographs or videos created by authorized personnel may be used for publicity purposed by Camp Haccamo.**

Hereby covenant not to sue and fully release and discharge Camp Haccamo, its officers, directors, agents, employees, volunteers or other participants in activities and users of the facilities and equipment from all liability, claims, demands, losses or damages on the applicant's account caused or alleged to be caused in whole or in part by the negligence of Camp Haccamo or those mentioned above. I further agree that if, despite this release and waiver of liability, assumption of risk and indemnity agreement, for anyone on my behalf state a claim against Camp Haccamo, I will indemnify, save and hold harmless each of those released from any litigation expenses, attorney fees, loss, liability damage or cost which may be incurred by them as a result of such a claim.

Acknowledge that Camp Haccamo does not provide 1:1 assistance to campers. If the applicant requires such services I agree to provide appropriate personnel at no cost to Camp Haccamo.

Certify that I am the parent or legal guardian or of authority to grant such a release on behalf of the applicant. I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any portion of this agreement is held to be invalid, the balance shall still continue to be in full force and effect.

Printed Name of Signer: _____

Relationship to Applicant: _____

Address: _____

Telephone: _____

Signature: _____ Date: _____

By signing, I give permission for the above named camper to participate in all Rotary Camp Haccamo swimming and waterfront activities.

Parent/Guardian Signature: _____ Date: _____

Please note, campers with seizure disorders are assigned a 1:1 in the pool.

The following are a series of checklists about the camper's life skills, behavior and communication abilities. This information is intended to help the staff place the camper in an appropriate group at Camp Haccamo. *This information will not influence the camper's acceptance in our program.*

Physical Abilities:

Does the camper use:

- AFOs
- Arm braces
- a wheelchair
 - manual or electric
- stroller
- a cane
- a walker
- hearing aids
- glasses
- a hospital bed
- molded support in bed

Daily Care:

Does the camper

need help with:

- Showering
- toileting
- dressing
- grooming

wear:

- diapers/ Attends
- pull-ups

Communication:

Does the camper:

- communicates with no assistance
- non-verbal
- echo laic
- speak unclearly at times
- use simple speech (1-2 words)
- Use simple signs or ASL
- Use picture cues or Electronic device

Food needs/ Allergies

Does the camper:

- have food allergies
- need assistance with eating
 - cutting up food
 - special drinks
 - feeding/ 1:1 assistance
- Choke easily
- have a feeding tube
- have dietary restrictions

PLEASE MAKE SURE ALL INFORMATION REGARDING ALLERGIES AND DIET IS CLEARLY WRITTEN ON THE MEDICAL FORMS

Behavior:

Is the camper:

- cooperative with peers and authority figures
- argumentative
- oppositional defiant
- temper tantrums
- easily distracted
- aggressive towards peers
- aggressive towards staff
- self-injurious
- needs constant 1:1 supervision
- limited danger awareness

A BEHAVIOR PLAN MUST BE ATTACHED

Additional Information:

- fears
- special nighttime routines
- attach any special routines, sayings/ instructions

Physical Examination
Form MUST be completed by the Physician's Office

I give permission to the Medical Office named below to release information requested on this form to Rotary Camp Haccamo along with any other medical information relevant to the care of my child during his/her time at Camp Haccamo. I give permission for this form and medication order forms to be faxed or mailed to Rotary Camp Haccamo upon request. I understand that this information will be kept confidential and will be used only as previously indicated.

Parent/Guardian Signature _____ Date: _____

Camper Name: _____ **Date of Exam:** _____
DOB _____ Primary MD _____ Phone: _____

Diagnosed Disability (*documentation of disability must be included*) _____

Medical History of serious illness/injury: _____

Does this individual have a Seizure Disorder or History of Seizures? Y/N

Allergies: _____

PHYSICAL EXAM Height _____ Weight _____ Pulse _____ Resp. _____ Blood Pressure: _____

Sensory Impairments:

Vision _____ RT _____ LT _____ Genitourinary: _____

Hearing _____ RT _____ LT _____ Respiratory: _____

Speech _____ Fine/Gross Motor: _____

Cardiovascular: _____ Scoliosis: _____

Gastrointestinal: _____ Metabolic/Endocrine: _____

Neurological: _____ Skin: _____

Adaptive Devices (specify): _____

Progressive Impairments: _____

Restrictions of Physical Activity/Swimming: _____

Medications (*Include dose, times*) _____

Special Diet: _____

Immunization Status:

| | 1st | 2 nd | 3rd | 4th | Booster |
|------------------|-----|-----------------|-----|-----|---------|
| DPT | | | | | |
| Td | | | | | |
| OPV/IPV | | | | | |
| Measles | | | | | |
| Mumps MMR | | | | | |
| Rubella | | | | | |
| Hep B | | | | | |
| HIB | | | | | |
| Varivax | | | | | |

