



**AM Camp Takoda
Easter Seals Timber Pointe Outdoor Center**



Name of Session Applying for: Autism McLean Camp Takoda

Date of Session Applying for: August 5-9, 2019

Easter Seals Camp at Timber Pointe Outdoor Center is operated in accordance with U.S. Department of Agriculture policy, which prohibits discrimination on the basis of race, color, sex, age, disability, religion, or national origin.

Please answer ALL QUESTIONS accurately and completely. Pages 1 & 2 are the camper profile information portion and can be completed by the applicant, parent, or guardian. Page 3 contains educational and transportation information. Page 4 must be re-viewed by the applicant's physician and all areas must be completed and signed, physicals must be current (within 1 year of attending camp). Page 5 contains the consent form and must be signed by the proper individual(s).

Camper's Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian Name: _____ Email address: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone (mother): _____ Cell Phone (father): _____

Work Phone (mother): _____ Work Phone (father): _____

EMERGENCY CONTACT 1 (available during camp)

Name: _____

Relationship to Camper: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

EMERGENCY CONTACT 2 (available during camp)

Name: _____

Relationship to Camper: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Please Return by: July 22, 2109

**Send completed application and payment (if payment not made online) to:
Autism McLean
228 Martin Street
Normal, IL 61761**

CAMPER PROFILE—This information will be used to ensure the applicant’s needs are adequately met. Please answer openly and completely. All information is confidential. Use extra paper for answering if necessary. PLEASE COMPLETE ALL INFORMATION.

CONDITION

- 1) Applicant’s primary disability (be specific, e.g. Cerebral Palsy, Down Syndrome, Autism) _____
- 3) List any other disabilities _____
- 4) What supports does the applicant use? (Circle all that apply)

<u>PECS</u>	Never	Sometimes	Often	Always
<u>Picture Schedules</u>	Never	Sometimes	Often	Always
<u>Assistive Communication Device</u>	Never	Sometimes	Often	Always
<u>Sensory Items</u>	Never	Sometimes	Often	Always
<u>Other</u>	Never	Sometimes	Often	Always

SPEECH AND LANGUAGE

- 1) Does the applicant understand what is said to him/her? YES NO If not, please describe _____

- 2) Does the applicant express his/her needs? YES NO If not, please describe how the applicant makes his/her wants and needs known (e.g. sounds, one word, phrases, gestures, etc.) _____

BEHAVIOR

- 1) Does the applicant have a consistent behavior problem? YES NO If yes, please describe _____

- 2) Does the applicant get along well with others? YES NO If not, please describe the problem and any remedies that work.

TOILETING

- 1) Does the applicant have independent toileting skills and control of bowel and bladder? YES NO
If no, what measures are used to assist in toileting? (Circle)
Diapers/Pull-ups Needs Reminders Needs help wiping Other (explain) _____
- 2) Does the applicant have any behavior-related or disruptive toilet habits? YES NO If yes, please explain _____

*****LUNCH MUST BE PROVIDED FOR EACH CHILD, EACH DAY!*****

EATING

- 1) Can the applicant feed him/herself? YES NO What steps need to be taken at mealtime? _____

- 2) Please list any dietary restrictions or food allergies: _____
_____ My child is on a restricted diet. I will send his/her snacks along with his/her lunch.

RATIO OF CARE applicant receives at school: (Circle) 1:1 2:1 3:1 4:1 (circle below)

In all settings In classroom Special events In pull-out situations In small groups In large groups Highly structured activities

PAST EXPERIENCE

- 1) Is the applicant prone to wandering or running away? YES NO
- 2) Has the applicant attended camp before? YES NO
- If yes, answer the following questions: At TimberPointe Outdoor Center? YES NO What Year? _____
- 3) Was the applicant ever sent home early or denied admission to camp? YES NO
- If yes, please explain _____

4) Please add any additional information (positive or negative) that camp personnel should know about the applicant.

STRATEGIES

Please describe strategies you use with your child for:

Calming:

Motivating:

Re-organizing:

TRANSPORTATION

Parents will be responsible for transporting their child to and from camp. We understand that this may prove to be difficult for many families and would like to help in the transportation efforts. If you are able and willing to help transport other campers to and from camp, please fill in the information below.

Yes, I can transport another child to camp: _____ from camp: _____ I can transport from (city): _____

The best way to reach me is email/cell phone/home phone (circle one): _____

I can transport another child every day: YES NO

Parents Must Provide Lunch for Each Camper Each Day

Please include camper's name on each lunch bags and other items sent with your child.

Please make sure your child is equipped with any necessary items they may need each day.

All Campers Will Receive a Camp Takoda Shirt

Shirt Size: Child's S M L Adult S M L XL 2XL 3XL

Camper Name: _____

The following sections must be reviewed and signed by a physician within 12 months of the camp session. **ALL MEDICAL INFORMATION MUST BE COMPLETED AND SIGNED OR THE SECTION WILL BE RETURNED TO YOU.** This Medical Section can be sent to our office after the application, however, it must be received by our office no later than the start of the camper's session. – A current physical (within one year of the last day of camp) may be substituted. **You May use other current physical forms**

HISTORY

- 1) How would you assess the applicant's current health? (circle) GOOD FAIR POOR
- 2) List any chronic health problems (e.g. asthma, cough, constipation) and treatments of which the nurse should be aware
- 3) Has there been any recent exposure to a contagious disease? YES NO If yes, please explain _____
- 4) Is the applicant a carrier of any infectious condition? YES NO If yes, please explain _____
- 5) Are the applicant's immunization records up-to-date and complete? YES NO

