Easterseals TN Adult Camp 2018/2019

CAMPER NAME: ____

BIRTHDAY: __/__/_____ **AGE AT CAMP**: _____ **GENDER**: M F

ADDRESS: ____

CITY: _______________________ **STATE**: _______ **ZIP**: ________________

HOME/CELL PHONE: ____________________ **EMAIL**: ________________

COUNTY: _______________________ **ETHNICITY**: ___________________

Custodial Parent/Guardian: ____
Relation to camper: ____
Home/Work/Cell Phone: ____
Email: ____
Address: ____________________________________ State ____ Zip ________

2nd Custodial Parent/Guardian/Agency: ____________________________________
Relation to camper: ____
Home/Work/Cell Phone: ____
Email: ____
Address: ____________________________________ State ____ Zip ________

Do you have a family member in the military? ☐Yes ☐No
If yes, relationship to camper ______________________________
Branch ____

You may register online at
http://www.easterseals.com/tennessee/our-programs/camping-recreation/

Seasonal Weekend and Summer

All camps open to anyone with a Physical or Developmental Disability or a Traumatic Brain Injury

Seasonal Weekend: please check all that apply

Age (17 and up) **Cost $450** **1 to 1 Counselor $150**

☐ **Fall** October 26-28, 2018
☐ **Winter** December 7-9, 2018
☐ **Spring** March 15-17, 2019

Resident Camp: please check all that apply

Age (17 and up) **Cost $1000**

1 to 1 Counselor $300

☐ **Adult 1** July 28-August 2, 2019
☐ **Adult 2** August 4-9, 2019

Form of Payment

A **deposit** of **$100 per camp** is required with this completed form. TBI participants need only pay the deposit if able.

☐ Deposit Check Enclosed - payable to **Easterseals Tennessee**

☐ Pay by Debit/Credit Card – amount due and online payment link will be emailed to you.

Payment Schedule

Seasonal weekend camp fee due in full two weeks before.
Resident Camp payment is due in full by May 1, 2019.

Mail Form and Payment To:
Easterseals Tennessee
750 Old Hickory Blvd. #2-260
Brentwood, TN 37027
P 615-292-6640 ext 2 F 615-251-0994

CAMPER NAME: ___________________________ **EASTERSEALS** **2019 ADULT HEALTH INFORMATION FORM AND WAIVER**

Nature of Disability please indicate (x) all that apply:

☐ **Asthma** ☐ **Attention Deficit Disorder/ADHD** ☐ **Autism** ☐ **Behavior Disorder** ☐ **Bleeding/Clotting Disorder**

☐ **Cerebral Palsy** ☐**Cystic Fibrosis** ☐**Diabetes** ☐**Developmental Disorder** ☐ **Down Syndrome**

☐ **Epilepsy/Seizure Disorder** ☐ **Fragile X** ☐ **Hearing Impaired** ☐**Heart, Circulatory, Respiratory Defect** ☐ **Spina Bifida**

☐ **Learning Disability** ☐ **Speech Language/Voice Dysfunction** ☐ **TBI** ☐ **Social/Psychological**

☐**Intellectual Disability** ☐ **Spinal Cord Injury** ☐ **Visual Impairment** ☐ **Partial** ☐**Other**

☐ **Mild** ☐**Moderate** ☐**Severe** ☐**Quadriplegic** ☐ **Paraplegic** ☐**Other** ☐**Other**____

Physician's Name: ____ Office Phone: ____________________

Dentist's Name: ____ Office Phone: ____________________

Health Insurance Company: ____________________ Named Insured: ____________________ Policy Number: ____________________

Please include a copy of front and back of all Health Insurance /Medicare cards.

HEALTH HISTORY

Date of the Last Health Exam: ___________ (In the **"Date"** space, please provide the date of last occurrence when answering yes to each health event)

Asthma	☐ **No** ☐**Yes Date** ________	**Heart Disease**	☐**No** ☐**Yes Date** ________	**Behavior Problems**	☐**No** ☐**Yes Date** ________
Hay Fever	☐ **No** ☐**Yes Date** ________	**Clotting Disorder**	☐**No** ☐**Yes Date** ________	**ADD/ADHD**	☐**No** ☐**Yes Date** ________
Poison Ivy Allergy	☐**No** ☐**Yes Date** ________	**Seizures***	☐**No** ☐**Yes Date** ________	**Speech Problems**	☐**No** ☐**Yes Date** ________
Insect Sting Allergy	☐**No** ☐**Yes Date** ________	**Bedwetting**	☐**No** ☐**Yes Date** ________	**Hearing Problems**	☐**No** ☐**Yes Date** ________
Frequent Ear Infections	☐**No** ☐**Yes Date** ________	**Fears/Phobias**	☐**No** ☐**Yes Date** ________	**Vision Problems**	☐**No** ☐**Yes Date** ________
Frequent Headaches	☐**No** ☐**Yes Date** ________	**Sleepwalking**	☐**No** ☐ **Yes Date** ________	**Hepatitis A**	☐**No** ☐**Yes Date** ________
Frequent Sore Throats	☐**No** ☐**Yes Date** ________	**Head Lice**	☐**No** ☐**Yes Date** ________	**Hepatitis B**	☐**No** ☐**Yes Date** ________
Mononucleosis	☐**No** ☐**Yes Date** ________	**Chicken Pox**	☐**No**☐ **Yes Date** ________	**Other**____________________	**Date** ________

Summarize camper's medical history/operations/serious Injuries: ____
____

* Type of Seizures____________________ Frequency ____

Describe any warning signs (aura) before seizures: ____

Does the camper have a shunt? ☐ **Yes** ☐ **No** List special instructions/limitations: ____________________

Does the camper menstruate? ☐ **Yes** ☐ **No** Special treatment for cramps? ____________________

Has the camper ever required any psychiatric treatment/counseling or hospitalizations? ☐ **Yes** ☐ **No** Please summarize (including dates) ____________________

Medical Exam Summary- The Physician's Medical Examination Summary must be received by Easterseals Tennessee Camp 30 days prior to the first day the seasonal weekend/camp camper will be attending. Missing this deadline will result in the camper's reservation being voided and filled by another camper.

Medication- In an effort to better serve our campers we require all campers to bring pre-packaged medications. This means all medications; vitamins and supplements brought to camp are prepared in a multi-dose blister pack or daily medicine cassette for the duration of their stay. It is preferred that this is done in a "blister pack" by a pharmacist.

CAMPER NAME: __________________ EASTERSEALS 2019 ADULT WAIVER

The following section must be signed in ink by the adult camper/applicant/legal guardian of the adult camper before the application can be processed:

(1) Approval, Waiver and Activity Consent - This application has my approval. While Easterseals Tennessee and YMCA Camp Widjiwagan will take every reasonable precaution, it is agreed that Easterseals Tennessee and YMCA Camp Widjiwagan are not legally responsible for any accidents, incidents or injuries that may occur during the camp session, assumes no responsibility for applicant's personal property and are released from liability for any accident, incident or injury except as may be covered by camper's insurance. Applicant has my permission to engage in all camp activities, including transportation as deemed necessary, except as noted by myself or physician.

(2) Medical Treatment - The undersigned hereby authorizes and grants permission to any licensed/certified medical professional designated by Easterseals Tennessee and YMCA Camp Widjiwagan to provide routine medical care and administer medications or to perform any emergency procedures on the camper that would be jeopardized by any delay in providing such treatment or performing such procedures.

(3) Media Release - I, the undersigned, in partial recognition of services rendered and benefits conferred by Easterseals Tennessee and YMCA Camp Widjiwagan, its employees, agents and assigns , to release any pictures , or photographs taken of the above-named client for publication for purposes of conveying information concerning the named individual and/or Easterseals Tennessee or YMCA Camp Widjiwagan. The undersigned hereby agrees also to hold Easterseals Tennessee and YMCA Camp Widjiwagan harmless of liability should such pictures or photographs, either accompanied or unaccompanied by printed material, appear in other publication by whomsoever published, circulated or distributed.

I understand that this authorization for media release is subject to revocation at any time, except to the extent that the media has been utilized.

I also understand and agree that this release will terminate only upon the execution of my written statement on another sheet of paper indicating my intent to revoke this authorization. This can be stapled to your application.

