

2017 Silver Towers Camp Application

Name _____ Date of Birth _____ Age _____ Sex M _____ F _____
 Email Address: _____ Phone # () _____
 Home Address _____ City _____ St. _____ Zip _____
 Mailing Address _____ City _____ St. _____ Zip _____
 Tee Shirt Size: Circle Sm. Med. Lg. XL 2XL Other: _____

Names of persons to be contacted in case of emergency.
Phone numbers must be current of someone who will be able to help in case of an Emergency
 Home Provider or Care Giver _____ Phone # () _____
 Address _____ City _____ St. _____ Zip _____
 Parents or Legal Guardian _____ Phone # () _____
 Address _____ City _____ St. _____ Zip _____
 Additional Contact in Case of Emergency: _____ Phone # _____

Health Insurance Coverage
 Is the Camper covered by family medical/ hospital insurance? Yes _____ No _____
 Medicare # _____ Medicaid # _____
 ► Photocopy of front and back of health insurance card must be attached to this form

This section must be completed by the parent/guardian for camper's attendance.
Permission to Provide necessary Treatment or Emergency Care: I hereby give permission for medical personnel selected to order and approve various medical/treatment; to release any records necessary for insurance purposes; to provide/arrange necessary transportation for the Camper in the event I cannot be reached in an emergency. I hereby give permission to the medical personnel to secure and administer treatment, including hospitalization for the person named above. I agree to abide by the restrictions as specified above during camp.

Signature of Parent/Guardian or Adult Camper _____
 Printed Name _____ Date _____

NEW SESSIONS SCHEDULE **PLEASE REVIEW CAREFULLY**

- _____ Session 1: June 25 – July 1 (ages 31 and over)
- _____ Session 2: July 2 – July 8 (ages 31 and over)
- _____ Session 3: July 9 – July 15 (ages 31 and over)
- _____ Session 4: July 16 – July 22 (ages 31 and over)
- _____ Session 5: July 23 – July 29 (ages 31 and over)
- _____ Session 6: July 30 – August 5 (ages 31 and over)

- _____ Session 7: August 6 – August 12 (ages 10 – 30)
- _____ Session 8: August 13 – August 19 (ages 10 – 30)

Camper Health Information

Please describe any current health issues: _____

List any Allergies: _____

Heart or Blood Pressure Problems: _____

Respiratory Problems: _____

Diabetes: _____

Skin Problems: _____

Special Diet: _____

Seizure Disorder	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Controlled:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Type:	<input type="checkbox"/>	Grand Mal	<input type="checkbox"/>	Petit Mal	<input type="checkbox"/>
Frequency:		_____			_____ Psychomotor

Does the Camper usually run a normal temperature? Yes No

Is the Camper sensitive to sun? Yes No

Is the Camper sensitive to bug bites Yes No

Please list past significant medical histories: _____

Please list all medications and treatments (Dosage and times of administration): Use additional paper if necessary to submit a complete list of medications. _____

Does the Camper have trouble taking Medication? YES or NO

Best method to administer medicine: _____

What best describes Camper's vision?

- Wears Glasses Normal Vision Has Functional Vision
 Is Legally Blind Blind

How does Camper communicate with others? Uses Speech Understands Speech

Uses Sign Language Understands Sign Uses Adaptive Communication Device

What is the best way to communicate with Camper? _____

Camper's Hearing

- Has Normal Hearing Has Functional Hearing
 Is Hard of Hearing Is Deaf

Behavioral Challenges:

Indicate those that best describe the Camper in the last 5 years:

- Aggression toward people Tantrums Self-Injury Hyperactive
 Aggression toward objects Manipulative Swears Poor Peer Relations
 Inappropriate Sexual Behavior Withdrawn Non-Compliance

If you checked any of the above please explain or attach documentation in regards to the Challenge: We will not accept the Camper without this documentation. Use additional paper if needed.

Other Challenges not listed: _____

What is the most effective way to deal with Camper's Behavioral Challenges? _____

Does camper have specific Behavioral procedures followed at home, school or day care program?

Yes No If yes, describe below and attach the plan.

Describe Campers Daily Living Skills:

	Independent	Needs Help	Please Describe the Amount of help Needed
Dressing:	___	___	_____
Bathing:	___	___	_____
Hygiene:	___	___	_____
Toileting:	___	___	_____
Eating:	___	___	_____

Does the Camper Wet the Bed?: YES or NO If YES, how often? _____.

You will need to provide extra bedding, night time pull ups, padding for bed. If camper does not come with these items you will be charged for materials purchased by camp.

Please use this space to provide any further information that will help us better serve your Campers Daily Living Skills NEEDS:

Camper's Physical Challenges

___ Cerebral Palsy ___ Spina Bifida ___ Muscular Dystrophy ___ Quadriplegic
___ Paraplegia ___ Ambulatory ___ Uses Wheelchair ___ Uses Crutches
___ Walks with assistance ___ Other: Please explain:

Camper's Intellectual / Cognitive Challenges

___ Developmentally Delayed ___ Mild ___ Moderate ___ Severe
___ Autism ___ Mild ___ Moderate ___ Severe
___ Emotionally Behaviorally Disturbed ___ Mild ___ Moderate ___ Severe
___ Down Syndrome ___ Mild ___ Moderate ___ Severe

Other diagnosis if not listed above: _____

History of physical, mental, or sexual abuse which may have an impact on the Campers experience at camp:

Does this Camper have one to one support on a daily basis? IF yes, then you must provide that support while the Camper is at Silver Towers:

DOES THIS CAMPER SMOKE OR HAVE THEY RECENTLY QUIT SMOKING? YES OR NO WE ARE A SMOKE FREE CAMP. NO CAMPERS WILL BE ALLOWED TO SMOKE AT CAMP!!!!
