

# Easterseals Youth Camp 2019

CAMPER NAME: \_\_\_\_\_

BIRTHDAY: \_\_/\_\_/\_\_\_\_ AGE AT CAMP: \_\_\_\_\_ GENDER: M F

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

HOME/WORK/CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COUNTY: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_

**TRANSPORTATION/BUS SITES** Car riders: 3088 Smith Springs Road, Antioch  
Drop off 7:30am - 8:30am Pick up: 4:30pm - 5:30pm

Circle Preferred site	Address	Departs	Arrives
Granny White Park	610 Granny White Pike, Brentwood	7:50 am	5:00 pm
North Rutherford Family YMCA	2001 Motlow College Blvd, Smyrna	8:10am	5:20pm

Please list any adults other than yourself who are authorized to pick up your child. \_\_\_\_\_

Do you have a family member in the military?  Yes  No  
If yes, relationship to camper \_\_\_\_\_  
Branch \_\_\_\_\_

YOU CAN ALSO REGISTER ONLINE AT:  
<http://www.easterseals.com/tennessee/our-programs/camping-recreation/>

## Day and Resident Camp



### PAYMENT INFORMATION

A non-refundable deposit of \$50 per session is required with this form. Cancellation for a session must be made at least two weeks before a session begins. All cancellations must be made in writing.

### FORM OF PAYMENT

- Deposit Check Enclosed - payable to **Easterseals Tennessee**
- Pay by Debit/Credit Card – amount due and online payment link will be emailed to you.

### SCHOLARSHIPS

Need based financial aid is available February 1 on a first come first served basis. To apply, download a form from our website or call the camp office at 615-292-6640.

### ALL CAMP BALANCES DUE MAY 1

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

## DAY CAMP

**please check all that apply**

(Ages 7 - 16)

Monday - Friday

Cost \$345    Bus \$50.00    1 to 1 Counselor \$200 additional

- Session 1            May 27-31
- Session 2            June 3-7
- Session 3            June 10-14
- Session 4            June 17-21
- Session 5            June 24-28
- Session 6            July 1-5
- Session 7            July 8-12
- Session 8            July 15-19
- Session 9            July 22-26

## RESIDENT CAMP

**please check all that apply**

(Ages 10 - 16) Sunday - Friday

Cost \$800

- Session 3            June 9-14            (Autism)
- Session 6            June 30- July 5    (Physical, Developmental, TBI)

## CAMP OPEN HOUSE

**Sunday, March 10th**

**1:00pm - 4:00pm**

- ☺ Easterseals staff attends a mandatory week - long training before camp begins. Many of these are college age counselors who are recreation therapy majors, special education majors, grew up with a sibling with a disability, or work in the school systems.
- ☺ Low staff to camp ratio of 1 to 3. A limited amount of 1 to 1 spots are available each session.
- ☺ RN on site 24 hours a day.
- ☺ The dining lodge can accommodate most special diets. Lunch and a snack are provided for day campers.
- ☺ Inclusive camping. Campers ages 7-16 are in tribes with their typically developing peers.

**Our Mission: The Easterseals Tennessee Mission is to provide exceptional services to ensure that all people with disabilities or special needs, and their families, have equal opportunities to **Live, Learn, Work** and **Play** in their communities.**

**CAMPER NAME:** \_\_\_\_\_

**EASTERSEALS TENNESSEE CAMP**

**2019 HEALTH INFORMATION FORM**

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

- |   |  |   |  |   |
|---|--|---|--|---|
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Attention Deficit Disorder/ADHD   | <input type="checkbox"/> Autism           | <input type="checkbox"/> Behavior Disorder   | <input type="checkbox"/> Bleeding/Clotting Disorder |
| <input type="checkbox"/> Cerebral Palsy   | <input type="checkbox"/> Cystic Fibrosis   | <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Developmental Disorder  | <input type="checkbox"/> Down Syndrome              |
| <input type="checkbox"/> Epilepsy/Seizure Disorder  | <input type="checkbox"/> Fragile X   | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Heart, Circulatory, Respiratory Defect  | <input type="checkbox"/> Spina Bifida               |
| <input type="checkbox"/> Learning Disability  | <input type="checkbox"/> Speech Language/Voice Dysfunction   | <input type="checkbox"/> TBI              | <input type="checkbox"/> Social/Psychological  | <input type="checkbox"/> Other _____                |
| <input type="checkbox"/> Intellectual Disability  | <input type="checkbox"/> Spinal Cord Injury  |   | <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Partial <input type="checkbox"/> Other |   |
| <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe | <input type="checkbox"/> Quadriplegic <input type="checkbox"/> Paraplegic <input type="checkbox"/> Other |   |  |   |

