



Military Camper Application - 2018

Easterseals Western & Central PA is excited to offer quality programming to our service area. In order to care for our campers, we ask that you carefully read through and **complete all questions** on this application thoroughly and accurately. If a question does not apply to your camper please write "N/A". Please contact us with any questions. Thank you!

OFFICE USE ONLY

Medical form: _____

PB East: Spring _____ Fall _____

Camp Kidet _____ PNG Child and Youth Camp _____

Notes:

Please select the camp(s) that you would like to attend:

- ____ PB East Spring- 6 April- 8 April (at Camp Victory in Columbia Co)
- ____ PB East Fall- 19 October- 21 October (at Camp Victory in Columbia Co.)
- ____ Camp Kidet- 21 June- 24 June (at Camp Hebron in Dauphin Co.)
- ____ PNG Child and Youth Camp- 15 July- 20 July (at Camp Krislund in Centre Co.)

CAMPER INFORMATION

Camper's Name: _____ Date of Birth ____/____/____ Age: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Email: _____

County: _____ Township: _____ Race: _____ T-Shirt Size: _____

Camper's residence is: Parent/Guardian's Home Foster Care Group Home Other _____

PARENT/GUARDIAN INFORMATION

Name(s): _____

Address (street, city, state, zip): _____

Home Phone: (____) _____ Email: _____

Mother's Cell Phone: (____) _____ Father's Cell Phone: (____) _____

Mother's Work Phone (____) _____ Father's Work Phone: (____) _____

MILITARY SERVICE

Camper's parent(s) is in: (please circle)

NATIONAL GUARD ACTIVE DUTY RESERVES VETERAN

Branch: (please circle) ARMY NAVY AIR FORCE MARINES COAST GUARD

*DD Form 1172 - All campers are required to include this form. It must be an official document from the RAPIDS site.

*DD 214 - Please include this form to show veteran status. Please check one of the boxes below :

I have included a DD 214 Form

I have NOT included a DD 214 Form

I sent a DD 214 Form in a prior year

EMERGENCY CONTACT- Available during camp, non-parental

Name: _____ Relationship to Camper: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

FOSTER CARE/GROUP HOME INFORMATION - Please complete this section if the camper is in foster care or resides in a group home

Agency/Group Home Name: _____ Phone: (____) _____

Address (street, city, state, zip): _____

Caseworker: _____ Email: _____
Phone: (____) _____

GH Business Manager: _____ Email: _____
Phone: (____) _____

Who should be the primary contact? (circle one)

CAMPER PROFILE: This information will be used to ensure the camper's needs are adequately met. Please answer openly and completely. All information is confidential. Use extra paper if necessary. PLEASE answer all questions.

SPECIAL NEEDS:

- 1) Does the camper have a special need/disability/condition? YES NO
If YES, please list the camper's special need/diagnosis/disability/illness: _____

- 2) Does this camper use assistive devices for mobility? YES NO
If YES, circle any that apply: Crutches Walker Wheelchair- Manual or Electric Other _____
How often does the camper use the device (sometimes/often/always) and does the camper need assistance with use of the device? _____

- 3) What Ratio of Care will best suit the camper? (Circle) 1:1 2:1 3:1 4:1 or higher
If your camper requires a 1:1 or 2:1 ratio please contact ESWCPA staff so that we can discuss any arrangements that need to be made.

SPEECH AND LANGUAGE:

- 1) Does the camper understand verbal communication ? YES NO
If NO, please describe the methods of communication that work best _____

- 2) The camper expresses his/her needs by: (please check all that apply, and describe below)
 Talking Clearly Talks with difficulty Gestures ASL/Signed English PECS/Communication Device Other
 Please describe _____

BEHAVIOR/ PERSONALITY/ SOCIALIZATION:

- 1) Is this the camper's first time at a residential camp? YES NO
- 2) Was the camper ever sent home early from camp? YES NO
If YES, please explain: _____
- 3) Describe how the camper responds when away from home or in a new environment: _____

- 4) Describe any unusual behaviors or behavior issues that we need to be aware of at camp and how to handle them:

- 5) Please tell us any additional information about your camper that can help us make camp the best possible experience for him/her: _____

ACTIVITY RESTRICTIONS:

- 1) Are there any physical conditions, past operations or injuries which might restrict his/her camp activities? YES NO
If yes, explain: _____
- 2) Please circle any restricted program areas:
Athletics Boating Adventure Activities (Climbing, zip line, etc) Swimming Other (list) _____
**Please keep in mind that all camp activities will be supervised and adapted as necessary based on the campers' needs.

