

Charles Campbell Children's Camp CAMPER APPLICATION

Camp dates July 12th – 17th, 2020

PO Box 23342

Billings, MT 59104

(406) 670-2496

E-mail: campbellcamp@msn.com

Child's Name _____ Nickname _____

Age _____ Birthdate _____ Sex _____ Weight: _____ Height _____

Address _____ City _____ State _____ Zip _____

PREFERRED PHONE # _____ Dad's Cell _____ Mom's Cell _____

E-Mail address _____

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, Aggression) _____

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: _____

Dressing: Independently _____ Needs help with _____

Bathroom: Independently _____ Needs help with _____

How often does your child have a bowel movement? _____

Does your child have a Bowel/Bladder regimen _____ (If yes please fill out attached schedule)

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 Billing's Lions Club to advertise or publicize in any manner. I give my permission to participate in the camp program sponsored by the Billing's Lions Club and release the Lions Club and the camp staff from any liability resulting from such activity.

Parent/Guardian Signature _____ Date _____

Medical Information: If this is your first year, Please include a recent photo of your camper.

Child's Name _____ Birth date _____
Allergies to: _____
(Medications) _____
(Food :) _____
(Other:) _____

Does your child use/have a Nebulizer ___ Inhaler ___ Epi Pen ___ Rescue Seizure med ___
Please bring these to the nurses' attention upon check -in

Over the counter meds. (OTC)/ Other Non-Prescription (vitamins, Tylenol, cough syrup, allergy, upset stomach, constipation/diarrhea etc.) I give my permission to the camp staff to give these OTC medications to my child for common symptoms:

Tylenol ___ Ibuprofen ___ Miralax ___ Imodium ___ Benadryl ___ Cough Syrup ___
Claritin ___ Tums ___ Pepto Bismol ___ Other _____

How does your child best take 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 _____

Physician preference _____

_____ Hospital

Preference _____

Date of last Tetanus Booster _____

Insurance carrier _____ Policy number _____

Medical conditions _____

Comments _____

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/daily pill box. If the dosage or times given have changed from the bottle, you will need a doctor’s prescription stating that. The bottles and Med Sheet need to match with an extra pill or 2 just in case. If the nurse has any questions regarding the administration of medications he/she will call the preferred phone # listed to clarify. Please fill out the attached med schedule completely!

RELEASE AND INDEMNITY AGREEMENT:

Please read carefully. This Release and Indemnity agreement contains a surrender of certain legal rights. I (participant or guardian(s)) agree as follows:(1) to release and agree not to sue Charles Campbell Camp, its Board of Directors, the Billings Lions Club, Lions Club International, licensed professionals, employees, representatives, staff, volunteers, and other participants (hereafter collectively ‘entity’ or ‘entities’) with respect to all claims, liabilities, suits or expenses (including attorneys’ fees and costs) (hereafter collectively ‘claim’ or ‘claims’), in any way connected with my/my ward’s enrollment or participation in these activities. I understand I agree here to waive all claims I may have against said entities and agree that neither I, nor anyone acting on my behalf, will make a claim against Billings Lions Club, Charles Campbell Camp or other ‘entities’ as a result of any injury, damage, death or other loss suffered by me or my ward;(2) to defend and indemnify (‘indemnify’ meaning protect by reimbursement or payment) Billings Lions Club/Charles Campbell Camp or other ‘entities’, with respect to all claims brought by or on behalf of me, my ward, or a family member, in any way connected with my/my ward’s enrollment or participation in these activities or use of Charles Campbell Camp/Billings Lions equipment or facilities. This Release and Indemnity Agreement includes any losses caused or alleged to be caused, in whole or in part, by the negligence of Charles Campbell Camp/Billings Lions Club or other ‘entities’ (but not its gross negligence or intentional or reckless misconduct), and includes claims for personal injury, property damage, wrongful death, breach of contract or otherwise. Billings Lions Club is required by law to include the following statement: By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider’s ordinary negligence that are the result of the provider’s failure to exercise reasonable care.

Signature _____ Date _____

Print Name _____ Phone # _____

Feeding Tube Instructions:

Bowel Flush Instructions:

Bladder Protocol Instructions:

Respiratory Instructions:

Name: _____ **Birth date:** _____