



2023 Easterseals Oregon Registration Application

Camper Name: _____ Birth Date: _____

Summer Day Camp Medical Form

Easterseals Oregon is proud to offer day camp sessions for children ages 11-14 living with disabilities. Each camp session offers five days and four nights with a supervision ratio of three campers per one staff member. This year, sessions will be held at various locations in and around Portland, Oregon.

For more information, please visit www.or.easterseals.com/camping_recreation or call 503-228-5108

COVID.

◆ I recognize that it may be required pre-camp to prove a negative Covid test, 14-day pre-camp temperature data, and proof of vaccination or written request for religious or medical waiver of vaccination.

T-Shirt Size

One Camp T-shirt is provided, by Easterseals Oregon, to each camper. Please indicate size needed.

Child - SM MED LRG

Adult - SM MED LRG XL XXL XXXL

Camp Activities

Easterseals Oregon Summer Camp is the place to be for fun and making new friends.

Campers choose from a wide range of activities. Please share activities of interest:

Camper's favorite indoor activity at home: _____

Camper's favorite outdoor activity: _____

Other athletic activities: _____

This confidential application must be completed in FULL. Incomplete applications will be returned and may delay processing for available spots.

Camper Information			
First Name:		Last Name:	
Mailing Address:			
City:	State/Zip:	County:	
Birth date:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Hm. Phone:	Cell:	Email:	
Group Home (if applicable):		Facility Director:	
Custody Status: <input type="checkbox"/> Independent <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____			
Insurance:	Policy #:	Group #:	
Medicare #	Medicaid #:	Social Sec. #:	
<input type="checkbox"/> Has previously attended Easter Seals Oregon Camp Date Last Attended: _____		<input type="checkbox"/> New to Easterseals Oregon	
Referral Source (if applicable): Name _____ Agency _____			
Parent(s) or Guardian Information			
First Name:		Last Name:	Relationship:
Hm. Phone:	Cell Phone:	Email:	
Hm. Phone:	Cell Phone:	Email:	
Address:		City/State/Zip:	
How do you prefer to be contacted? <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> US Mail			
First Name:		Last Name:	Relationship:
Hm. Phone:	Cell Phone:	Email:	
Address:		City/State/Zip:	
How do you prefer to be contacted? <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> US Mail			
If parents are divorced, who has custody during camper's time at camp?			
Is either parent or guardian currently or formerly employed by the United States Military? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Emergency Contact - In case of emergency, the guardian will be contacted first. Please list two different emergency contacts in case the primary contact is not immediately available. These individuals MUST know the applicant and have permission to pick up applicant at camp, if needed.			
First Name:		Last Name:	Relationship:
Hm. Phone:	Cell Phone:	Work Phone:	
First Name:		Last Name:	Relationship:
Hm. Phone:	Cell:	Work Phone:	
Payment Information			
How do you plan to pay for camp? <input type="checkbox"/> Self Pay <input type="checkbox"/> Other Funding Source			
Describe other: _____			
If paying by any method other than Self Pay, please provide the following information to assist us in processing your payment. Please include a letter from your agency indicating approval of funding with your application.			
Funding Source Contact Information			
Agency Name: _____		Email: _____	
Case Worker: _____		Phone: _____	
		Fax: _____	

Diagnosis Information		Camper Name: _____
Primary Diagnosis:		
Cognitive/Social Abilities – please check all that apply <input type="checkbox"/> Mental Disability (check one) <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe & Profound <input type="checkbox"/> Learning Disability <input type="checkbox"/> Autism <input type="checkbox"/> Behavioral Disorder <input type="checkbox"/> Speech Impairment <input type="checkbox"/> Attention Deficit Hyperactive Disorder	Physical Disability – please check all that apply <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Spinal Bifida <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Head Injury Visual: <input type="checkbox"/> Blind <input type="checkbox"/> Some Sight <input type="checkbox"/> Glasses Hearing: <input type="checkbox"/> Deaf <input type="checkbox"/> Some Hearing <input type="checkbox"/> Hearing Aids Other Physical Disability: _____	
Seizures: <input type="checkbox"/> Grand Mal <input type="checkbox"/> Petit Mal <input type="checkbox"/> Other _____ VNS <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency _____ Duration: _____ Date of last seizure: _____		

Camper Mobility: I = Independent MA = Minimal Assistance CA = Complete Assistance				
Check one for each applicable area	I	MA	CA	Mobility Aids (List - walker, braces, crutches, etc.) Wheelchair required for long distances. <input type="checkbox"/> Yes <input type="checkbox"/> No
Walking				
Gross motor skills				Wheelchair: <input type="checkbox"/> Manual <input type="checkbox"/> Power
Mobility in wheelchair				Wheelchair transfer method: <input type="checkbox"/> Stand/Pivot <input type="checkbox"/> Non-weight bearing (2 person)
Wheelchair transfers				Comments/suggestions: _____

