Camp Fish Tales 2017/2018 Respite Weekends

Camper Name:	**Diagnosis:**	
Birth date:	Sex: Male Female	Email:
Parent or Guardian Name(s):		
Address:	City:	
State:	Zip:	County:
	Home Phone:	Cell Phone:
Emergency Contact Information:		
Name:	Name:	
Relationship:	Relationship:	
Home Phone:	Home Phone:	
Cell/Work Phone:	Cell/Work Phone:	

Please choose the date you would like to join us at camp for a weekend.

I want to attend:	Respite Dates:	Cost:	For:	
	October 20-22	$225	**Everyone**	Halloween Themed
	October 27-29	$225	**Everyone**	Halloween Themed
	November 10-12	$225	**Everyone**	Thanksgiving Themed
	November 17-19	$225	**Everyone**	Thanksgiving Themed

Application should be returned as soon as possible to reserve your space.

How do you plan to pay the camp fees?
Please only mark one field.

- ○ **I/My family will pay the fee.**
- ○ **I/My family have contacted the following organization for a campership.**

Name of Organization:_____ **Amount of Campership:**_____

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Camper Information:

The following is very important. We need this info to give the best camp experience. Please be sure to complete all fields.

Eating Habits:
Please describe any special diet in which you would like the camp to follow?
Please list any food allergies:
Sleeping Habits:
Do you / the camper need any help during the night or at bedtime? (Night Bracing, Dressing, or needing direction)
Can you / the camper turn in bed without help, or is there a special position you sleep in?
Mobility:
Is a Hoyer lift used to move you / the camper? If yes will it be brought to camp?
Do you / the camper use any of the following? (please circle which ones if any)
Amigo Cane Crutches Walker Wheelchair (manual) Wheelchair (electric) Other (please list):
Communications:
Do you / the camper speak? If difficulty speaking/understanding, please describe. (***uses sign language, writes out words***)
Are you / the camper visually impaired?
Other Assistance:
Do you / the camper need assistance with toileting, bathing or changing catheters?

Medical Section:

Please check the box if you / the camper had or are subject to the following:

Apnea	**Hearing Problems**	**Seizures**	**Violent or Angry Outbursts**
Asthma	**Homesickness**	**Skin Breakdown**	
Bed Wetting	**Lactose Intolerant**	**Skin Problems**	
Diabetes	**Respiratory Problems**	**Sleepwalking**	
Serious Injury or Surgery in the past 6 Weeks: (please list)			
Special Fears: (please list)			
Other:			

Allergies:

Please list any allergies and also your / the camper's reaction next to them.

Foods:
Insect Bites:
Medicines:
Other:

Please confirm that you / the camper have been to your physician for a physical within 1 year of today's date:

Yes **No** *If the answer is no, you may be required to see the Doctor before attending camp of any kind.*

Urinary Care:

Camper is independent with urinary needs

Camper requires assistance for transfers and help with clothing

Camper uses briefs for toileting:

- O At night only
- O At all times
- O Other: _____

Camper is catheterized intermittently – will be done in the health center

Catheterization schedule: _____

- O Camper is independent with catheterization
- O Camper requires supervision for catheterization
- O Camper is unable to catheterize there self

*Catheterization will be done by camp nurse

- O Camper has indwelling catheter
- O Camper has urinary appliance. Please specify type and care required:

_____

_____

Bowel Care:

Does the camper use any of the following regularly for bowel elimination?

If so please specify frequency of use:

- O Laxative: _____
- O Suppository: _____
- O Enema: _____
- O Digital Removal: _____
- O Other: _____

Current Prescription and Nonprescription Drugs and Medications:

Name Of Medication	Dosage	Hours Given

If you need more space please attach additional sheets, remember to bring all bottles.

Any changes to the above medication prior to incoming day at camp must be approved by your physician in writing.

Are there any above medications newly prescribed within the last three months? _____

Note: you must bring an adequate supply of medication to camp, enough for the entire weekend!

Child:	**May Take Tylenol:**	**Yes ____**	**No ___**
Adult:	May Take Tylenol:	Yes ____	No ___
	May Take Aspirin:	Yes ____	No ___

Does camper tend to run an elevated temperature? Yes ___ No ___

Is Camper Prone to?

- ○ Illness
- ○ Fatigue
- ○ Overheating
- ○ Emotional Upset
- ○ Other:

Medical Release:

To whom it may concern,

The health history provided is correct so far as I/we know and the person herein described has permission to engage in all prescribed camp activities, except as noted by me/us and/or examining physician. I/we certify to the best of my/our knowledge, the camper does not have any contagious disease or condition. I/we also understand that the camp is not responsible for illness due to previous poor health conditions.

If there is an emergency while you/ the camper is at Camp Fish Tales or going to and from camp, I/we authorize the director or medical staff of the camp to use their best knowledge to select and designate nurses, physicians, and/or surgeons to furnish nursing medical and/or surgical care should it prove to be necessary and the admittance to a hospital in case of emergency.

As a parent/guardian or adult camper, I/we hereby authorize treatment by a qualified and licensed physician in an emergency which in the opinion of the attending physician may endanger the camper's life, cause disfigurement, physical impairment, or undue discomfort if delayed. I/we further absolve the designated nurses, physicians, and /or surgeons from any and all liability for their reasonable acts done in good faith.

I/we understand that I/we will be notified of any emergency as soon as possible.

This form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

_____

Printed name of parent/guardian or adult camper

_____

Signature of parent/guardian or adult camper

Public Relations Release:

While camp sessions are going on, many photographs are taken by campers and staff members. As we develop promotional materials we wish to use some of these pictures of our campers in action. Fish Tales would like your permission to use these photographs in some of our flyers, newspaper articles, internet, and other promotional materials.

- O Yes, I agree to have any pictures taken used in Camp Fish Tales promotional materials.
- O No, I do not wish to have my picture used in promotional materials.

Signature: Date: