

Charles Campbell Children's Camp CAMPER APPLICATION
Camp dates July 14 - 19, 2019

PO Box 23342
Billings, MT 59104
(406) 670-2496
e-mail: campbellcamp@msn.com

Child's Name _____ Nickname _____ Age _____
Address _____ Birthdate _____ Sex _____
City _____ State _____ Zip code _____ **Weight:** _____ **Height** _____
Home Phone _____ Work Phone _____ Mom's Cell _____
E-Mail address _____ Dad's Cell _____

Has your child attended the Charles Campbell Camp before? Yes ___ No ___ Year _____

Disability/Condition: _____

Communication Ability: _____

Physical limitations: _____

ambulates freely ___ ambulates w/ walker ___ ambulates with crutches ___ wheelchair bound _____

Please send wheelchair with your child if he/she uses one for long outings. **No Electric wheelchairs!**

Special Equipment Needs (will bring to camp): Wheelchair ___ Braces ___ Feeding Equip. ___

Crutches ___ Hearing aid ___ Toileting devices ___ Walker ___ Diapers ___ Helmet ___

Other _____

Behavioral Issues (tantrums, biting, self abuse) _____

Ways you handle these situations: _____

Please be honest so that we are aware of problems and can handle them in an effective manner. If we feel your child is detrimental to the other children in camp, we will call and ask that you come and get him/her. Please use separate sheet if necessary to explain or call us and we can talk about it.

Eating:

Special Diet/equipment/needs: _____

Eats independently ___ Favorite Foods: _____

Dislikes: _____

Other: _____

Dressing: Independently ___ Needs help with _____

Bathroom: Independently ___ Needs help with _____

What times taken to the bathroom _____

Bowel Movement schedule: _____ Last BM _____

Special Needs / instructions to assist your child in their camp experience: _____

I hereby affirm that I am the parent/guardian of _____ and consent that photographs, videos, or any other Media reproduction of same taken of him/her may be used by the Camp Director, Staff, and or the Billings Lions Club to advertise or publicize in any manner. I give my permission to participate in the camp program sponsored by the Billings Lions Club and release the Lions Club and the camp staff from any liability resulting from such activity.

Parent/Guardian Signature _____ Date _____

Medical Information: Please include a recent picture of Child.

Child's Name _____ Birth date _____

Allergies to:
(Medications) _____
(Food :) _____
(Other:) _____

Prescription Medications: **PLEASE** be very specific with the dosage and times you give your child each different medication: We have included a new medication sheet for clarification. **All prescriptions need to be in the bottle they came in with instructions clearly labeled on the bottle. Please do not send pills in baggies. If the dosage or times given have changed from the bottle, you will need a doctor's prescription stating that. Also, please send a few extra, if a pill is dropped in a puddle, stepped on etc. we need to be able to replace it. Fill out the attached med schedule completely!**

Over the counter meds. / Other Non-Prescription (vitamins, Tylenol, cough syrup, allergy, upset stomach, constipation/diarrhea etc.) Check all that apply.

I give my permission to the camp staff to give these OTC meds to my child for these conditions.

Acetaminophen: _____ Dosage: _____ Children's or adult _____
Ibuprophen: _____ Dosage: _____ Children's or adult _____
Stool Softener: _____ Dosage: _____ Miralax: _____ Dosage: _____
Benadryl: _____ Dosage: _____ Allergy relief _____ Dosage: _____
Cold Med: _____ Dosage: _____ Cough suppressant: _____ Dosage: _____
Pepto Bismal _____ Dosage _____ Antacid: _____ Dosage: _____

How does your child best take the medications: _____

Emergency Consent to Treat (name) _____ for Dates _____

I hereby give my permission to any available physician or member of hospital medical staff to perform emergency medical treatment and procedures for (name) _____ as he/she deems necessary, and to continue treatment and procedures until such time as the undersigned shall dismiss or engage another physician. This permission includes admission to the local hospital if the physician deems necessary.

It is also understood that the Charles Campbell Camp, the staff, and the Billing's Lions Club are released from any liability which may be incurred,

Parent/Guardian Signature _____ Date _____

Print Name _____

Daytime phone # _____ Evening Phone # _____

Witness Signature _____ Date _____

Emergency Contact (if you are unavailable) Name _____

Relationship _____ Phone #'s _____

Please answer the questions below:

Physician preference _____

Hospital Preference _____

Date of last Tetanus Booster _____

Insurance carrier _____ Policy number _____

Medical conditions _____

Comments: _____

Due to the ever increasing responsibilities of the staff, we need your help! Medication is serious business and even though you know what your child gets, when they get it, what it looks like etc. **The nurse has up to 30 children to medicate 3 – 4 times daily while at camp. It is imperative to have the meds clearly marked in the bottles they came with so that the prescription is on the bottle. DO NOT put them in a baggie and expect the nurse to know what they are or how many your child gets, when!** We need the prescriptions clearly labeled per the instructions she gets from you (and on the bottle) and she needs a few extra pills just in case we drop one in a puddle or it falls on the floor and someone runs over it with their wheel chair. If we don't get clearly marked medications or if you have changed the dosage etc. the nurse will be calling you to figure out what she is doing for your child. Most of the meds we administer are serious seizure, or other serious medications and the nurse needs to feel that she has the needed instructions to administer them properly. Please try and make her life easier by clearly outlining each med, dosage, time given, and method given. Also, please ensure that all meds listed are included in the suitcase.

STAPLE PHOTO HERE! Current photo of your child please.