Tuberculin Test Date: _____ Results: _____

Physician Signature: _____ Printed Name of Physician: _____

Address: _____ Phone: _____

Medicine: to be brought to camp by the parent/guardian in **original** container. *If more space is needed, please attach an additional sheet.*

Please print legibly

| | | |
|---------------------------|--------------|------------|
| Medication/strength _____ | Dosage _____ | Time _____ |
| Medication/strength _____ | Dosage _____ | Time _____ |
| Medication/strength _____ | Dosage _____ | Time _____ |
| Medication/strength _____ | Dosage _____ | Time _____ |
| Medication/strength _____ | Dosage _____ | Time _____ |
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| Medication/strength _____ | Dosage _____ | Time _____ |
| Medication/strength _____ | Dosage _____ | Time _____ |
| Medication/strength _____ | Dosage _____ | Time _____ |
| Medication/strength _____ | Dosage _____ | Time _____ |

Please indicate how medication is given (i.e. in applesauce) _____

Over the Counter Medication

Administration will be "per label direction" unless otherwise specified by your physician.

| Drug Name | Provider Order | Physician's Comments |
|---|-----------------------|-----------------------------|
| Tylenol (discomfort/fever) | YES/NO | _____ |
| Advil (discomfort/fever) | YES/NO | _____ |
| Throat Lozenges (throat irritation/cough) | YES/NO | _____ |
| Benadryl (allergies) | YES/NO | _____ |
| Cortizone Cream (topical) | YES/NO | _____ |
| Milk of Magnesia (constipation) | YES/NO | _____ |
| Immodium AD (diarrhea) | YES/NO | _____ |
| Maalox (stomach upset) | YES/NO | _____ |
| Tums (heartburn/stomach upset) | YES/NO | _____ |
| First Aid Cream/Neosporin | YES/NO | _____ |

NOTE: If there is any change in routine or in medication subsequent to the filling out of this form, the camp must receive **WRITTEN NOTIFICATION FROM THE PHYSICIAN.**

Physician's Signature: _____ Date: _____

Printed Name of Physician: _____

**Medical History Form
To be completed by Parent/Guardian**

Camper Name: _____ **DOB:** _____ **Sex:** _____

Important: The entire form must be completed for the application to be processed. This includes emergency contact information. Non-applicable fields can be marked N/A. Campers under 18 MUST have a physical within one year of date of attendance.

Parent/Guardian: _____ Ph: _____ Wk: _____ Cell _____
Parent/Guardian Address: _____

Parent/Guardian: _____ Ph: _____ Wk: _____ Cell _____
Parent/Guardian Address: _____

Emergency Contact: _____ Ph: _____ Wk: _____ Cell _____

| | |
|---|--|
| Health History- Fill in all that apply with appropriate date Frequent ear infections _____ Psychiatric Treatment: _____ Heart Defect/Disease _____ Seizures: _____ Chicken Pox _____ Diabetes: _____ Bleeding/Clotting: _____ Disorders: _____ Hypertension: _____ | Please list any known allergies _____ _____ _____ |
|---|--|

DIAGNOSED DISABILITY: _____

Allergies: _____

Surgeries/Serious Injuries: _____
Dietary Modifications: _____

Has the camper ever required psychiatric counseling or hospitalization? If so, please explain briefly.

FOR FEMALE CAMPERS: Has the camper begun a menstrual cycle? Y/N If so, is her menstrual cycle normal? Y/N If no, please explain and list any special considerations

Please provide the following information:

Primary Physician _____ Phone _____ Physician's After hours phone: _____
Date of last physical _____
Dentist/Orthodontist _____ Phone: _____

Do you carry medical/hospital insurance? _____ Carrier: _____ Policy Number: _____

Must be signed by parent or guardian
This health history is accurate to my knowledge. The camper named above has permission to engage in all camp activities except as noted. I hereby give Rotary Camp Haccamo to provide ongoing health care, to select medical personnel, and to order x-rays or routine medical tests and treatment as deemed necessary. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Manager to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the camper named above. This form may be photocopied for use by Camp Haccamo.
Parent/Guardian Signature: _____ Date: _____