



Day Camp

2024 Signup Form

Camper Information

Camper's First Name	
Camper's Last Name	
Camper's Date of Birth (DOB)	
Camper's Age	
School District Registered In	
Status of ODDS Services	<input type="checkbox"/> Receives <input type="checkbox"/> Qualifies but does not receive <input type="checkbox"/> Does not receive
Camp Easterseals Oregon operates with camper supervision at a 3:1 camper to staff ratio. Is this an appropriate level of supervision and assistance for the camper?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain:

Guardian Information

Guardian 1's Full Name	
Guardian 1's Phone Number	
Guardian 1's Email Address	
Home Address	
Guardian 1 Relation to Camper	
Guardian 2's Full Name	
Guardian 2's Phone Number	
Guardian 2's Email Address	
Home Address	
Guardian 2 Relation to Camper	

Camp Information

Camp Session/Location	1) ___ Session 1 (July 22-26; Troutdale Elementary) 2) ___ Session 2 (July 29-Aug 2; Oak Creek Elementary) 3) ___ Session 3 (Aug 5-9; Seth Lewelling Elementary School) 4) ___ Session 4 (Aug 12-16; Parkrose School District, <i>TBD!</i>) 5) ___ Session 5 (Aug 19-23; <i>Location Coming Soon</i>)
Theme Day Camper is Most Excited About	___ Arts and Crafts ___ Sports and Recreation ___ Nature and Exploration ___ Performance and Music ___ Talent Show
Favorite Activities at Home/At School	
Shirt Size	___YS ___YM ___YL ___S ___M ___L ___XL ___XXL ___XXXL

Health Information

Disability/Diagnoses	
Allergies	
Medications	
Other Health and Safety Concerns	
Additional Notes or Requirements	
Mobility Information (e.g., independent, needs assistance, wheelchair user)	
Behavioral Concerns	
Primary Emergency Contact Name	
Primary Emergency Contact Phone Number	
Primary Emergency Contact Backup Phone Number	

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: Full Name: _____ DOB: _____

Notice of Privacy Practices:

I understand 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 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 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.

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 _____