**CONTACT INFORMATION**

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at Camp: \_\_\_\_ Sex: \_\_\_\_

Camper Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ Camper Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Are you the Camper's **Custodial Parent?** (Camper's parent at primary residence?) \_\_\_\_ YES or \_\_\_\_ NO (If no see below)

Parent Home Address: (if not same as above) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ Parent Home Phone: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_ Parent/Guardian Home Phone (if not same as above): \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_

**Custodial Parent Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_ **Custodial Parent Contact Number:** \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ Policy Holder Number: \_\_\_\_\_

Health Insurance Group/Policy Number: \_\_\_\_\_ Health Insurance Company Phone: \_\_\_\_\_

**HEALTH HISTORY**

Date of the Last Health Exam: \_\_\_\_\_ Are all required school immunizations up to date?  No  Yes Date of last tetanus booster (month/yr): \_\_\_\_\_

(In the "Date" space, please provide the date of last occurrence when answering yes to each health event)

- |                            |   |                   |   |                  |   |
|----------------------------|---|-------------------|---|------------------|---|
| Asthma or Inhaler          | <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ | Behavior Problems | <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ | Chicken Pox      | <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ |
| Bleeding/Clotting Disorder | <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ | ADD/ADHD          | <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ | Homesickness     | <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ |
| Poison Ivy Allergy         | <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ | Seizures          | <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ | Speech Problems  | <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ |
| Insect Sting Allergy       | <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ | Bedwetting        | <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ | Hearing Problems | <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ |
| Frequent Ear Infections    | <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ | Fears/Phobias     | <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ | Vision Problems  | <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ |
| Frequent Headaches         | <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ | Sleepwalking      | <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ | Epilepsy         | <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ |
| Frequent Sore Throats      | <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ | Head Lice         | <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ | Other _____      | Date _____  |

Does your child have any of the following: Environmental Allergies: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Food Restrictions: \_\_\_\_\_

I give permission to administer to my child any of the below over the counter medications supplied by YMCA Camp Widjiwagan, as directed by the Medical Director.  No  Yes

- |   |  |  |                                   |
|---|--|--|-----------------------------------|
| Diphenhydramine (Antihistamine, itching, allergic reaction) | Robitussin or Robitussin DM (cough)                                  | Epsom Salt (infection soak)                                      | Imodium/Loperamide (diarrhea)     |
| Clotrimazole (antifungal)                                   | Hydrocortisone (topical) 0.5% or 1% (dermatitis, rashes, poison ivy) | Pseudoephedrine (nasal congestion)                               | Cough drops (cough)               |
| Tinactin (antifungal)                                       | Glucose tablets or gel/icing (hypoglycemia)                          | Calamine Lotion (poison ivy)                                     | Menthol (topical pain relief)     |
| Benzocaine/Lidocaine (topical pain relief)                  | Gatorade, Pedialyte (diarrhea, nausea, vomiting)                     | Betadine Solution (scrapes, lacerations, wounds)                 | Miralax or generic (constipation) |
| Ibuprofen (swelling, pain relief, fever)                    | Acetaminophen (pain relief, fever)                                   | Antibiotic ointment (scrapes, lacerations, wounds)               |                                   |
| Gold Bond/Boudreaux Butt Paste/zinc oxide (chafing)         | Tums, Maalox (stomach ache)  | "Swimmers Ear" drying drops or equivalent (acute otitis externa) |                                   |
| Allergy Eye drops (itchy eyes due to allergies)             | Redness Eye drops (irritated eyes: red, itching, burning)            | Topical burn cream/gel or Aloe (burns)                           |                                   |

If you answered NO, please list which medications you DO NOT want administered to your child? \_\_\_\_\_

Is there anything that camp needs to know when giving any of the approved OTC meds to your child? \_\_\_\_\_

Will your child require any treatments while at camp?  No  Yes If yes, please explain: \_\_\_\_\_

Operations/Serious Injuries: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Description of any other current health conditions requiring medication, treatment, or special restrictions or considerations while at camp: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of any camp activities from which the camper should be exempted for health reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you need a nurse to contact you about your camper prior to their arrival? YES NO

