

## ASRC POWER CAMP 2021- CAMPER APPLICATION

Camper's Name	Birth Date						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"> </td> <td style="width: 33%; border: none;"> </td> <td style="width: 33%; border: none;"> </td> </tr> <tr> <td style="border: none;">mo</td> <td style="border: none;">day</td> <td style="border: none;">year</td> </tr> </table>				mo	day	year
mo	day	year					

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade in Fall 2021?
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Has Camper attended previous Power Camps? <input type="checkbox"/> YES <input type="checkbox"/> NO	How Many Summers?
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1. Parent's Name

2. Parent's Name

Phone (    )	Email	State	Zip
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Request a Peer Buddy? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Peer Buddy attending Camp with Camper
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T-Shirts : fee includes 1 tshirt/week. Circle ALL sizes and quantities you desire

<b>YOUTH T-Shirt</b>	X-Small	Small	Medium	Large	
<b>ADULT T-Shirt</b>	Small	Medium	Large	1X-Large	2X-Large

**TOTAL CAMP FEE INCLUDES T-SHIRT.**

**Circle One** I've enclosed a check with this application *OR* I will pay online (credit card processing fee applies)

**What Camp Is Your Child Attending?**

- July 12-15 \$275
- July 19-22 \$275
- Both \$550

**Mail 'CAMPER APPLICATION', all required paperwork and full payment to the ASRC by May 1st to secure your child's spot.**

**ASRC, G-4476 S. Dort Hwy., Burton, MI 48529**

*Scholarships and Payment Plans are available. Contact the ASRC to arrange.*

**Method of Payments** (check one):  Check  Money Order    Make Checks/MO payable to: ASRC

Visa  MasterCard

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 3-Digit Code (back) \_\_\_\_\_ exp date \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**REFUND REQUEST POLICY**

One Half of the Fee is refundable thirty (30) days PRIOR to Power Camp starting date.  
Fees are Non-Refundable LESS than thirty (30) days to Power Camp starting date.

Initial here that you understand and agree to this Refund Policy. \_\_\_\_\_

Questions: Call Autism Support & Resource Center (810) 742-5404 or email asggc@yahoo.com

Name of Child (Camper)

Please list an emergency contact person(s) in the event we cannot reach you.

Name \_\_\_\_\_  
Number \_\_\_\_\_

Name \_\_\_\_\_  
Number \_\_\_\_\_

Name \_\_\_\_\_  
Number \_\_\_\_\_

Please list **names and numbers** of all adults authorized to pick up your child, **INCLUDING YOURSELF**.

I give permission for \_\_\_\_\_ to  
be released to the following adults: (Camper's Name)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please select a security word to be used in the event that people listed above cannot pick up your child from their camp program. Both you and the person picking up the child will be asked to confirm the security word. Please contact the camp office before check-out if this occurs.

Security Word:

\_\_\_\_\_  
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Does your child have any allergies? \_\_\_\_\_

What are your child's current medications? \_\_\_\_\_

Does your child have dietary restrictions? \_\_\_\_\_

Name of Child (Camper)

**Behavior Code of Conduct**

All participants are expected to exhibit developmentally appropriate behavior while participating, spectating and attending POWER Camp. Participants must:

- Show respect to other campers and counselors
- Take direction from counselors
- Refrain from abusive and foul language
- Refrain from causing bodily harm to self, other campers, and counselors
- Show respect to equipment, supplies and facilities
- Cigarettes, lighters, drugs or alcohol are not permitted on the premises
- Weapons (knives, guns or anything that can be construed as a weapon) will not be allowed on premises
- Campers are expected to follow this behavioral code of conduct as well as any other rules put in place by the staff

I, \_\_\_\_\_, have read and understand the POWER Camp Behavioral Code of Conduct. I further understand that if I engage in any of the above behaviors, I may be asked to leave POWER Camp.

