

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

DATE _____

FUNDING SOURCE _____
SHIRT SIZE _____

**** Please type or print clearly ****

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 (MUST BE AVAILABLE TO CONTACT 24 HOURS A DAY)

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	MS
SMI/Severe Retardation	Autistic	Cerebral Palsy	ADD/ADHD
Deafness	Blind	Heart Condition	Bipolar
EI/Emotionally Impaired	Non-Verbal	Diabetes	
Seizure Disorder (Controlled? Yes No)		Wheelchair	Yes No
		Level of Mobility	

Special Diet List: _____

Camp week(s) preferred Choice 1 _____
Check Number of Weeks Choice 2 _____
One Week Two Weeks

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 _____

INITIAL _____

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!

INITIAL _____

CAMPER MEDICAL INFORMATION

Camper Name _____ M F Age _____

Address _____ Telephone _____

City _____ State _____ Zip Code _____

Allergies: Yes No Please describe: _____

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

Please explain _____

Please describe all disabling conditions checked on Page 1

Infectious Diseases: _____

Additional Medical Concerns: (Check 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 | Infectious Diseases | Muscular Problems |
| Trouble with bowel movements | | |

Please describe all medical conditions checked above: _____

Date of last physical exam: _____

Aids Used: (Check all that apply)

- | | | |
|-------------------------|----------|-----------------------|
| Helmet | Braces | Walker/Canes/Crutches |
| Glasses | Contacts | Hearing Aids |
| Special Eating Utensils | Retainer | Wheelchair |
| Dentures | | |
| Other | _____ | |

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

Printed Name _____

Signature _____ Relationship _____

Date Signed _____

INITIAL _____

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? YES NO _____

Is this the first time at a camp? YES NO Explain _____

During your camper's stay at camp, which age group do they fall into: 8-17 18-25 26-54 55 & Above

Does camper enjoy beach and water activities? YES NO Explain _____

Does camper interact well with others? YES NO Explain _____

Does camper take care of their belongings? YES NO Explain _____

Does camper take other persons belongings? YES NO Explain _____

Does camper take other persons food? YES NO Explain _____

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 wear briefs

Explain: _____

Does camper have seizures? YES NO Explain _____

Are bed rails needed at night? YES NO Explain _____

Does camper follow directions? YES NO Explain _____

Is camper self abusive? YES NO Explain _____

Is camper verbally abusive? YES NO Explain _____

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 next page)

NOTE: Any question that needs more space please continue on the next page noting which question.

Thank you!!

INITIAL _____

