

2023 Easterseals Oregon Registration Application

Camper Name:	Birth Date:	
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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 <u>www.or.easterseals.com/camping_recreation</u> 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.

First Name: Last Name: Mailing Address: County: City: State/Zip: County: Birth date: Gender: □ M □ F Hm. Phone: Cell: Email: Group Home (if applicable): Cell: Email: Group Home (if applicable): Policy #: Facility Director: Custody Status: Independent □ Parent □Guardian □ Other Insurance: Policy #: Group #: Insurance: Policy #: Group #: Medicaid #: Social Sec. #: Insurance: Nedicaid #: Social Sec. #: Image previously attended Easter Seals Oragon Date Last Attended: New to Easterseus Oregon Referral Source (if applicable): Name: Agency	Camper Information						
City: State/Zip: County: Birth date: Gender: □ M □ F Hm. Phone: Cell: Email: Group Home (if applicable): Cell: Email: Group Home (if applicable): Parent □Guardian □Other Insurance: Policy #: Group #: Medicare # Medicaid #: Social Sec. #: □Has previously attended Easter Seals Oregon Camp Date	First Name:	Last Name:					
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□ Has previously attended Easter Seals Oregon Camp Date Last Attended: Referral Source (if applicable): Name Agency Parent(s) or Guardian Information First Name: Last Name: Relationship: Hm. Phone: Cell Phone: Email: Address: City/State/Zip:	Insurance:	Policy #:		Group #:			
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Address: City/State/Zip:	Hm. Phone: Cell Pho	ne:	Email:				
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University of the second started of the Disease in	Address:		City/Stat	te/Zip:			
	How do you prefer to be contacted?	☐ Phone □Emai	il 🗆	US Mail			
First Name: Last Name: Relationship:					Relationship:		
Hm. Phone: Cell Phone: Email:							
Address: City/State/Zip:							
How do you prefer to be contacted? Phone Email 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? Yes 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:							
First Name: Last Name: Relationship:							
Hm. Phone: Cell: Work Phone:		Cell:			Work Phone:		
Payment Information							
How do you plan to pay for camp?	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:	Agency Name:		Email:				
Case Worker: Phone:	Case Worker:			Email: Phone:			
Fax:				Fax:			

Diagnosis Information	agnosis Information Camper Name:					
Primary Diagnosis:						
Cognitive/Social Abilities	– please	check all	that apply	y Physical Disability – please check all that apply		
Mental Disability (check one)				□Cerebral Palsy □Spinal Bifida □Muscular Dystrophy		
Mild Moderate Severe & Profound		ofound	Head Injury			
Learning Disability		utism		Visual: Blind Some Sight Glasses		
Behavioral Disorder	sorder		airment	Hearing: Deaf Some Hearing Hearing Aids		
Attention Deficit Hyperactive Disorder				Other Physical Disability:		
Seizures: Grand Mal	Petit Mal	□ Other	•			
Frequency		_ Duratio	n:	Date of last seizure:		
Campor Mobility: I = Indo	nondont	MA - M	inimal Acc	sistance CA = Complete Assistance		
Check one for each	pendent		1	Mobility Aids (List - walker, braces, crutches, etc.)		
applicable area	I	MA	CA	Wheelchair required for long distances. Yes No		
Walking						
Gross motor skills				Wheelchair: Manual D Power		
Mobility in wheelchair				Wheelchair transfer method:		
Mobility III wheelchail				Stand/Pivot Non-weight bearing (2 person)		
Wheelchair transfers				Comments/suggestions:		
				Commenta/suggestions.		
Personal Care Needs: I = Independent MA = Minimal Assistance CA = Complete Assistance						
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Non-food allergies:

Describe reactions: _____

Supervision	Communication				
Does camper require 1:1 total care and/or supervision?	Will camper clearly communicate wants/needs? □Yes □No				
□Yes □No Explain:	□Reads □Writes □Sign Language □Talks □Gestures □Communication System Communication Comments/suggestions:				
Medications:	Diabetic: □Yes □No □Diet Controlled:				
Prescribed Medications: □Yes □No □Medication 1-2X daily:					
□Medication 3-4X daily:	Testing Time(s)				
□Medication <4X daily:	Average Blood Glucose				
□Medication < 6 AM or > 10 PM: □Nebulizer:					
Special Protocols:					
·					
Fears:					
□Water □Animals □Falling □Dark					
□Falling □Dark □Height □People/Crowds					
Other:					
Behavior: Please check any behavior patterns that ap					
Happy-Go-Lucky Helpful Wanders Cautious Wi Physically aggressive, please describe:					
Physically aggressive, please describe:					
Self-abusive, please describe:					
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 beha	avior:				
	Please explain				
Does the camper require physical management? Yes No Please explain.					
Describe any special interests or activities:					
	camper?				
Additional comments or other information to assist in cam	per care:				
In compliance with current ESO/Evans Creek Camper Enrolling					
	nto overnight programs. Campers with a history of physically or ile in attendance may be dismissed from the program immediately.				
NOTE: At director's discretion, a private personal attendant ma	y be required to accompany and manage the behavior or personal				
care of any camper whose needs exceed the limits of our eligib	ility policy.				
Person completing this form:	Relationship:				

Camper Name: _____ Length of time known:_____

Camp Activities

Camper Name:

Other Activity Restrictions:

Additional Comments:

Public Information

In consideration of participation in Easterseals Oregon activities, I hereby consent to the use of any film/videotape/sound recording made of (Camper's Name), by Easterseals Oregon and irrevocably assign all rights in the same to Easterseals Oregon and those acting with its permission, for the purpose of illustration, publication, and/or broadcast in connection with the work, advertising, and promotion of Easterseals Oregon. I have read the foregoing release and authorization before affixing my signature and warrant that I fully understand the contents thereof.

Date

Date

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Signature of Parent, Legal Guardian, or Independent Adult Camper

Acknowledgement

I have read and understand this application. It is correct to the best of my knowledge, and the applicant described herein has permission to engage in all programs activities except as noted. I understand that omitting or falsifying information may compromise planning for the success of this camper and may lead to disqualifying the camper from attendance. In further consideration for acceptance. I hereby release and waive any claim, cause, or action, which may accrue against Easterseals Oregon arising from participation in any camp activity approved by any of said persons.

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A ______ Signature of Parent, Legal Guardian, or Independent Adult Camper

Physicals and MARS

A copy of current medication list or medication administration record will be necessary before participation. Evans Creek Retreat continue to provide programs accredited by the American Camping Association, a national organization that defines the standards for quality camp experiences. To meet accreditation standards it is necessary for Easterseals Oregon (ESO) to have a copy of the most recent camper physical on file at camp. The new standard requires a physical within *twelve months* of the camp date. ESO does understand the financial challenges this may present for some campers. However, current health information is an essential ingredient in providing a quality camp experience. Please contact the office if for some reason this camper is not financially able to submit a physical current within the last year. The physical does not need to be on the ESO form; however, it must be signed by a licensed physician approving that the camper is health appropriate for camp attendance. It is important that the physician list any and all restrictions and health precautions and current medications and treatments to be administered at camp. In the event a camper has a chronic negative health history, the health care personnel of ESO reserves the right to request additional information from the camper health care provider, including a physical before attending camp.

Camper/Guardian Signature	Date
Camper/Guardian Name Printed	-
Witness to Camper Signature	Date
Witness to Camper Name Printed	

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) _____ 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