\_\_\_\_\_

Participant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

Name of Child (Camper)

## RELEASE OF INFORMATION WAIVER

Autism Support and Resource Center's POWER Camp, hosted at YMCA Camp Copneconic in Fenton, encourages the exchange of ideas relating to the education and support of individuals with Autism Spectrum Disorders and provides services and support needed to improve daily living.

To better serve the participants involved with our programs, ASRC would like to contact your child's teacher and/or therapist and ask for further information concerning your child to better meet his or her needs. In order for ASRC to receive or release any information, written permission must be on file in our office. If you consent to ASRC receiving and releasing information regarding your child, then please complete the following for each applicable school, agency, teacher and therapist:

I, \_\_\_\_\_

*(Parent/Guardian)*

Give permission for ASRC to obtain/release information concerning my child from/to:

\_\_\_\_\_

Name of Child

\_\_\_\_\_

Name of School or Agency

Teacher/Therapist

\_\_\_\_\_

Phone Number of School or Agency

Fax Number of School or Agency

\_\_\_\_\_

Parent/Guardian Signature

Date

**Autism Support & Resource Center (ASRC)**  
**WAIVER, RELEASE OF LIABILITY, ACKNOWLEDGEMENT OF RISK AND**  
**INDEMNITY AGREEMENT**

In consideration of being permitted to participate in Autism Support & Resource Center (ASRC) activities in any capacity, I, for myself and for my heirs, next of kin, assigns and personal representatives:

1. Understand that my execution of this Waiver is a prerequisite for my participation and/or the participation of my child(ren) or ward of whom I am the parent or guardian (“my child”), in the Event.
2. Understand that I am solely responsible for the health and safety of myself and/or my child, and represent that I and/or my child is in good health and physically capable of participating in this Event. If at any time during my and/or my child’s participation in the Event I feel like my and/or my child’s physical condition no longer allows me and/or my child to participate or I believe the Event becomes unsafe, I will immediately stop my and/or my child’s participation. I will abide by all Event rules and will be responsible for ensuring that my child will do so.
3. Acknowledge and understand fully that there are risks and dangers of serious bodily injury and death that could result from my and/or my child’s participation in the Event. I understand that in order to be allowed to participate in the Event, I agree to fully accept and assume all risks and all responsibility for any injury, losses and damages to person or property that I and/or my child may incur as a result of my and/or my child’s participation in the Event.
4. Hereby agree to release and hold harmless the ASRC, the owner or possessor of the venue, and their past and present affiliates, assigns, successors in interest, agents, servants, employees, volunteers, participants, officers, directors and sponsors, and all government and public entities including, but not limited to, the State, County and local municipalities where the Event takes place (collectively the “Released Parties”).
5. Understand and agree that this release will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I and/or my child may have, whether past, present or future, whether known or unknown, arising from, resulting from, or in connection to the Event. This release constitutes a complete release, discharge and waiver of any and all actions or causes of action that I and/or my child may have against the Released Parties, including but not limited to any claims for personal injury, property damage, or wrongful death and including but not limited to any injuries resulting from negligent actions or omissions.
6. Irrevocably authorize the ASRC to use my and/or my child’s recorded voice, image and likeness in any medium including, without limitation, video, photograph, film, tape, and digital medium, for any lawful purpose. I understand that neither I nor my child will receive any compensation for the use of my and/or my child’s recorded voice, image and likeness in promotional materials and waive rights to any compensation now or in the future.
7. Have carefully read this Waiver and fully understand its contents. I am aware that this is a release of liability and I sign of my own free will. I intend this to be a complete and unconditional release of all liability to the greatest extent allowed by the law, even though that liability may arise from the negligence or carelessness of the Released Parties listed above, and I agree that if any portion of this agreement is held to be invalid, the remaining portion of the agreement shall continue to be in full force and effect.

Name \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Children(s) Name: \_\_\_\_\_  
Children(s) Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Confirmation and Signature**

I certify that the information contained in this Camper Application is true and correct. I certify I have read and agree to the Waiver and Release of Liability and Assumption of Risk Indemnity Agreement and I understand the content of the Refund Policy and Frequently Asked Questions.

