

**ST FRANCIS CAMP ON THE LAKE  
10120 MURRAY ROAD  
JEROME, MI 49249**

FUNDING SOURCE \_\_\_\_\_  
SHIRT SIZE \_\_\_\_\_

**CAMPER REGISTRATION APPLICATION**

**CAMPER:**

Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Group Home Name (If Applicable) \_\_\_\_\_

Corporation Name \_\_\_\_\_ Phone No \_\_\_\_\_

**DIRECT PERSON TO NOTIFY IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Telephone \_\_\_\_\_ Night Telephone \_\_\_\_\_

**CAMPER PRIMARY DISABILITY** (Check all that apply)

EMI/Mild Retardation

TMI/Moderate Retardation

Behavioral

SMI/Severe Retardation

Autistic

Cerebral Palsy

Deafness

Blind

Heart Condition

EI/Emotionally Impaired

Non-Verbal

Diabetes

Seizure Disorder (Controlled? Yes or No) \_\_\_\_\_ Wheelchair Level of Mobility \_\_\_\_\_

Special Diet List: \_\_\_\_\_

Camp week(s) preferred

Choice 1 \_\_\_\_\_

Choice 2 \_\_\_\_\_

**PRIVACY INFORMATION**

St Francis Camp on the Lake strives to maintain the privacy and integrity of all information provided within this application. No information is provided to any other entity with the exception that necessary medical information may be provided in order to ensure proper medical treatment in the event the camper must be transported to a medical facility or emergency room. No information is electronically disseminated to any outside agency. The requirements of the Health Insurance Portability and Accountability Act of 1996 state any business entity that maintains or provides medical information electronically must comply. St. Francis Camp on the Lake does not fall into the requirements of HIPAA Act of 1996. This statement is only being provided to assure the parents/guardians of our campers that the information being provided will be held private and will not be shared with any other business or medical entity except as stated above. By signing below you state that you understand the information is going to be kept private and is only being provided to best serve the needs of the camper and St. Francis Camp on the Lake while the camper is attending the session and will not be disseminated to any other entity.

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**PHOTO RELEASE**

I agree to allow photographs of the camper named above, to be used by St. Francis Camp on the Lake, and/or The Order of the Alhambra for publicity or educational purposes including leaflets, flyers, television, newspaper, magazine and advertisements.

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**CAMP RELEASE FORM**

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

**EMERGENCY MEDICAL CARE:**

I hereby give permission to St. Francis Camp on the Lake, which is licensed by the Michigan Department of Social Services, to secure emergency medical and surgical treatment and to provide routine nonsurgical medical care for the minor child/adult named above while attending camp.

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Upon admission for emergency treatment, health insurance, if any, carried by the undersigned, as indicated below, will cover costs of such treatment. Signature must be witnessed by an adult.

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**RELEASE/PICKUP:**

I hereby authorize the camper listed above to be released to/ picked up by only the following persons. I will notify in writing to St. Francis Camp on the Lake of any changes in such persons.

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**MEDICAL MANAGEMENT STATEMENT**

Medical Needs are handled by a Licensed Nurse who is present on site 24 hours a day. The Nurse will handle passing of all medications and PRN's. Basic First Aid is given for any accidents. If the injury or illness is more severe, the Camper will be taken to Hillsdale Community Health Center (Hospital). We have a Doctor on call 24 hours a day through the Emergency Room of Hillsdale Hospital. The Director, Nurse and Assistant Director are all certified for CPR for the Professional Rescuer. We are a camp in a rustic setting. Anyone who is Medically Fragile does not belong at camp. We do not have the facilities to handle campers who need Specialized Medical Care. Examples are: Open wounds, unstable heart problems, unstable diabetes, campers with feeding tubes that need to be fed through the night, campers needing to be catheterized or to have their blood pressure taken more than 2 times a day, campers whose immune systems are compromised or campers that have been sick within 2 weeks of their camp date.

Any Specialized items such as dentures, glasses and hearing aides brought with the camper are **your** personal responsibility. St Francis Camp cannot reimburse for lost or damaged items. Campers who must have these items should bring containers for storage when not in use. If your camper can go without these items please leave them at home.

All campers who take daily medications must arrive at camp with their medications in blister packs or other original labeled containers. The name of the camper, the medication name, dosage and directions must be clearly visible on medication container. Please be sure to send enough medications with your camper. Campers who arrive at camp without enough medications for the week may be sent home without refund.

If a camper needs to be weighed once a week or more, please have a Doctor waive the order for their week in camp or bring in a scale.

Please provide a recent photo of your camper with this application!

If you have any questions, please call St. Francis Camp on the Lake at 517-688-9212.

Thank you!

**CAMPER MEDICAL INFORMATION**

Camper Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Allergies: Yes or No** Please describe: \_\_\_\_\_

Should camper's activities be limited due to physical condition or illness? Yes or No  
Please explain \_\_\_\_\_

Please describe all disabling conditions circled on Page 1  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Infectious Diseases: \_\_\_\_\_

Additional Medical Concerns: (Circle all that apply)

- |                              |                     |                      |
|------------------------------|---------------------|----------------------|
| Arthritis                    | Scoliosis           | Hydrocephaly         |
| Asthma                       | Shortness of Breath | Hay Fever            |
| Speech Problems              | Dental Problems     | Partially Sighted    |
| Eczema                       | Other Skin Rashes   | Menstrual Problems   |
| Trouble passing urine        | Braces              | Muscular Problems    |
| Trouble with bowel movements |                     | Walker/Cane/Crutches |
| Helmet                       | Infectious Diseases |                      |

Please describe all medical conditions circled above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

Immunizations: (List on back of this page)

The information provided here is true to the best of my knowledge.

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

Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Date Signed \_\_\_\_\_



## PERSONAL HABITS

Please be accurate and current when answering these questions!

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

Group Home Name \_\_\_\_\_

Is this the first time at St Francis Camp? \_\_\_\_\_

Is this the first time at camp? \_\_\_\_\_

Does camper enjoy hobbies? \_\_\_\_\_

Does camper enjoy beach and water activities? \_\_\_\_\_

Does camper enjoy walking? \_\_\_\_\_

Does camper interact well with others? \_\_\_\_\_

Does camper take care of their belongings? \_\_\_\_\_

Does camper take other persons belongings? \_\_\_\_\_

Does camper take other persons food? \_\_\_\_\_

What are camper's favorite foods? \_\_\_\_\_

Eating: Does camper feed self need help needs to be fed Explain: \_\_\_\_\_

Drinking: Does camper drink independently need help Explain: \_\_\_\_\_

Dressing/undressing: Does camper do independently need help Explain: \_\_\_\_\_

Toileting: Does camper do independently need help Explain: \_\_\_\_\_

Are bed rails needed at night? \_\_\_\_\_

Does camper follow directions? \_\_\_\_\_

Is camper self abusive? \_\_\_\_\_

Is camper verbally abusive? \_\_\_\_\_

Is camper: usually happy withdrawn quiet other \_\_\_\_\_

If camper is behavioral, please describe types of behavior and recommended methods of controlling behavior.

\_\_\_\_\_

Is there any other information you wish to share about camper? (You may continue on the reverse side)

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** Any question that needs more space please continue on the reverse noting which question.

Thank you!!