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CAMPER NAME \_\_\_\_\_

## 2019 EASTERSEALS TENNESSEE CAMP WAIVER

### HEALTH EXAM

I certify that the information provided is correct and complete so far as I (the undersigned) know, that the camp activities offered at the YMCA Camp Widjiwagan and Easterseals Tennessee Camp may at times require the participants to exert themselves, and the person herein described as the camper has permission to engage in all prescribed camp activities, on or off YMCA Camp Widjiwagan premises, except as noted on this health form. I understand that it is the responsibility of the parent/guardian to inform YMCA Camp Widjiwagan and Easterseals Tennessee of any changes or additions to this form on the day the child arrives at camp. I also certify that the above-named camper has received a health exam from licensed medical personnel within the past 12 months of the time the camper will be at YMCA Camp Widjiwagan and Easterseals Tennessee Camp. I have listed any physical condition requiring restrictions on participation in the camp program and a description of such restrictions. I have also listed any current or ongoing treatments or medications.

### PERMISSION TO TREAT

I give permission to YMCA Camp Widjiwagan and Easterseals Tennessee Camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment which may include without limitation the administration of over-the-counter medications. Additionally, I hereby authorize YMCA Camp Widjiwagan and Easterseals Tennessee Camp to secure any necessary medical treatment on behalf of Camper, including the administration of anesthesia and surgery, as such may be determined necessary. I acknowledge and agree that such medical treatment shall be solely at my expense and I agree to reimburse YMCA Camp Widjiwagan or Easterseals Tennessee Camp for any expenses which it may incur on account of Camper's medical treatment by non-YMCA Camp Widjiwagan and Non- Easterseals Tennessee Camp medical providers.

### PARENT NOTIFICATION

Parents/guardian will be promptly notified upon YMCA Camp Widjiwagan and Easterseals Tennessee Camp learning of an accident/injury/illness of their child for unresolved fever above 100.5 degrees for 4 hours, unresolved vomiting x2 episodes and/or longer than 2 hours, unresolved diarrhea x3 episodes and/or longer than 4 hours, health clinic stay longer than 12 hours, overnight health clinic stay, transfer to see physician and/or to a local health care facility for emergent treatment for physical and/or psychological care, and any condition deemed necessary by the camp nurse and/or summer camp director. Parents/guardians hereby waive any and all claims to or regarding notification, or failure to notify, for minor issues that do not meet or rise to the level of those described above.

### PERMISSION TO APPLY BUG REPELLENT AND SUNSCREEN

I give permission to YMCA Camp Widjiwagan staff and Easterseals Tennessee Camp staff to apply bug repellent and sunscreen to my child if they need assistance in doing so (If your camper has allergies to certain ingredients in either one of the above please send sunscreen and, or bug repellent that they may use while at Camp. Please mark with campers first and last name)

### PARTICIPATION WAIVER

I approve this application and certify the Camper is capable of such an experience. I agree to have the balance of the camp fees paid before the beginning of the session(s) reserved. Camp fees are non refundable without a doctor's authorized medical reason. I understand that no refunds are given if a child leaves early because of home sickness or for disruptive behavior, as determined by the Easterseals Camp Director. I understand that the deposit is not refundable under any circumstances. I grant permission for the applicant to participate in all planned camp activities, including out of camp trips by bus or van, hiking, rock climbing, horseback riding, or swimming. The YMCA and Easterseals Tennessee Camp are not responsible for lost, stolen or damaged personal items. I agree to waive any claims against the YMCA and Easterseals Tennessee and its members, staff and volunteers for injuries or damages that my result from the conduct of third parties other than the YMCA Camp Widjiwagan , Easterseals Tennessee and its members, staff, and volunteers, but including participants in YMCA or Easterseals Tennessee Camp programs. All waivers and agreements provided herein are being given as additional consideration for Camper's attendance at, and participation in the activities of, YMCA Camp Widjiwagan and Easterseals Tennessee Camp.

### PUBLICITY WAIVER

I give permission to YMCA Camp Widjiwagan and Easter Seals Tennessee Camp to take photographs and/or audio/video recordings of my child and to use them for educational, professional, and publicity purposes for YMCA Camp Widjiwagan, YMCA of Middle TN, Easterseals Tennessee Camp and its Community Partners.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

CAMPER NAME: \_\_\_\_\_

EASTERSEALS TENNESSEE CAMP

2019 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 need

**Bowel Control**  No assistance needed  Incontinent  Needs assistance/schedule: \_\_\_\_\_

Aids used  None  Catheter  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 16 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: \_\_\_\_\_

## Camper's Social Background

School \_\_\_\_\_ 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: \_\_\_\_\_