



CAMP YELLOW RIBBON

Summer 2017

Easterseals Southeast Wisconsin

PLEASE ATTACH A RECENT PHOTO OF THE CAMPER to be used for participant identification. Applications will not be processed without a picture.

Camper's Name: _____
FIRST MIDDLE LAST

Gender: Male Female

Age at the time of Camp: _____

Birth Date: _____
DAY/MONTH/YEAR

Height: (feet/in) _____

Weight: (lbs) _____

Parent/Guardian Name(s): _____

Heritage:
 African American Asian
 Hispanic Caucasian
 Native American Other: _____

Address: _____

City, State, Zip: _____

Household Income: *Please check appropriate family annual income. This will assist our agency in providing feedback to our funding sources.*

Home Phone: _____

Cell Phone: _____

\$0-\$11,999 \$25,000-\$49,999
 \$12,000-\$14,999 \$50,000-\$74,999
 \$15,000-\$24,999 More than \$75,000

Best Phone Number: Home Cell

Email address: _____

Service Information:
Is a parent/guardian currently enlisted in an 18- month deployment cycle? Yes No
Specify: _____

Would you like to be added to our mailing list?
 Yes No

Can you attend Family Recognition Day on August 20th? Yes No

Please list each branch and rank of the military in which a parent/guardian is enlisted.

How did you hear about our camp?
 Easterseals newsletter Dry Hootch
 Easterseals website Email
 Mental Health America Facebook
 Metroparent Ad Twitter
 Metroparent Online Other
Camp Resource

Please list each branch and rank of the military in which a household member other than a parent/guardian is enlisted.

Emergency Contact 1:
Name: _____
Relationship: _____
Phone: _____

Shirt Size: (50% Cotton/50% Polyester)
Child: 6/8 10/12 14/16

Emergency Contact 2:
Name: _____
Relationship: _____
Phone: _____

Adult: Small Medium Large
 XL 2XL 3XL

Camper's Name: _____

Behavioral Information:

- Generally easy-going/happy
- Shy/withdrawn
- Unsure of new situations
- Helpful
- Readily follows instructions

Activities Camper Enjoys:

- Arts and Crafts
- Sports
- Music
- Nature/Outdoor
- Reading
- Other:_____

Are there any activities that the camper should specifically be excluded from? Yes No
Specify: _____

Does the camper have any fears? Yes No
Specify: _____

Can the camper swim? Yes No
Specify: _____

Does the camper have trouble sleeping at night? Yes No
If so, what do you suggest to help them sleep? _____

Do you expect the camper to experience home sickness? Yes No
If so, what do you suggest to ease their transition? _____

Please describe any questions or concerns the camper has surrounding their parent's/guardian's deployment or military service? _____

Are there any topics surrounding military life that you would like to be addressed during camp? _____

What are the reasons for sending your child to camp? _____

Please list any other information you feel staff would benefit from knowing: _____

Camper's Name: _____

HEALTH INFORMATION

Allergies:

Animals: _____
Environment: _____
Food: _____
Medicine: _____
Date: _____
Other: _____

Permission to give camper over the counter

medications:
 Antacid First Aid Cream Tylenol
 Ibuprofen Bug Spray Sunscreen
 Other: _____

Parent/Guardian Signature:

Date: _____

Seizures:

None Myoclonic
 Absence (Petit Mal) Generalized Tonic
 Complex Partial Clonic (Grand Mal)
 (psychomotor) Atonic(Drop Attacks)
 Simple Partial Mixed

In the event of an emergency, please provide the following information, so we can request the best care according to your wishes.

Drop Seizures Frequency: _____
List symptoms BEFORE seizures occur: _____

Physician's Name: _____
Phone: _____
Insurance Provider: _____
Insurance Number: _____

When should EMS be contacted? _____

Disability:

Autism Down Syndrome Cerebral Palsy
 Rett Syndrome Attention Deficit Disorder Cognitive Disability
 Hearing Impairment Learning Disability Physical Disability
 Speech/Language Emotional Disability Other: _____

Degree of Disability: Mild Moderate Severe

Physical Limitation: Ambulation Hearing Prosthesis Sight Speech Spasticity
Please Specify and include any adaptive devices that are used: _____

Please write any other medical issues we should be aware of: _____

Please list any special dietary restrictions the camper needs to adhere to: _____

Does the camper have a communicable disease: Yes No Specify: _____

If yes, this will not necessarily affect the camper's enrollment. We need accurate information to plan for the camper's safety and to maintain a safe and protective environment for all campers.

Camper can maintain bladder control: Always Sometimes Never Needs Reminder

Camper can maintain bowel control: Always Sometimes Never Needs Reminder

Does the camper wear depends/diaper or pull-ups? Yes No Only at night

Medications:

Please list any medications the camper is taking even if they will not be administered at camp: _____

Please list medication, dosage and time of medications that are needed to be administered AT CAMP.