Personal Care Needs: I = Independent MA = Minimal Assistance CA = Complete Assistance							
Cabin Care				Meal Time <i>Advise of all eating issues prior to arrival.</i>			
Check one for each	I	MA	CA	Check one for each	I	MA	CA
Dressing				Appropriate portion taking			
Hand Sanitizing				Cutting food			
Washing hands/face				Food to mouth			
Water Bottle Use				Drinking from cup			
Toileting				<input type="checkbox"/> Pureed food <input type="checkbox"/> Chopped food <input type="checkbox"/> Thickened liquids <input type="checkbox"/> Special diet (please Explain): _____ <input type="checkbox"/> Special utensils: _____ <input type="checkbox"/> Problem foods: _____ <input type="checkbox"/> Chewing disorder/missing teeth <input type="checkbox"/> Dysphasia <input type="checkbox"/> Food restrictions: _____ <input type="checkbox"/> Other mealtime needs: _____			
Female menstrual needs				If your camper does NOT have dietary health needs & chooses to NOT eat camp food, caregivers are responsible for providing meals & snacks for the camper.			
Bladder & Bowel Control							
<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Needs Reminders <input type="checkbox"/> Incontinent <input type="checkbox"/> Incontinent at night Schedule: _____ Toileting Aids Used (please bring to camp) <input type="checkbox"/> Attends <input type="checkbox"/> Catheter - Type: _____ <input type="checkbox"/> Urinal <input type="checkbox"/> Other: _____ Toileting comments/suggestions: _____ _____							

Allergies Please list and explain all known food allergies: _____ _____ Non-food allergies: _____ _____ Describe reactions: _____ _____	
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Supervision Does camper require 1:1 total care and/or supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ _____	Communication Will camper clearly communicate wants/needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Reads <input type="checkbox"/> Writes <input type="checkbox"/> Sign Language <input type="checkbox"/> Talks <input type="checkbox"/> Gestures <input type="checkbox"/> Communication System Communication Comments/suggestions: _____
Medications: Prescribed Medications: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medication 1-2X daily: <input type="checkbox"/> Medications 3-4X daily: <input type="checkbox"/> Medication <4X daily: <input type="checkbox"/> Medication < 6 AM or > 10 PM: <input type="checkbox"/> Nebulizer: Special Protocols: _____	Diabetic: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Diet Controlled: <input type="checkbox"/> Insulin Controlled: Testing Time(s) _____ Average Blood Glucose _____
Fears: <input type="checkbox"/> Water <input type="checkbox"/> Animals <input type="checkbox"/> Falling <input type="checkbox"/> Dark <input type="checkbox"/> Height <input type="checkbox"/> People/Crowds Other: _____ _____	
Behavior: Please check any behavior patterns that apply	
<input type="checkbox"/> Happy-Go-Lucky <input type="checkbox"/> Helpful <input type="checkbox"/> Wanders <input type="checkbox"/> Cautious <input type="checkbox"/> Withdrawn/Shy <input type="checkbox"/> Interacts well w/others <input type="checkbox"/> Yells/screams	
<input type="checkbox"/> Physically aggressive, please describe: _____ _____	
<input type="checkbox"/> Self-abusive, please describe: _____ _____	
<input type="checkbox"/> Attention-seeking, please describe: _____ _____	
When do these behaviors occur? Is there a common trigger for these behaviors? _____ _____	
Suggest specific techniques for dealing with the camper's behavior: _____ _____	
Does the camper require physical management? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain. _____ _____	
Describe any special interests or activities: _____ _____	What would make camp a successful experience for this camper? _____ _____
Additional comments or other information to assist in camper care: _____ _____	
In compliance with current ESO/Evans Creek Camper Enrollment Criteria, Campers who are abusive to self, others, and/or properties may not be considered appropriate for acceptance into overnight programs. Campers with a history of physically or sexually aggressive behavior or who exhibit such behaviors while in attendance may be dismissed from the program immediately. NOTE: At director's discretion, a private personal attendant may be required to accompany and manage the behavior or personal care of any camper whose needs exceed the limits of our eligibility policy.	

Person completing this form: _____ Relationship: _____

Camper Name: _____ Length of time known: _____

HIPAA COMPLIANCE

In compliance with federal guidelines (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT), this form **MUST** be on file prior to camp attendance and will remain active for seven years.

Camper Information: Name _____ (First) _____ (MI) _____ (Last) DOB _____

Notice of Privacy Practices:

I understand that Easterseals Oregon (hereafter referred to as ESO) will use and disclose health information about me. I understand that my health information may include information received by ESO in the form of written or electronic records or spoken words, and may include information about my health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, and similar types of health-related information.

I understand that ESO may use & disclose my health information in order to:

- make decisions about and plan for my care and camp activities with camp staff
- refer to, consult with, coordinate among, and/or manage with other health care providers involved in my care and for treatment in the event of illness or injury.
- determine my eligibility for camp attendance and/or particular camp activities
- perform various office and administrative functions that support ESO's efforts to provide me with best possible camp opportunities appropriate to my needs.

I understand that I have the right to receive and review the written description of how ESO will handle health information about me. This written description describes the uses and disclosures of health information made and the information practices followed by the staff and office personnel of ESO/ECR and my rights regarding my health information.

I understand that this description may be revised from time to time and that I am entitled to receive a copy of any revised practices upon request to ESO.

I understand that I have the right to ask that some and/or all of my health information not be used or disclosed in the manner described in the **Notice of Privacy Practice**, and I understand that ESO is not required by law to agree to such requests.

These releases are to be signed by a parent or legal guardian if participant is under 18 years of age **OR** by the participant if 18 or older **OR** if participant is legally emancipated.

Release forms and/or current likeness (photo) MUST be on file in office prior to attendance.

By signing below, I agree that I have reviewed & understand the information above.

Camper/Guardian Signature _____

Date _____

Camper/Guardian Name Printed _____

Phone _____

Camper Representative Signature _____

Date _____

Camper Representative Name Printed _____

Phone _____

Authority of Representative (Relationship) _____

Date _____