Signature of Parent:

Date:

Signature of Parent:

Date:

**OTHER REGISTRATION MATERIALS REQUIRED FOR SUBMISSION ALONG  
WITH THIS COMPLETED FORM. ALL ITEMS DUE IN ENTIRETY BY (APRIL 9th FOR PRIORITY REGISTRANTS)  
May 1st.**

- Copy of full IEP stating ASD as primary diagnosis (NOT REQUIRED FOR PAST CAMPERS IN 2021 ONLY DUE TO COVID)
- Two 2"x3" photos of your child
- Behavior plan (if using)
- YMCA Health Form
- Copy of Immunization Record
- Copy of Insurance Card
- Full Payment (scholarships and payment plans available. Contact ASRC to arrange)

## **Frequently Asked Questions**

### **What is POWER Camp?**

The ASRC, in partnership with our trusted friends at YMCA Camp Copneconic, provides a tailored one-week summer day-camp experience for children with a confirmed ASD diagnosis. The ASRC is pleased to offer this twice during the summer!

### **Where and when is camp held?**

POWER Camp is held at YMCA Camp Copneconic. They are located at 10407 N. Fenton Rd, Fenton, MI 48430. Camp is held approximately from 8:30am-3:30pm Monday-Thursday. An optional overnight is offered during one of the weeks. Dates will be announced by February.

### **When is registration?**

Registration will be available by March and is on a first come, first serve basis. Required items for registration include completed enrollment form, signed waiver, completed health intake form, immunization form, copy of insurance card, copy of full IEP or psychological evaluation and full payment by **May 1st. NO EXCEPTIONS**

### **Who can attend?**

POWER Camp is open to campers with a confirmed ASD diagnosis who are ages 7-18. Diagnosis is confirmed by school IEP. Other evaluations may be requested by ASRC in an effort to get the best clinical profile of the participants. In an effort to make it an inclusive experience, we also incorporate typically developing Peer Buddies ages 10-15 who come recommended from their teachers based on their ability to mentor and be a good friend to those with autism.

### **What activities are offered?**

Your child may engage in the following types of activities. All activities are supervised by Camp Copneconic staff as well as ASRC professional volunteers. Life jackets are provided and required for certain water activities. You will have an opportunity to tell us about your child's swimming ability in the registration packet.

- Swimming
- Water trampolines
- Zip lining
- Archery
- Gaga Ball
- Arts and Crafts
- Fishing
- Sailboating
- Soccer
- Reptiles
- Canoeing
- Water Rockets

### **Does POWER Camp serve the whole autism spectrum?**

The activities are all planned so participants can access them regardless of where they are on the spectrum. Campers can have lower or higher needs and can be verbal or non verbal. We do ask that campers are toilet trained. We can offer assistance with dressing and we are able to offer verbal prompting to walk them through their routine, but we are unable to physically wipe.

Camp provides a wonderful and well supervised environment for our ASD youth, however, we are a non-restraint program. Along with that comes potential dangers for those who frequently elope such as open woods, water areas, and access to main roads. Campers who need 1:1 assistance throughout the entire day (either because they are in danger of running away, need physical assistance for most activities, or who are routinely aggressive to themselves and others) might not be a good fit for our program. Please contact us to see if this program is a good fit for your child's specific needs.

### **How are campers grouped?**

Campers are reviewed by our professional staff of educators and social workers. Based on their clinical profile they are carefully placed into groups of about 3- 6 campers, depending on level of need. They are joined by 2-4 peer buddies, again depending on level of need of the campers. Campers and Peer Buddies may request to be placed together in a group.

