



Handi-Camp Information Sheet

Session Date: July 21-22, 2023

Campers are to be between the ages of 7 – 18 years of age. Housing will be arranged based on age and size of campers.

Camp session is limited to 20 campers. Ratio of campers to faculty will be a maximum of two campers to one faculty. **Campers may bring a companion at no additional cost.** That person may be a parent, caregiver or someone who is knowledgeable of the child's needs. The companion must be at least 16 years of age and complete an online faculty questionnaire. If your child is bringing a companion, please complete the Camper Companion section of the registration form. Those children that have a companion will not be assigned additional faculty to care for their needs. Camper companions will be assigned a bunk next to their camper in the dorms.

Camp Allendale desires to offer a camping experience to as many children as possible. At the same time, we are not equipped or trained to meet every unique need. It is important that you complete the enclosed forms thoroughly. The information contained in them will assist us in providing your child the best possible camp experience. You may be contacted to discuss your child's needs in more detail. You will receive an email or regular mail confirmation after your information has been received.

Campers will enjoy all the "Allendale experience" that their limitations and age will allow. Including:

Worship Times	Bible Lessons	Singing
Swimming	Fishing	Campfire Times
Pontoon Boat Ride	Cookout	Parachute Games
Hay Ride	Waterslides	Nature Hike
Carpetball	Four Square	Archery
Tetherball	Crafts	Pedal Carts

Overnight Camper Check-in Friday, July 21st @ 9:00am

Day Camper Check-in Saturday, July 22nd @ 9:00am

Pickup for all Campers Saturday, July 22nd @ 4:30pm

Handicamp Registration

Please fill out completely and legibly, and use a blue or black pen.

Mail to: Camp Allendale Attn: Camp Registration
4605 S Allendale Dr Trafalgar, IN 46181

CAMP COMPANION INFO:

Please complete this section if camper is bringing a companion. All questions refer to the camp companion, NOT the camper.

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Age _____

Relationship to Camper:

____ Parent ____ Caregiver

____ Sibling ____ Sitter

____ Other _____

Would the companion be willing to:

____ Teach Bible Lesson

____ Assist with singing time

____ Assist with games/recreation

____ Other _____

For credit cards: Amount _____ Name on card _____

CC no. _____ Exp date _____ CVV _____

CC Billing Address & Zip Code _____

Session Date July 21-22

Overnight Option

\$78

Day Camp Option July 22nd

\$40



Is your camp session clearly marked?

Camp fees due	\$ _____
- (subtract) My Church Pays	\$ _____
(equals) Total Camper Due \$	_____
- (subtract) Amount Enclosed NOW with this registration card (must be at least \$50)	\$ _____
(equals) Balance remaining \$	_____

Camper information...

First Name _____ Middle initial _____ Last Name _____

Boy Girl Home Address _____

City _____ St _____ Zip _____

Home phone _____

Birth date ____/____/____ Grade this fall _____ Age _____

T-Shirt Size (Circle One): YS YM YL S M L XL 2XL

Has the camper been baptized by immersion? Yes No

Member/Attends of what church? _____

If receiving church bucks, name of church giving _____

Name of preferred cabin mate (**ONE ONLY**) _____

Information on who the camper **RESIDES** with:

Mother's/Female's First and Last Name _____

Relationship to camper: Mother Grandmother Stepmother Legal Guardian Other _____

Emergency phone number (s) _____

Father's/Male's First and Last Name _____

Relationship to camper: Father Grandfather Stepfather Legal Guardian Other _____

Emergency phone number (s) _____

BIRTH Parents are: Married Divorced Separated Single Widowed

Additional alternate emergency phone number _____

For whom? _____ Relationship _____

E-mail address for a parent/guardian only please:

If an e-mail address is provided, your confirmation will be e-mailed. If you wish to have your confirmation sent by postal mail, **PLEASE CHECK**

HEALTH INFORMATION FORM

The following information must be filled out COMPLETELY and signed by a parent. Please complete ALL SECTIONS.

Health Record for _____
(Camper's name) _____ Age _____ Date of birth _____

Medications: Since medications often change, we will not have you list medications at this time. Please bring medications (over-the-counter, herbal, or prescription) taken routinely with current instructions. You will give these medications to the nurse during check-in on the first day of your camp. Bring enough to last the entire time at camp. **You MUST keep medication in the original packaging/bottle that identifies the prescribing physician (if prescription), name of medicine, dosage, & frequency (state law!) or it will not be accepted.** All meds must be given to the nurse.