CAMPER PROFILE CONTINUED
EATING:

1) Does the camper have any dietary restrictions or food allergies? YES NO

 If YES, describe: _____
 (If the camper has very specific dietary restrictions, please use additional paper to describe in detail)

2) Does the camper need any assistance or use adaptive equipment during meals? YES NO

(e.g. cutting food, getting drinks, portion size, eats too fast, etc.)

If YES, describe: _____

3) The camper tends to: (please circle) Over Eat Under Eat Eat Appropriate Amounts

PERSONAL CARE:

1) Please check any personal care areas where the camper may need some assistance or reminders:

 Dressing

 Toileting (reminders to go, hand washing, wiping, etc.)

 Brushing Teeth

 Showering (adjusting water temperature, washing hair, washing body, etc.)

 Eyewear

 Other: _____

Please specify what type of assistance for all checked areas: _____

SLEEP:

1) Does the camper have trouble sleeping? YES NO If yes, Please describe patterns: _____

2) Is the camper able to use the top bunk? YES NO

Parent/Guardian or Applicant Agreement, Consent, and Release:

PLEASE READ THIS SECTION CAREFULLY BEFORE SIGNING, and be aware that in signing up and participating in this program, and using the facilities and equipment, you will be waiving and releasing all claims for injuries, or property loss/damage that you (or your child) might sustain arising in any manner out of this program or the use of the facilities or equipment. This section must be filled out and signed by each participant (or their parent/guardian) or they will not be allowed to participate or use the facilities or equipment.

Photographic/Media Release- I hereby authorize and give my consent to Easterseals Western and Central Pennsylvania to photograph/video me or my child/ward, and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of Easterseals Western and Central Pennsylvania without consideration of any kind. I understand that photos and/or video usage could include Easterseals Western and Central Pennsylvania's website, Facebook, and/or other social media outlets.

Acknowledgement of Risk or Injury Clause- As a participant in the program, I recognize the risk and acknowledge that there are certain risks of physical injuries, including death, damages, property damage, or loss which I (or my child) may sustain as a result of participating in any and all activities connected with such program or the use of the facilities or equipment.

Waiver of Claim for Injury Clause- I agree to waive and relinquish all claims that I (or my child) may have for injuries or damages, as a result of participating in the program or using the facilities or equipment, against Easterseals Western and Central Pennsylvania, Inc. and Easterseals Inc., and their officers, agents, servants, employees, and affiliates.

Release from Liability Clause- I do hereby fully release and discharge National Easterseals and Easterseals Western and Central Pennsylvania Inc., and their officers, agents, servants, employees, and affiliates from any and all claims for injuries, including death, damages, property damage, or loss which may have or which may in the future accrue to me (or my child) on account of participation in the program or use of the facilities or equipment.

Indemnity and Defense Clause- I further agree to indemnify and hold harmless and pay defense costs and defend National Easterseals, Easterseals Western and Central Pennsylvania Inc., and their officers, agents, servants, employees, and affiliates, from any and all claims resulting from injuries, including death, damages, property damage, or loss sustained by me (or my child) and arising out of, connected with, or in any way associated with the activities of the program or the use of facilities or equipment. The undersigned, in case of emergency and in the event the undersigned cannot be reached by telephone, does hereby give permission for medical treatment by a physician or hospital selected by the Camp Director. Such permission shall include any and all medical treatment which is necessary or desirable in the absolute discretion of any such physician or hospital. The undersigned recognizes the right of the Camp Director, in his/her absolute discretion, to terminate a camper's stay at any time due to disciplinary or medical actions which might jeopardize the camper's or others' health, safety, or well being at camp. The undersigned further agrees to pick up the camper immediately upon being notified of such termination. If someone other than the signed is to pick up the applicant at the end of the camp session, then the signed must notify the Camp Director of the person who will be picking up.

Permission to Treat - I hereby give permission to the medical personnel selected by Easterseals Western and Central Pennsylvania to order x-rays, routine tests, treatment and necessary transportation for me/or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Easterseals Western and Central Pennsylvania to secure and administer treatment, including, but not limited to x-rays, hospitalization and surgical interventions. I also give permission to Easterseals Western and Central Pennsylvania to obtain related transportation. I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation.