Medication	Dosage	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

To list more medications, please attach an additional sheet if needed.

Camper's Name: _____



Please read and check the appropriate boxes for each area.

The applicant listed has permission to engage in all recreational activities and field trips except noted by me. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the respite supervisor or by his/her designated staff to secure proper treatment for the applicant listed, including hospitalization and/or to order injection, anesthesia or surgery only if I cannot be reached immediately.

Yes No

I understand Easterseals Southeast Wisconsin and Camp Edwards YMCA Camp & Retreat Center are not responsible for lost, stolen or damaged personal articles brought to the camp site.

Yes No

I consent to the use of the applicant's name or any likeness of him/her including photographs, sketches, take and show films and videotapes by Easterseals Southeast Wisconsin, Camp Edwards YMCA Camp & Retreat Center, Dryhooch and Mental Health America of Wisconsin for any purpose deemed appropriate.

Yes No

I hereby consent to Easterseals Southeast Wisconsin Staff to:

- Administer medications according to physician's instructions. Yes No
- Perform special medical care as I have instructed. Yes No

I hereby release and waive any claim or cause of action which may accrue against Easterseals Southeast Wisconsin, Camp Edwards YMCA Camp & Retreat Center, any employee of listed agencies or any other person acting with the permission of either, arising out of any injury to their person or property during their stay at Easterseals Summer Camp, in transit or during any activity.

A signature indicates agreement of the above statement. Any applicant ages 18 or older without a court appointed legal guardian must sign for him or herself.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please send completed applications by June 6, 2017 to:

Chelsea McCracken
Easterseals Southeast Wisconsin
c/o Camp Yellow Ribbon
2222 S. 114th Street
West Allis, WI 53227

CHILD MODEL PUBLICITY RELEASE

I am the parent or legal guardian of _____, a child under the age of 18.

I understand and agree that any narratives, depictions, pictures, film, photographs, audio-visual or sound recordings or testimonials of my child made by Easterseals or its respective employees and agents may be used by Easterseals and those acting with its permission for the purpose of illustration, broadcast, testimonial in connection with the work of Easterseals and that these materials may be released to the general public. I assign to Easterseals all of my child's rights to these materials.

I understand that these materials made by Easterseals, its employees and agents are owned by Easterseals and that they may copyright them. I further consent to allow Easterseals, their respective employees and agents, and those acting with Easterseals' permission to use my child's protected health information, as defined under 45 C.F.R. 164.501, for the purpose of illustration, broadcast or testimonial in connection with any work of Easterseals and to release this information to the general public.

I understand that these materials may be published on Easterseals' network of websites and this may disclose my child's personal and protected health information online. However, Easterseals' online disclosure of my child's name and residence will be limited to my child's first name and the geographic location of the Easterseals organization where he or she receives services.

Easterseals does not need to submit these materials to me for further approval. I understand that these materials may be modified and that Easterseals may decide not to use them.

I acknowledge that the rights described above are granted to Easterseals on an unlimited basis without any compensation or payment being made for any current or future use. I understand that this authorization is voluntary and that Easterseals will not condition any treatment or finding to my child on the completion of this authorization. I also understand that I may revoke my consent to allow Easterseals to release my child's protected health information if the information has not already been disclosed. To revoke my consent, I must notify Easterseals in writing by sending my revocation to **Chelsea McCracken**. I understand and agree that once Easterseals, its respective employees and agents, and those acting with its permission, disclose my child's protected health information as contemplated by this release, this information is subject to re-disclosure and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996. This release and authorization expires three years from the date of my signature below.

I have read this release and authorization before signing below, and I fully understand its contents. By signing, I also agree to give Mental Health America of Wisconsin, Dry Hootch and Camp Edwards YMCA Camp & Retreat Center permission to use any photo for their promotional use.

Signature of Parent or Guardian

Witness of Easterseals

Printed Name of Parent or Guardian

Date

Date

Address

City, State, Zip Code

EDWARDS YMCA CAMP
Release Form / Waterboggan Permission / Parent Pack Acknowledgement

RELEASE FORM

Camper: _____ Session: _____

I authorize the following people to pick up my child from their camp session or to be notified in case of an emergency.

<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>

In an effort to provide a safe environment for your camper, the staff of Edwards YMCA Camp cannot allow any person other than those designated above to transport your child from camp property.

.....

PERMISSION TO RIDE THE WATERBOGGAN

My child, _____ has permission to ride on the banana boat towed behind the camp's speedboat. All riders wear life jackets and their safety is of the highest concern.

.....

PARENT PACK SIGN-OFF

I acknowledge that I have read this Parent Pack and agree to the Terms & Conditions set forth by Edwards YMCA Camp.

Signature of Parent/Guardian *Date*