

Easterseals Youth Camp 2023



CAMPER NAME: _____

BIRTHDAY: __/__/____ AGE AT CAMP: _____ GENDER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN'S NAME: _____

HOME/WORK/CELL PHONE: _____

EMAIL: _____

ETHNICITY: _____

CAMP LOCATION: 3088 Smith Springs Road, Antioch

Drop off: 7:30am - 8:30am

Pick up: 4:30pm - 5:30pm

TRANSPORTATION/BUS SITES

Name of Location	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/>

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.
- ☐ TBI – Tennessee Department of Health

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 615-444-0597, x-372.

ALL CAMP BALANCES DUE

30 DAYS PRIOR TO SESSION START

Mail Form and Payment To:

Easterseals Tennessee Camp

960 Maddox Simpson Pkwy

Lebanon, TN 37090

P 615-444-0597 ext. 372 F 615-444-1251

DAY CAMP

Please select sessions desired

Maximum 6 sessions per camper

***Maximum 10 campers per session**

(Ages 7 - 16)

Monday - Friday

Cost \$475

Bus \$65.00 1 to 1 Counselor \$200 additional

- ☐ Session 1 May 29 - June 2
- ☐ Session 2 June 5 – June 9
- ☐ Session 3 June 12 – June 16
- ☐ Session 4 June 19 – June 23

NO CAMP SESSIONS June 24 – July 9

- ☐ Session 5 July 10 – July 14
- ☐ Session 6 July 17 – July 21
- ☐ Session 7 July 24 – July 28
- ☐ Session 8 July 31 – August 4

** PLEASE NOTE THAT EASTERSEALS WILL NOT BE HOSTING
OVERNIGHT CAMPS FOR CHILDREN DURING THE SUMMER OF 2023 **

😊 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 camper ratio of 1:3.

- Limited 1:1 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.

Easterseals 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: _____ 2023 EASTERSEALS TENNESSEE CAMP - 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 | | | |

Custodial Parent Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Custodial Parent Contact Number: _____

Physician'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 _____

Please list any Drug Allergies: _____

Please list any Environmental Allergies: _____

Please select the following over the counter medications, supplied by YMCA Camp Widjiwagan and Easterseals Tennessee, that are acceptable to administer to your child.

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

please list any additional medications you DO or DO NOT want administered to your child. Please write N/A if nothing needs to be noted

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

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

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 Name: _____

Date: _____

Parent/Guardian Signature: _____

ALLERGY & DIETARY RESTRICTION FORM

Camper Name : _____

Vegan

- ☐ Plant foods and products only

Vegetarian

- ☐ No red meat
- ☐ No chicken
- ☐ No eggs
- ☐ No pork
- ☐ No fish
- ☐ No dairy products at all

Please select all the following that apply to your camper:



Food Allergies

- ☐ Peanuts – or anything nut related
- ☐ Fish / Shellfish
- ☐ Eggs
- ☐ Milk
- ☐ Anything dairy
- ☐ Soy
- ☐ Nut oils
- ☐ Sugar
- ☐ Mushrooms
- ☐ Gluten / Wheat
- ☐ Chocolate or desserts
- ☐ Processed foods
- ☐ Sulfite
- ☐ Lupins
- ☐ Mustard or Ketchup or Mayonnaise
- ☐ Other _____

Please provide *additional allergy / dietary information or instructions* about your camper:

For questions / concerns about the food served at camp, please contact:

Easterseals	YMCA – Camp Widjiwagan
Jared Houtman Recreation Camp Coordinator	Marc Wilson Associate Executive Director
P : (615) 444 – 0597 ext 372	P : (615) 360-2267
C : (615) 318 – 9479	
E : jhoutman@eastersealstn.com	E : mwilson@ymcamidtn.org

CAMPER NAME _____

2023 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: _____ 2023 EASTERSEALS TENNESSEE CAMP - CAMPER'S CARE INFORMATION

Mobility ☐ Walks ☐ Uses walker ☐ Uses wheelchair, 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 ☐ Dairy ☐ Other (explain) _____

☐ 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 (If Applicable) ☐ No assistance needed ☐ Some assistance needed (describe) _____

Total assistance needed (describe): _____

Sleeping (If Applicable) ☐ Not Applicable ☐ 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 behaviors? ☐ Yes ☐ No

If yes, please describe _____

When do these behaviors 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: _____