Parent/Guardian Signature: _____ Date: _____



Easterseals Camp Health Form—Health History

All campers must have the health history form completed, signed and returned before the start of the camp program.

Camper Name: _____ **Date of Birth:** ___/___/___ **Age:** ___ **Sex:** M or F

Who should be contacted in the event of a health concern or emergency? _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Alternate Emergency Contact —(in the event that a parent/guardian cannot be reached, please list an alternate contact)

Name: _____ **Relationship to Applicant:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

CARE PROVIDERS

Name of Primary Physician _____ **Phone (_____)** _____

Name of Dentist/Orthodontist _____ **Phone (_____)** _____

Insurance Carrier _____ **Policy or Group #** _____

****PLEASE ATTACH A COPY OF INSURANCE CARD (BOTH SIDES)****

HEALTH HISTORY

- 1) How would you assess the camper's current health? (circle) GOOD FAIR POOR
- 2) List any chronic health problems and treatments that the camp health staff should be aware of (i.e. asthma, pressure sores, cough, constipation): _____
- 3) Has there been any recent exposure to a contagious disease? YES NO If yes, please explain: _____
- 4) Is the applicant a carrier of any infectious condition? YES NO If yes, please explain: _____
- 5) Does the camper have any known allergies? YES NO
If yes, describe the allergy and the reactions: _____
- 6) Does the camper have (or a history of) seizures? YES NO If yes, please answer the following questions:
Type: _____ Frequency: _____
Duration: _____ Date of last Seizure: _____ Current Status (i.e. active, controlled): _____
Describe typical recreations before, during and after seizures: _____
Steps of action by health staff: _____
- 7) Does the camper have diabetes? YES NO If Yes, how it is managed? _____
- 8) Has the camper been hospitalized or treated in the emergency room during the last year? YES NO
If yes, explain: _____
- 9) Are there any physical conditions, past operations or injuries which might restrict his/her camp activities? YES NO
If yes, explain: _____

Over The Counter Medications

Please indicate (checking Yes or No) for each of the following medications which can be used for the camper in a first-aid situation.

YES	NO	MEDICATION	YES	NO	MEDICATION	YES	NO	MEDICATION
		Triple Antibiotic Ointment			Laxative Pills			Visine Eye Drops
		Bacitracin Ointment			Tums			Petroleum Jelly
		Hydrocortisone Cream			Calamine Lotion			Sunscreen
		Ibuprofen/Advil Tablets			Allergy Medication			Aloe
		Tylenol (Acetaminophen) Tablets			Pepto Bismol (childrens/adult)			Insect Repellent
		Anti-diarrhea			Tums			After Bite

Has your camper ever had an allergic reaction to any insect sting/bite? YES NO If Yes, what was the reaction? _____



Easterseals Camp Health Form—Physical Examination

All campers must have the Physical Examination completed & signed by a licensed physician, PA or CRNP OR attach an equivalent form that was completed within 12 months of the start date of camp.

The form must be returned 2 weeks before the start of camp.

Camper Name: _____ Date of Birth: ____/____/____ Sex: M or F

Immunization History - Please record the most recent date (month and year) of the following immunizations or attached an immunization record for the camper.

_____ DTP	_____ Mumps
_____ DTP/Hib	_____ Rubella
_____ DTaP	_____ HIB
_____ DT/Td	_____ Hep B
_____ OPV	_____ Varicella
_____ IPV	_____ PCV
_____ MMR	_____ Meningitis
_____ Measles	

Health History - (check all that apply)

___ Bleeding/clotting disorders	___ Asthma
___ Frequent Ear Infections	___ Diabetes
___ Heart defects/disease	___ Fainting
___ Seizures (type/frequency)	

Please describe all that are checked: _____

Height: _____ Weight: _____ Blood Pressure: _____

The camper is under the care of a physician for the following condition(s): _____

Current treatment (including medications): _____

Any treatments to be continued at camp? _____

Surgeries or serious injuries (date): _____

Allergies (food, drug, plant, animal, etc.): _____

Any recommended restrictions while at camp?: _____

Additional Health Information: _____

Physician Consent and Signature: I have examined the person listed above and have reviewed the health history. It is my opinion that this camper is capable of engaging in camp activities, except as noted above.

Signature: _____

Date: _____

Print Name: _____

Office Phone: _____

Address: _____

Emergency Phone: _____

City, State, Zip _____