

# 2018 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** **MUST PROVIDE EMERGENCY NUMBERS**

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 \_\_\_\_\_  
 Date \_\_\_\_\_

Printed Name \_\_\_\_\_

## **NEW SESSIONS SCHEDULE PLEASE REVIEW CAREFULLY**

**If you have questions about whether your camper could come to camp at a different time please call and discuss the reasons.**

- \_\_\_\_\_ Session 1: June 24 – June 30 (ages 31 and over)
- \_\_\_\_\_ Session 2: July 1 – July 7 (ages 31 and over)
- \_\_\_\_\_ Session 3: July 8 – July 14 (ages 31 and over)
- \_\_\_\_\_ Session 4: July 15 – July 21 (ages 31 and over)
- \_\_\_\_\_ Session 5: July 22 – July 28 (ages 31 and over)
- \_\_\_\_\_ Session 6: July 29 – August 4 (ages 31 and over)
  
- \_\_\_\_\_ Session 7: August 5 – August 11 (ages 12 – 30)
- \_\_\_\_\_ Session 8: August 12 – August 18 (ages 12 – 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: Please check all that apply:**

Regular Diet \_\_\_\_\_ Low Sugar \_\_\_\_\_ Low Salt \_\_\_\_\_ Chopped \_\_\_\_\_ Pureed \_\_\_\_\_

Meat Cut Small \_\_\_\_\_ All Food Cut Small \_\_\_\_\_ Food Moistened \_\_\_\_\_

Lactose Intolerant \_\_\_\_\_ Needs Soy/Almond Milk \_\_\_\_\_ **(you will need to provide this)**

Specific Food Allergy: (Circle one) Yes or No If Yes, Please list here: \_\_\_\_\_

**If your camper is a picky eater, you must provide food for them at camp. We will prepare the food that is brought for that camper however, we are not a restaurant so please be considerate of our kitchen staff.**

Seizure Disorder	_____	Yes	_____	No		
Controlled:	_____	Yes	_____	No		
Type:	_____	Grand Mal	_____	Petit Mal	_____	Psychomotor
Frequency:	_____	Date of Last	_____	Emergency	_____	Please List Here:
	_____	Seizure	_____	Seizure Meds	_____	_____

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, treatments, prescription dosages on the Physical Form and have it signed by the physician who prescribes the medications, treatments, etc.. A camper must have a Physical each year to attend camp. ALL PHYSICAL FORMS ARE DUE BY JUNE 1, 2018. If we do not receive the Physical by that time we may not be able to hold your position.**

**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: Campers will not be accepted without specific written plans. We do reserve the right to deny the application if we feel this camper may be a threat to them self or others. 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: Campers must be self-sufficient in these areas needing minimal assistance from counselors. We do allow campers to bring a one to one with them to camp.**

	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, laundry soap, etc.

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

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**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 Spectrum Disorder     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:**

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**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!!!!**