Please list the dates (Month/Date/Year) of the last time the applicant had the following immunizations or tests. If the applicant has not had the tests or immunizations please indicate N/A: - You may attach a physician's vaccine chart for your child

_____ Diphtheria, Pertussis & Tetanus (DPT)	_____ Diphtheria & Tetanus (Td) or (TD)
_____ Oral Polio	_____ Combined Measles & Rubella (MR)
_____ Combined Measles/Mumps/Rubella (MMR)	_____ Rubella (Red Measles) Live Virus Vaccine
_____ Rubella (3 day or German Measles)	_____ Mumps
_____ Hepatitis B	

ALLERGIES:

Does the applicant have any known allergies? YES NO If yes, describe the allergies _____
If yes, describe the reactions _____

SEIZURES:

1) Does the applicant have seizures? YES NO If yes, answer the following questions:
Current Status (i.e. active, controlled) _____ Type of Seizure _____
How Often _____ Duration _____ Date of last one _____
Describe reactions before, during, and after seizure _____

RESTRICTIONS:

Has the applicant been hospitalized or treated in an emergency room recently? YES NO If yes, please explain:

Are there any physical conditions, past operations or injuries which should restrict his/her camp activities? YES NO
If yes, explain _____

Please circle any restricted area: Swimming Athletics Supervised Horseback Riding Other (explain) _____

(Please keep in mind that all camp activities are planned with accommodations for any physical or mental disability.)

*****PLEASE INCLUDE MEDICATION CHARTS*****

MEDICAL CONSENT—This section must be COMPLETELY filled in and signed by the doctor.

Date of Last Physical Exam (**MUST BE WITHIN 12 MONTHS OF CAMP SESSION**) _____

Physician's Name (Please Print) _____ Office Phone _____

Address: _____ City, State, Zip: _____

PHYSICIAN'S CONSENT AND SIGNATURE: When seen by me on this date the above named applicant was free from any contagious or infectious disease or condition and is capable of participation at camp.

Signature: _____ Date _____

IMPORTANT: This Consent is for the session named: Takoda Camp

Session Dates: August 5-9, 2019

Parent/Guardian or Applicant Agreement, Consent, and Release:

PLEASE READ THIS SECTION CAREFULLY BEFORE SIGNING, and be aware that in signing up and participating in this program, and using the facilities and equipment, you will be waiving and releasing all claims for injuries or loss or property damage that you (or your child) might sustain arising in any manner out of this program or the use of the facilities or equipment. This section must be filled out and signed by each participant (or their parent) or they will not be allowed to participate or use the facilities or equipment.

Photographic Release—In consideration of the furtherance of the purpose of National Easter Seals and Easter Seals Inc., I hereby grant permission to the same, to their officers, agents, and employees to take photographs or video of me (or my child) and to use my name in connection with any and all such photographs and in connection with any news release or story, and further, to use and distribute for publication any and all such photographs, video, news releases, and stories for any purpose they may deem proper. In granting such permission, I hereby relinquish any right, title, and interest I may have in such photographs, video, news releases, and stories and grant, The Autism Society of McLean County, National Easter Seals and Easter Seals Inc., the right to use these products.

Acknowledgement of Risk or Injury Clause—As a participant in the program, I recognize the risk and acknowledge that there are certain risks of physical injuries, including death, damages, property damage, or loss which I (or my child) may sustain as a result of participating in any and all activities connected with such program or the use of the facilities or equipment.

Waiver of Claim for Injury Clause—I agree to waive and relinquish all claims that I (or my child) may have for injuries or damages, as a result of participating in the program or using the facilities or equipment, against The Autism Society of McLean County, National Easter Seals and Easter Seals Inc., and their officers, agents, servants, employees, and affiliates.

Release from Liability Clause—I do hereby fully release and discharge The Autism Society of McLean County, National Easter Seals and Easter Seals Inc., and their officers, agents, servants, employees, and affiliates from any and all claims for injuries, including death, damages, property damage, or loss which may have or which may in the future accrue to me (or my child) on account of participation in the program or use of the facilities or equipment.

Indemnity and Defense Clause—I further agree to indemnify and hold harmless and pay defense costs and defend The Autism Society of McLean County, National Easter Seals, Easter Seals Inc., and their officers, agents, servants, employees, and affiliates, from any and all claims resulting from injuries, including death, damages, property damage, or loss sustained by me (or my child) and arising out of, connected with, or in any way associated with the activities of the program or the use of the facilities or equipment. The undersigned, in case of emergency and in the event the undersigned cannot be reached by telephone, does hereby give permission for medical treatment by a physician or hospital selected by the Camp Director. Such permission shall include any and all medical treatment, which is necessary or desirable in the absolute discretion of any such physician or hospital. The undersigned recognizes the right of the Camp Director, in his/her absolute discretion, to terminate a camper’s stay at any time due to disciplinary or medical actions which might jeopardize the camper’s or others’ health, safety, or well being at camp. The undersigned further agrees to pick up the camper immediately upon being notified of such termination. If someone other than the undersigned is to pick up the applicant at the end of the camp session, such person must present **written** authorization from the undersigned.

I do hereby authorize (name, address & phone) _____ to pick up the camper.

I do hereby authorize (name, address & phone) _____ to pick up the camper.

LEGAL SIGNATURE _____ **DATE** _____
(Parent or Guardian)