### **Who leads the campers and peer buddies throughout the day?**

Typically we keep our camper:adult ratio at 2:1. Camp Copneconic has 2 of their counselors who are the "camp experts". They provide instructions on the activities offered each day. They have received autism training and many have worked at POWER Camp in the past. The ASRC also has approximately 2-4 adult counselors in each group. These adults are professionals who work with the ASD population. Professions include special education teachers, OTs, SLPs, social workers, paraprofessionals and respite workers. Many of our volunteers return each year and some have been with the program since it's inception. We also encourage Junior Counselors (JCs) to apply to our program. JCs are typically developing students age 16-18 who come recommended to POWER Camp due to demonstrated leadership within their school environment. Often times, they are in programs in their high-school that help support those with autism. All adult leaders undergo a background check.

### **What should we bring?**

Campers must arrive at camp having already eaten breakfast. Camp provides a morning and afternoon snack and lunch and water is readily available. Menus will be provided in advance of camp. Gluten free options are available. Children are permitted to bring their own lunch/snacks that are NUT-FREE (this includes Nutella). The following is list of items to make it a successful experience.

- *Tennis shoes required.* No flip flops or crocs
- One piece swimsuit required (or wear a tshirt if a 2 piece). Tankini's are considered 1 piece
- Towel
- Backpack for extra change of clothes and supplies
- Water bottle
- Sunscreen
- Hat
- Sunglasses
- Watershoes (not required, but some children find them useful if they don't like the feel of the lake floor)

(NOT OFFERED IN 2021 DUE TO COVID) The overnight is a fun experience for campers. It is recommended that the child have successful overnight experience prior to trying it at camp for the first time. If your child is staying overnight, please provide the following additional items:

- fitted sheet or sleeping bag
- pajamas
- toothbrush & toothpaste
- extra change of clothes
- pillow
- comfort items such a stuffed animals or other "lovies"



## ASRC POWER Camp Participant Needs Assessment

**This form is required for all ASRC POWER Camp participants. Please complete the form in its entirety, answering each question to the best of your ability. Please add additional pages if you require more space.**

\* 1. Participant Full Name

\* 2. Participant DOB

\* 3. Participant Age

\* 4. Medical Needs/Concerns/Diagnoses. If none, answer "none".

\* 5. **Assistance**

- The participant requires one on one assistance with most daily activities \*\*
- The participant requires frequent prompts/redirection to remain on task
- The participant requires minimal prompts/redirection to remain on task

Please explain in further detail.

**\* 6. Communication**

- Verbal - Is able to communicate independently, understand, follow and repeat directions, hold reciprocal conversations, and state needs without assistance
- Limited verbal - Is able to communicate needs/wants with some assistance, communicates in one to two sentences,
- Non-verbal - Is unable to communicate verbally

Please explain the participants communication in further detail.

**\* 7. Is participant prone to wandering/running/eloping/leaving the area without permission?**

- Yes
- No

Please elaborate

**\* 8. Is participant independent in toileting and associated use of facilities? (button/zip pants, wipe, recognize need to use the restroom and seek assistance locating it).**

- Yes
- No

Please elaborate

**\* 9. Fine Motor**

	Never	Sometimes or Partially	Usually or Always
Holds a pen, pencil, or paintbrush appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuts out simple shapes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ties shoes securely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zips, fastens, buttons clothes when changing or using the restroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 10. Gross Motor**

	Never	Sometimes or Partially	Usually or Always
Runs smoothly without falling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbs on and off high objects (playground equipment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Catches a tennis or baseball-sized ball, moving to the ball as necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 11. Self Care**

	Never	Sometimes or Partially	Usually or Always
Is toilet-trained and will tell an adult when they need to use the restroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleans or wipes hands and face during or after meals without prompting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requires assistance using the restroom (unbuttoning pants, wiping, pulling pants up)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeks assistance when needed (injury, illness, pain or discomfort)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows directions for a special diet or takes medications independently (if applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has eating difficulties (eats too fast, too slow, overeats or refuses to eat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 12. Communication**

	Never	Sometimes or Partially	Usually or Always
Says at least 100 recognizable words	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses mostly gestures to communicate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pronounces words clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tells about an experience in detail (who was involved, what happened, where it took place)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 13. Comprehension**