Health Center Medications: These medications are stocked at Camp Allendale, used to help manage common illness or injury, and dispensed by standing orders signed by Allendale's supervising physician. Some meds are listed as common brand names, though generic may be substituted.

- | | | | |
|---------------|----------------|------------------|----------------------------|
| Acetaminophen | Hydrocortisone | Throat Lozenges | Expectorant |
| Robitussen DM | Tums | Immodium AD | Triple Antibiotic Ointment |
| Benadryl | Ibuprofen | Milk of Magnesia | |

Check one: It is okay to give any of these meds to this camper
 Do NOT give these meds (from above list): _____

Medical conditions or history to be aware of and please describe:

***Nothing checked indicates the camper has no medical conditions & is capable of full participation

- Heart disease _____
- ADD/ADHD _____
- Asthma or TB _____
- Epilepsy _____
- Active infections _____
- Hepatitis _____
- Clotting disorder _____
- Seizures _____
- Diabetes _____
- Other _____

Immunization Record: Has your child received vaccinations required by the state of Indiana for school including: diphtheria, pertussis, tetanus, measles, rubella, poliomyelitis, mumps, hepatitis B, chicken pox, varicella, and meningitis (grades 6-12)? Circle one: YES NO
Date of last tetanus booster? _____


Allergies: Please list any food, medication, insect, or other allergies (not seasonal allergies, pollens, trees, mild reactions to stings, etc.) and describe the **reaction and management of the reaction**. Please list only allergies that cause severe stomach or behavioral problems, rashes, hives, or breathing problems.
Allergy: _____ Reaction _____
Management _____
Allergy: _____ Reaction _____
Management _____
***** If your camper has severe food allergies, please contact our food service manager to provide more specific information at linda@camp-allendale.org**
Optional: Any recent life changes that we should be aware of? (death in the family, divorce, etc.) _____

Insurance Information
Insurance Company Name _____
Group Number _____ Insured's number _____
Insured's Name _____ Insured's date of birth _____
Family Physician _____ Physician's phone _____

I, having the authority to consent for the minor's health care (being a parent or legal guardian), do hereby delegate my authority to consent to said minor's care (named on this card) to Camp Allendale. I grant permission for the caregiver to request and authorize in writing or as otherwise requested by any hospital, or by any physician licensed to practice medicine, any and all examinations, medical treatments, and/or procedures to or for the benefit of the minor, either on or off the premises of the hospital, as may be deemed advisable or appropriate by any physician licensed to practice medicine. I understand however that every effort will be made to contact me in case of such emergency and if possible, before any such medical treatment is administered. My camper's medical information may be shared with appropriate personnel including but not limited to camp staff, program directors, camp nurses, EMS personnel, or other medical personnel as deemed medically necessary. I hereby release Camp Allendale from any responsibility other than normal supervision and care. In case of accident, I will not hold Camp Allendale or its staff members, management, or officers liable unless guilty of negligence. I hereby give permission for any photos or video to be taken during camp to be used for promotional procedures.

PARENT/GUARDIAN SIGNATURE Printed PARENT/GUARDIAN NAME

Is it Signed? Your registration can not be processed without a Parent/Guardian signature above!

You are almost done..... 1 more page to go!


Camper Name _____

The accuracy of the information you supply is critical in assuring the quality of care and quality of the experience your camper will enjoy while at camp. Please provide as accurate information as is possible.

Primary diagnosis _____

Secondary or Other diagnosis _____

Other Conditions or Concerns (Including Psychiatric) _____

In the following sections, please check off any statements that apply. You may check off as many as are needed, unless otherwise specified. Please answer thoroughly giving examples. Use and attach additional paper if necessary.

Mobility

Walks/Runs independently Needs Assistance Walking/Running Needs Assistance on Steps

Uses a Walker Wears AFO's or Braces on Legs Uses Wheelchair

Activity Level

Has typical attention span for his/her age (or) Has a very short attention span

Is under active (needs motivation to participate) (or) Is overactive

Is easily distracted by sights, sounds, people, etc.

Please describe how you manage his/her activity level, motivate him/her to participate, etc. _____

Is the camper able to stay with a group throughout the day., or does he/she have a tendency to wander? _____

If wanders, what are ways to redirect their attention? _____

Level of supervision Required for Time at Camp (Please check only one)

If camper is male, is he willing to have a female counselor? Yes No

Can function totally independently and in a group in all or most settings with little supervision

Can function independently for short periods of time and in a group with 1-2 staff

Can function in a group with supervision and 2-3 others; needs one-to-one supervision for some activities

Benefits from one-to-one supervision throughout the day

Further explanation or comments regarding any of the above:

Behavior - Please indicate how often, if ever, the following behaviors occur and how staff should respond.

