



# Easterseals Camp Challenge Part 1 - Camper Application 2022-2023 Camp Season

Please fill out the application in its entirety with as much detail as possible. Campers are accepted into the program based on the information provided on the application, the medical form signed by the doctor, and previous camp experience. Failure to disclose information in the application process may result in a camper being removed from the program due to the level of care required. This application is required for overnight summer camp, weekend camp, and weeklong camp programs and must be completed once each year.

**\*\* Easterseals Florida is committed to the health and safety of our campers, staff, and families.  
Per the Center for Disease Control guidelines,  
ALL eligible campers are ENCOURAGED to get the COVID-19 vaccine\*\***

## General Information

Camper's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip County

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Ethnicity: \_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Camper's Email: \_\_\_\_\_

Camper T-Shirt Size: \_\_\_\_\_ Caregiver Email if Different: \_\_\_\_\_

Veteran Status: Active Duty  Veteran  Family Member of a Veteran  None

Is this your first-time attending Camp Challenge?  Yes  No

If so, how did you hear about Camp Challenge? \_\_\_\_\_

	<b>PAYER</b> Party responsible for camper PAYMENT	<b>EMERGENCY CONTACT during camp session:</b> (MUST HAVE ALTERNATIVE CONTACT)
<b>Name</b>		
<b>Address</b>		
<b>Phone</b>		
<b>Relationship to Camper</b>		
	<b>LEGAL GUARDIAN</b> Camper his/her own Legal Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please complete: <input type="checkbox"/> Same as Payer	<b>WHO THE CAMPER LIVES WITH?</b> <input type="checkbox"/> Caregiver <input type="checkbox"/> Group Home <input type="checkbox"/> Foster Home <input type="checkbox"/> Same as Payer
<b>Name</b>		
<b>Address</b>		
<b>Phone</b>		
<b>Email</b>		

Name of Individual(s) That Camper May Be Released To: \_\_\_\_\_

## Disability & Behavioral Information

Can the camper maintain their behavior and have their needs met in a 3 : 1 camper : staff ratio?  Yes  No

**Disability** (please check all that apply):

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Down Syndrome           | <input type="checkbox"/> Cerebral Palsy        | <input type="checkbox"/> Spina Bifida      | <input type="checkbox"/> Autism           |
| <input type="checkbox"/> Metabolic Disorder      | <input type="checkbox"/> Asperger's Syndrome   | <input type="checkbox"/> ADHD/ADD          | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Muscular Dystrophy      | <input type="checkbox"/> Prader Willi Syndrome | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Other (Please List)   |  |   |

**ALL Campers MUST complete the entire application – please use as much detail as possible so we can best assist campers while they are at camp – we use all the information you provide!**

**Behavioral:** Please help us in making this camp experience enjoyable by indicating which of the following behaviors may pertain to the camper:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Self-Injury      | <input type="checkbox"/> Spitting  | <input type="checkbox"/> Biting                 | <input type="checkbox"/> Property Destruction     |
| Elopement:                                | <input type="checkbox"/> Physical Aggression<br>(kicking/hitting/punching) | <input type="checkbox"/> Inappropriate Language | <input type="checkbox"/> Not Following Directions |
| <input type="checkbox"/> Running Far Away |  | <input type="checkbox"/> Sexual Acting Out      | <input type="checkbox"/> Yelling                  |
| <input type="checkbox"/> Leaving the Area |  |   |   |
| <input type="checkbox"/> Other            |  |   |   |

Please describe in detail when these behaviors typically occur, what they look like, how long they last, and what you typically do to calm the situation:

\_\_\_\_\_  
Please describe any behavior triggers (e.g. loud noises, being touched):

\_\_\_\_\_  
What additional information pertaining to disability, severity or behavioral challenges should camp staff be aware of?

## Functioning and Communication

### **Communication & Social Skills:**

Can camper communicate wants and needs effectively to others?  Yes  No

How does camper communicate? (Please check all that apply):

- |                                   |  |  |                                   |
|-----------------------------------|--|--|-----------------------------------|
| <input type="checkbox"/> Verbally | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Electronic Device | <input type="checkbox"/> Gestures |
| <input type="checkbox"/> Other    |  |  |                                   |

How does camper adjust to new situations/new people?

\_\_\_\_\_  
Does camper have any routines that are significant for camp staff to be aware of? If yes, please explain:  Yes  No

\_\_\_\_\_  
Is this the campers first time being away from home?  Yes  No

Are transitions (moving from one activity/place to another) a challenge for camper?  Yes  No

If yes, please explain and include details on strategies that are successful:

### **Transferring:**

Does camper need assistance with transfers?  Yes  No

Please check if camper requires any of the following transferring techniques:

- |  |                                     |                                      |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> 2-person Lift | <input type="checkbox"/> Hoyer Lift | <input type="checkbox"/> Stand Pivot |
|--|-------------------------------------|--------------------------------------|

**Eating:**

Does camper require special feeding (i.e. G-tube)  Yes  No

Please Explain \_\_\_\_\_

Can camper feed themselves?  Yes  No

Does camper require assistance eating (i.e. using special utensils, dicing or pureeing food, etc)?  Yes  No

Please Explain \_\_\_\_\_

Camper's appetite is:  Good  Average  Poor

How many glasses of water does the camper typically drink per day?

Special dietary needs are (Please be specific):

\_\_\_\_\_

\_\_\_\_\_

Food Allergies/Restrictions:

**Toileting:**

Does camper utilize any of the following equipment? (Please check all that apply)  Yes  No

Shower Chair  Indwelling Catheter  Intermittent Catheter

Does camper have bladder control?  Yes  No

Does camper have bowel control?  Yes  No

Does camper suffer from constipation? If so, please describe preventative or methods for relieving:  Yes  No

Does camper need reminders/prompting?  Yes  No

Does camper use diapers?  Yes  No

Does camper need assistance during toileting? If so, please explain type of assistance needed:  Yes  No

**Hygiene:**

Wash and Dry Hands  Independent  Needs Help  
Explain: \_\_\_\_\_

Brush Teeth  Independent  Needs Help  
Explain: \_\_\_\_\_

Dressing  Independent  Needs Help  
Explain: \_\_\_\_\_

Shower/Wash hair  Independent  Needs Help  
Explain: \_\_\_\_\_

Shaving  Independent  Needs Help  
Explain: \_\_\_\_\_

Menstruation  Independent  Needs Help  
Explain: \_\_\_\_\_

**Sleeping:**

Does camper sleep through the night (6-8 hours)?  Yes  No

Does camper require turning throughout the night?  Yes  No

If Yes, How often? \_\_\_\_\_

Does camper require bed rails?  Yes  No

Does camper wet bed?  Yes  No

**Fears:**

- Dark  Insects  Noises  New Surroundings
- Crowds  Clowns  Animals  Heights
- Other

Is there any information regarding things camper does not like that would be helpful for camp staff to know (e.g. physical touch, activities, foods)  Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**Special Equipment & Mobility**

Camper is:  Ambulatory/Can walk independently  Semi-Ambulatory/Can walk with assistance  Non-Ambulatory

**Adaptive Equipment:** Please check all special equipment that the camper will use and will be brought to camp:

- Glasses  Hearing Aids  Dental Retainers/Devices  Adaptive Utensils
 Walker/Cane  Crutches  Orthotic Leg Braces  Prosthesis
 Wheelchair ( Electric /  Manual/  Stroller)  Other

Special Instruction: \_\_\_\_\_

Please describe camper's ability to operate wheelchair (if applicable): \_\_\_\_\_

Please include details regarding independence to be able to use chair and controls: \_\_\_\_\_

**Recreation & Activities – All campers MUST complete this section – Initial EACH Section**

Please list the activities (sports, hobbies, etc.) the camper currently participates in:

Does the camper have any adaptive equipment to assist with participation in activities? If yes, please explain:  Yes  No

Does the camper have any limitations to being outside in the sun/heat for approximately 45 minutes at a time?  Yes  No
If yes, please explain: \_\_\_\_\_

**Swimming:** Please check all that apply regarding camper's swimming ability. Camper may participate \_\_\_\_\_ (initial)

- Swims well without assistance  Swims with assistance  Non-swimmer
 Other information pertaining to swimming/pool: \_\_\_\_\_

**Nature/Farm:** Camper may participate \_\_\_\_\_ (initial)

Does the camper have any allergies to animals? If yes, please explain:  Yes  No

Does the camper have any fear of animals? If yes, please explain:  Yes  No

**Sports & Games (including target range):** Camper may participate \_\_\_\_\_ (initial)

What sports has the camper participated in previously?