	Never	Sometimes or Partially	Usually or Always
Listens to and understands spoken instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows instructions in "if-then" form ("if you want to play the game, then put away your toys")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listens to a story for at least 15 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows directions or instructions heard 5 minutes before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses and/or understands visual schedules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits from having pictures available to understand directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 14. Behavior

	Never	Sometimes or Partially	Usually or Always
Understand dangerous/risky situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chooses to avoid/is fearful of dangerous/risky situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Controls anger when he/she does not get his or her own way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gets anxious or nervous easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is impulsive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wanders or runs away	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has meltdowns in the home/school/community setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is physically aggressive in the home/school/community setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is more active or restless than peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swears	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensitive/uncomfortable with others touching him or her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Displays behaviors that cause injury to self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Displays behaviors that cause injury to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentionally destroys property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has irrational fears of ordinary situations/sounds/objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has tics (twitching, head shaking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has pica behaviors (eating non edible items)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 15. Relating to Others**

	Never	Sometimes or Partially	Usually or Always
Makes or tries to make social contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognizes the likes and dislikes of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeps comfortable distance between self and others in social situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoids rude or embarrassing comments/behaviors in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plays successfully with one of more children for more than 5 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shows good sportsmanship, follows the rules of the game, does not get mad when losing a game	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does not become overly aggressive when playing a sport/game	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responds appropriately to slight changes in routine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chooses not to taunt, tease or bully peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Displays empathy for peers who are having a difficult time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoids others and prefers to be alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is overly dependent on parent/caregiver/teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 16. List anything that motivates the participant.**

\* 17. What type of educational program is the participant currently enrolled? If enrolled in a program, what support do they receive?

\* 18. Below, please share with us any and all additional information about the participant that would assist us in making this experience successful for them. Examples include but are not limited to: Supports you feel the participant would need. Triggers. Behavioral concerns. Sensory sensitivities. Means of de-escalation.

\* 19. Contact information for person completing the form

**Name**

**Relationship to participant**

**Email Address**

**Phone Number**



Camper Name: \_\_\_\_\_

Birth Date (mm/dd/yyyy): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

2nd Guardian/Emergency: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Camper's Primary Physician Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

May we contact your child's physician? Yes No (Circle one)

Is your child covered by family health insurance? Yes No (Circle one)

Policy Holder's Name: \_\_\_\_\_

Policy Holder's Birth Date: \_\_/\_\_/\_\_\_\_

SSN or Insurance ID: \_\_\_\_\_

Policy Holder's Relationship: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Carrier Phone #: (\_\_\_\_) \_\_\_\_\_

Group Number: \_\_\_\_\_

Claims Processing Address: \_\_\_\_\_

Rx Bin Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prescription Plan Carrier: \_\_\_\_\_

Prescription Plan #: \_\_\_\_\_

Date of last TB Test: \_\_/\_\_/\_\_\_\_ Result: \_\_\_\_\_

	Last Occurance
Chicken Pox	_____
German Measles	_____
Hepatitis A	_____
Hepatitis B	_____
Hepatitis C	_____
Measles	_____
Mumps	_____
H1N1	_____

Immunizations	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Latest
DTaP or TDaP						
Tetanus, Pertussis Booster						
MMR						
IPV						
HIB						
PCV						
Hep. B						
Hep. A						
Chicken Pox						
MCV4						
H1N1						
Flu						

**ALLERGIES**

Does your camper have any allergies? Yes No  
for If yes:

Allergen(s): \_\_\_\_\_ Reaction Seen: \_\_\_\_\_ Last Rxn: \_\_/\_\_/\_\_\_\_

Anaphylactic? Yes No Does your camper carry an epi-pen? Yes No Can they use it themselves? Yes No

I attest that all my child's immunizations required school are up to date.