I ATTEST THAT ALL INFORMATION PROVIDED IN THESE APPLICATION MATERIALS INCLUDING THE APPLICATION, MEDICAL EXAMINATION SUMMARY AND ANY SUPPLEMENTAL ITEMS ATTACHED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Legal Guardian/Adult Camper: ____ Date: ________________

Print Name: ____

CAMPER NAME: _________________ **EASTERSEALS** **2019 ADULT CAMPER'S CARE INFORMATION**

Mobility ☐ Walks ☐ Uses walker ☐ Uses wheel chair, can propel/drive self ☐Yes ☐No
Transfers ☐No assists needed ☐Needs assistance (explain):____

Assistive Devices ☐ None ☐ AFO's ☐ Glasses ☐ Hearing aid ☐ Helmet ☐ Other: ________________________________
Communication ☐ None serious difficulties expressing thoughts or wants ☐ Has difficulties (explain):____________________
☐Uses sign language ☐ Uses a communication device (what kind):____

Eating ☐ No assistance needed ☐Needs assistance (explain):____
Diet ☐Normal ☐Blended/Pureed ☐Diabetic ☐Food allergies (list): ____
☐Special-please attach a list of special diet so we can determine if we can meet your needs

Bowel Control ☐ No assistance needed ☐Incontinent ☐ Needs assistance/schedule: _______________________________
Aids used ☐None ☐Catheter ☐Urinal ☐Disposable undergarments ☐Other: ____

Dressing ☐No assistance needed ☐Assistance needed (describe): ____

Washing/Showering ☐No assistance needed ☐Some assistance needed (describe):______________________________
Total assistance needed (describe): ____

Sleeping ☐Typical sleeping habits ☐Has trouble going to sleep ☐Has nightmares ☐Sleep walks
☐Special bedtime routines: ____
Usual bedtime: ______________________________ Usual wake up time: ________________________________
Individuals 17 or older may sleep on the upper bunk with parent or guardian's permission. To give your camper permission to use the upper bunk, please initial here: _________

<u>Camper's Social Background</u>
School/Employer ____________________________________ Grade level________________ Can the camper read? ☐Yes ☐No Can the camper write? ☐Yes ☐No

Does the camper have any special behavior problems? ☐Yes ☐No
If yes, please describe ____
____
____
When do behavior problems occur? ____
____

Describe effective methods to control difficult behaviors: ____
____
____

Please list any fears the camper may have: ____
____

Please list any activities the camper dislikes: ____
____

What hobbies or activities does the camper enjoy at home or school? ___________________________________
____

Please add any information you feel would be helpful in providing the best experience for the camper while at camp: ____
____
____

CAMPER NAME _____________ **2019 ADULT ELIGIBILITY REQUIRMENTS**

Easterseals Tennessee Camp believes that all adults with disabilities should have the opportunity to participate in traditional camp activities. Our knowledgeable staff and accessible camp facility can accommodate campers with a wide range of special needs. In efforts to maximize the experience of all campers, there are certain eligibility requirements for attending Easterseals Tennessee Camp:

- Adults with disabilities (ages 17 and older)
- Ability to live in a group setting with other campers
- Camper must have the ability to control harmful behaviors to self or others
- Camper must be able to sleep, or sit quietly, for a reasonable amount of time throughout the night **(min. 8 hours)**
- Camper must not be considered medically fragile
- Camper must observe the drug free and substance abuse policies of Easterseals and Camp Widjiwagan
- Camper must be able to function with an average staffing ratio of 1 to 4 or **must sign up for a 1 on 1 counselor additional $150 (seasonal weekend) and $300 (camp)**
- Camper must surrender all medication(s) to the nurse at check in. All medications (prescription and non prescription) will be administered by the camp nurse
- Campers requiring medication must be able to take their medication. Any special foods etc. needed to take medications with must be sent to camp with the camper
- Camper must provide sufficient quantities of personal care items (protective garments, gloves, wipes, bed protectors, etc.) to last throughout the camp session
- Camper must refrain from using any tobacco products or vapor cigarettes
- Electronics such as cell phones, computers or tablets are prohibited

□ I have read the above eligibility requirements.
□ Camper has been made aware of these eligibility requirements.

____ Signature

____ Date