Does the camper participate well in group activities? If no, please explain:  Yes  No

**Challenge/Ropes Course:** Camper may participate \_\_\_\_\_ (initial)

Has the camper ever done a challenge course/zip line before?  Yes  No

Is the camper afraid of heights?  Yes  No

**Arts & Crafts:** Camper may participate \_\_\_\_\_ (initial)

What types of crafts or art (drawing, painting, making beaded necklaces, etc.) does the camper enjoy?

Are there any behaviors or limitation that would prevent the camper from participating in arts & crafts?  Yes  No

If yes, please explain: \_\_\_\_\_

Please list any additional likes or dislikes pertaining to the recreation of the camper: \_\_\_\_\_

**Medical Data (this section does NOT need to be completed by physician)**

**This section MUST be completed each year even if the camper attended previous summers.**

**General Health:** Does camper have any of the following:

- Asthma
- Seizures
- Frequent Ear infections
- Diabetes
- Heart Problems
- Bleeding/Clotting disorders
- ADHD
- Circulatory problems
- Other: \_\_\_\_\_

List Any Recent Operations, Serious Injuries or Recurring Illnesses: \_\_\_\_\_

Has Camper Been Hospitalized Within the Last 12 Months?  Yes  No

If Yes, Please Explain: \_\_\_\_\_

Has Camper Been Treated In An Emergency Room Within The Last 12 Months?  Yes  No

If Yes, Please Explain: \_\_\_\_\_

**Allergies:**

- Food: \_\_\_\_\_
- Plants: \_\_\_\_\_
- Other: \_\_\_\_\_
- Insects: \_\_\_\_\_
- Medicines: \_\_\_\_\_

**Seizures:** Does camper have seizures/seizure disorder?  Yes  No

Type of seizures

- Grand Mal
- Absence (loss of consciousness)
- Myoclonic/Clonic (jerking)
- Tonic (muscle stiffness/rigidity)
- Atonic [loss of muscle tone]
- Other (describe) \_\_\_\_\_

Frequency of seizures: \_\_\_\_\_

Duration of seizures: \_\_\_\_\_

Date of last seizure: \_\_\_\_\_

Are seizures controlled with medication?  Yes  No

When to Notify Emergency Contact?  Every Time  Over 5 Minutes  Other \_\_\_\_\_

Please describe what camper’s seizure looks like (include behavior before, during and after event):

\_\_\_\_\_

**Medications:**

**NO medications (prescription or over-the-counter), supplements, or vitamins will be given without a doctor’s order. Please make sure the medication list is complete on the Medical Information Form.**

**Instructions on packaging medication for camp will be sent with the acceptance packet – medication is ONLY dispensed at camp the way it is written on the prescription bottle.**

Are there any special techniques used or information that may be helpful to camp staff regarding administering of medications to camper?  Yes  No If yes, please explain:

\_\_\_\_\_

Any change in campers’ medications in the last 90 Days?  Yes  No If Yes, Please explain:

\_\_\_\_\_

Please Describe Any Additional Medical or Behavioral Concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Acknowledgement and Attestation

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Camper's Name: \_\_\_\_\_

This application is complete and accurate to my knowledge. I understand information provided will be used to make a decision on acceptance into the camping program. Omitting information or providing inaccurate information may result in the camper being removed from the camping program. Fees paid are non-refundable. The camper may be prohibited from participation in future camping programs with Easter Seals Florida, Inc.

Application Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
*Print* *Signature*

Relationship to Camper: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_