**PHYSICAL HEALTH HISTORY**

Please check any that apply to your camper, and provide all relevant details (dates, treatment plans, etc) on next page

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Abdominal Menstrual History        | <input type="checkbox"/> Bed Wetting                  | <input type="checkbox"/> Bleeding, Clotting             | <input type="checkbox"/> Diarrhea, Constipation |
| <input type="checkbox"/> Chest Pain, Dizzy, Passing Out     | <input type="checkbox"/> Glasses/Contacts/Eyeware     | <input type="checkbox"/> Head Injury                    | <input type="checkbox"/> Heart Murmur           |
| <input type="checkbox"/> Lice                               | <input type="checkbox"/> Mono (within last 12 months) | <input type="checkbox"/> High Blood Pressure            | <input type="checkbox"/> Knocked Unconscious    |
| <input type="checkbox"/> Skin Problems (itching, rash, etc) | <input type="checkbox"/> Sleep Walking                | <input type="checkbox"/> Orthodontic Appliance          | <input type="checkbox"/> Seizures, Convulsions  |
| <input type="checkbox"/> Hospitalized                       | <input type="checkbox"/> Had Surgery                  | <input type="checkbox"/> Have Chronic/Recurrent Illness | <input type="checkbox"/> Infectious Disease     |
| <input type="checkbox"/> Recent Injury                      | <input type="checkbox"/> Have Diabetes                |   |   |



Please use this space to provide us with any relevant notes regarding the health history on the previous page:

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Please note any recurring health issues you camper experiences:

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Has your camper had any recent operations or serious injuries?

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Has your camper traveled outside the United States in the past 9 months? If so when/where?

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### MENTAL HEALTH HISTORY

Please check any that apply to your camper, and provide all relevant details (dates, treatment plans, etc) below

- Attention Deficit Disorder (ADD or ADHD)
- Depression
- Disordered Eating
- Learning or Processing Challenge
- Obsessive-Compulsive Disorder
- Panic, Anxiety Disorder
- Substance Abuse
- Other Mental/Emotional/Social Health Issue

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### SPECIAL DIETS

Please check or describe below any special dietary needs your child has

- No Dairy
- No Eggs
- No Fish
- No Pork
- No Poultry
- No Red Meat
- No Seafood
- No Wheat
- Vegan
- Vegetarian

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### PRESCRIPTIONS

Please fill out the following information for any medications your camper will take while at camp.

**NOTE: ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINER**

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Notes: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Notes: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Notes: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Notes: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Notes: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Notes: \_\_\_\_\_

The following medications are over-the-counter meds that we stock in our health center. Please circle any that you **do NOT** wish to be given to your camper.

Acetaminophen (Tylenol)

Antidiarrheal (maalox)

Bismuth Subsalicylate (Pepto Bismol)

Calamine Lotion

Cough Drops (Generic)

Diphenhydramine (Benadryl)

Guaifenesin (Mucinex, Robitussin)

Ibuprofen (Advil)

Loratadine (Claritin)

Poison Ivy Treatment (Ivy Rid)

Pseudoephedrine Hydrochloride (Advil Cold & Sinus)

Pediculosis Treatment (Nix)

Antibiotic Cream (Neosporin)

### PROGRAM RESTRICTIONS

I have reviewed the program and activities of the camp and feel that my camper my participate (check one)

\_\_\_\_\_ without restrictions

\_\_\_\_\_ with restrictions (Describe below)

What have we forgotten to ask?

Please use the space below to provide us with any information that will help your camper be successful at camp. This can include information pertaining to their social behavior, physical needs, or emotional habits. Any information that may affect their participation in camp programs and potential accommodations are useful.

### TERMS AND CONDITIONS

Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper/staff member to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission for Camp Copneconic to provide care to my child based on their Health Service Policy. I understand that camp will attempt to contact me and the other emergency contacts provided in this document before obtaining professional medical care, but in the event I can not be reached, I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine care (over-the-counter medications, care for Asthma or Allergies, etc.) and in an emergency situation. If I can not be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a need-to-know basis with camp staff. I give permission to photocopy this form. In addition, in an emergency situation where my child's guardians and emergency contacts can not be reached, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

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

Print Name: \_\_\_\_\_