## **Easterseals Oregon - Residential Camp Application Checklist**

Because there are limited camper bunks available, reservations are made only after complete application packets have been received and approved. If additional information is needed to process the application, we will contact the person listed on the bottom of this form. Please complete this checklist and submit it to Easterseals Oregon along with the other application documents.

Campe	er Name:
Initials	I have read and understand the camper eligibility and camp fee document.
	I have completed and signed the camper application.
	I have completed and signed the HIPAA Compliance Form.
	I have included a current photo of the camper.
	I have included a check or money order for the camp fee or have made other payment arrangements as detailed on the camp application form. To pay by credit card, please call 503-228-5108 or toll free at 800-556-6020.
	The Dr. exam must be received by June 1 <sup>st</sup> . Please provide a date or month that you anticipate that you will have your Dr. exam conducted so that we can follow up if we don't get it when expected. Anticipated Date of Dr. Exam
	I understand that all medications with Dr. ordered dosage information will be given to the camp nurse at check-in
email 1	a 3-5 business days of receiving your application packet, Easterseals Oregon will notify you by phone or that it was received. When approved, a camper confirmation and reservation booklet will be mailed to the rs mailing address provided on page two of the application.
Contac	ct name:
Phone	:
Email:	
Mail, l	Fax, or Email and attach your application documents to:

Easterseals Oregon 7300 SW Hunkizer Rd., Suite 103 Portland OR 97223

<u>camp@or.easterseals.com</u> Phone: 503-228-5108

Fax: 503.228.1352