It is most beneficial for you to provide accurate and detailed information in order to maintain consistent management. Please attach established behavior plans and feel free to add comments on the back of this form or on more paper.

<u>Behavior</u>	<u>Never</u>	<u>Seldom</u>	<u>Often</u>	<u>Explain/Details</u>
-Self Abuse	_____	_____	_____	_____
-Can be a leader	_____	_____	_____	_____
-Bites others	_____	_____	_____	_____
-Scratches, pinches, or hits others	_____	_____	_____	_____
-Uses appropriate touch	_____	_____	_____	_____
-Grabs other people	_____	_____	_____	_____
-Has good manners	_____	_____	_____	_____
-Inappropriate language	_____	_____	_____	_____
-Inappropriate sexual behavior	_____	_____	_____	_____
-Does not like to be touched	_____	_____	_____	_____
-Prefers to be alone	_____	_____	_____	_____
-Runs away or darts	_____	_____	_____	_____
-Enjoys social gatherings	_____	_____	_____	_____

-Please describe in detail any other challenging behaviors we should know about

What usually triggers challenging behaviors? _____

What are effective responses to challenging behaviors (please include if one or more staff needs to be present when agitated)? _____

What are two or three effective rewards? _____

Toileting/Showering

___ Uses toilet independently ___ Needs to be reminded

___ Needs some assistance using the toilet Explain: _____

___ Uses the toilet on a schedule (What is the schedule?) _____

___ Does not use toilet at all (uses incontinent briefs, etc.) _____

___ Needs enemas or suppositories (please describe bowel schedule) _____

___ Is independent in menstrual care (if applicable) _____

How does he/she let you know they need to go to the restroom? _____

Camper needs assistance with: ___ shampooing hair ___ soaping ___ adjusting water temperature

___ Needs complete assistance in the shower ___ Needs verbal cues ___ Camper can shower independently

Additional Comments: _____

Medical Concerns

Please describe any health problems that the camper has (seizures, diabetes, medication side effects, etc.)

Non –Drug Allergies:

_____/_____/_____

Reactions: _____/_____/_____

Blood/Body fluid precaution? ___ YES ___ NO If YES,
Type? _____

Does this person have seizures or convulsion? ___ YES ___ NO If YES,
frequency? _____

Type _____ Date of Last Seizure _____

At what point do we call the EMS? _____

Communication Skills

(comments/details)

__ Uses complete sentences __ Understands complete sentences _____

__ Understands 2-3 word phrases _____

__ Uses single words __ Understands single words _____

__ Uses vocalization sounds _____

__ Uses sign language __ Understands sign language _____

__ Uses/understands gestures, points, etc. _____

__ Uses pictures or word cards _____

__ Uses adaptive systems such as a communication board _____

__ Writes communications Able to read __ Yes __ No,

Explain _____

__ Facilitated communication (devices used; who usually acts as facilitator?) _____

Dressing

__ Has no difficulty dressing __ Can Choose own clothes

Can put on __ underwear __ socks __ shirt __ pants

Can __ button __ snap __ zip __ tie shoes

__ Can undress partially __ Can Undress completely __ Needs lots of assistance dressing

Please describe what assistance is needed in (un)dressing. _____

Sleep

Are there any unusual sleeping patterns we should know about? _____

How many hours does the camper sleep at night? _____ Normal Bedtime? _____

Mealtimes

Has a poor appetite Has a good appetite Has excessive appetite

Has good table manners Has history of throwing or grabbing food etc (Ex) _____

Eats through a G-Tube _____

Can use fork spoon knife Needs food cut Uses special utensils (please label and send to camp)

Has difficulty with swallowing or choking _____

What are some favorite foods and drinks? _____

What other special dietary needs does (s)he have? (no sugar, no meat, limit servings, etc) _____

Food Allergies: _____

Activities

What are some of the applicant's favorite activities? _____

Swims Cannot swim but will enter water Unsure

Fears water Will not get into water willingly

Needs to wear a life jacket at all times (*mark this item if applicant has seizure disorder*)

Camper has very sun sensitive skin Somewhat sun sensitive skin Skin is not sun sensitive

Some favorite outdoor activities are _____

Applicant has good motor skills Has poor motor skills Needs hand over hand assistance

Please list any indoor games/activities that the applicant particularly likes (playing cards, paints, etc) _____

Activities applicant does **not** like are _____
