



# ANDERSON WOODS CAMP

*3966 Adyeville Road; Bristow, IN 47515  
Camp: (812) 357-2325, Office: (270) 957-*

Please print this application, answer all questions, sign and mail as soon as possible.

## **APPLICATION CANNOT BE ACCEPTED UNLESS ALL ITEMS BELOW HAVE BEEN MET.**

- Complete all sections of application
- Sign the application on Page 2
- Sign the application on Page 4
- Send legible copy of applicant's picture
- Send legible copy of medical insurance information
- Send check for camp fees in the amount of \$150.00 per each session
- Mail application, applicant's picture, medical insurance information and check to: 3966 Adyeville Road, Bristow, IN 47515



# ANDERSON WOODS CAMP

3966 Adyeville Road; Bristow, IN 47515  
Camp: (812) 357-2325, Office: (270) 957-0260

**RETURN APPLICATION TO: Anderson Woods, Inc.**  
**3966 Adyeville Road; Bristow, IN 47515**

**PLEASE COMPLETE THIS FORM COMPLETELY AND CLEARLY IN BLACK INK. SPACES LEFT BLANK WILL REQUIRE RETURN OF YOUR APPLICATION FOR COMPLETION.**

Date: \_\_\_\_\_

• \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ County of Residence: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: M / F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Person(s) to contact in case of an emergency:  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

What is Applicant's primary disability? \_\_\_\_\_  
 Secondary disability? \_\_\_\_\_ Cause of Disability? \_\_\_\_\_  
 Briefly summarize ability level of applicant: \_\_\_\_\_

Briefly describe any behavioral or emotional problems of applicant: \_\_\_\_\_

Is applicant his/her own legal guardian? \_\_\_ Yes \_\_\_ No If not, please list name of legal guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_

Name & address of parent(s) if they are not legal guardian: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Name of individual(s) that camper may be release to upon leaving camp: \_\_\_\_\_

(If unavailable at this time, please advise our Camp Director prior to pick up.)

Is this the applicant's first time at Anderson Woods? \_\_\_ Yes \_\_\_ No  
 Can applicant safely use an upper bunk bed? \_\_\_ Yes \_\_\_ No  
 If you have a preference for attending the same session as another camper, please state the name of the other camper: \_\_\_\_\_

**Does the camper have any fear of animals? \_\_\_ No \_\_\_ Yes, If yes, please specify: domestic? \_\_\_\_\_, Other (please specify) \_\_\_\_\_**

◆.....◆  
 Application received: \_\_\_\_\_ Sessions requested: **1 2 3 4 5 6 7 8** Fee Paid: \_\_\_\_\_  
 Application complete \_\_\_\_\_ Incomplete \_\_\_\_\_ Returned for completion: \_\_\_\_\_  
 Date acceptance pack sent: \_\_\_\_\_ Bed assignment \_\_\_ U \_\_\_ L  
**Seizures** \_\_\_\_\_ **Diabetic** \_\_\_\_\_ **Special Diet:** \_\_\_\_\_

**NOTE: DUE TO THE TERRAIN WE ARE UNABLE TO ACCEPT ANYONE WHO MUST USE A WHEELCHAIR AND WE ARE A NON-SMOKING FACILITY.** In addition to non-ambulatory, there are a few other disabilities and/or behaviors that we are unable to accept. It is not our intention to decline anyone that we can possibly serve. The following information is intended to help us determine our ability to serve and enable our staff to be aware of and sensitive to the individual camper's needs.

ABILITY	YES	NO	ADDITIONAL COMMENTS
Can walk alone?			
Uses a cane?			
Uses a walker?			
Has normal hearing?			
Has normal vision?			
Is speech normal?			
Can talk, but difficult to understand?			
Uses sign language?			
Uses communication board/computer?			
Can communicate his/her personal needs?			
Can write by self?			
Can read?			
Can dress self?			
Can bathe self?			
Uses toilet unassisted?			
Needs regular toilet time?			
Has bladder control?			
Has bowel control?			
Wets bed at night?			
Uses shower without assistance?			
Can take care of personal belongings?			
Can eat completely by self?			
Needs food cut up but can feed self?			
Needs to be fed?			
Needs food blended?			
Needs a straw for drinks?			
Has difficulty chewing or swallowing?			
Has a food allergy? (Please list)			
Wanders away from camp?			
Cries, whines, screams frequently?			
Has temper tantrums?			
What usually causes them?			
Is extremely active?			

Please list any SPECIAL INSTRUCTIONS for any of the above listed needs:

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Application completed by: _____	Date: _____
(Signature)	
Relationship to camper: _____	Phone # _____
	Home Work

## MEDICAL INFORMATION

Camper name \_\_\_\_\_ D.O. B. \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's address: \_\_\_\_\_

In case of EMERGENCY, notify: (List three [3] contacts familiar with applicant)

1. _____	Phone #: _____	Relationship: _____
2. _____	Phone #: _____	Relationship: _____
3. _____	Phone #: _____	Relationship: _____

Will family/group home be out of town while applicant is at camp? \_\_\_ Yes \_\_\_ no If so, where can they be reached in an emergency? \_\_\_\_\_

Please check the following:	Yes	No	Additional					
Does the applicant have seizures?			Type and frequency:					
Is applicant diabetic?			Treated by Injections?	Yes	No	Self Administer?	Yes	No
Does applicant use a laxative?			Type?	How Often?		List times:		
<b>Does applicant have any communicable disease/s</b>			Type?	Type?		Type?		

**PLEASE PROVIDE A CURRENT PICTURE OR PHOTO ID WITH THE APPLICATION.**

### CURRENT MEDICATION TO BE TAKEN AT CAMP

**PLEASE SEND ONLY THE REQUIRED AMOUNT OF MEDICATION IN CONTAINER WITH THE CORRECT PHARMACY LABEL WITH THE CAMPER'S NAME AND THE NAME OF THE MEDICATION.**

Name of Medication	Dosage	Time(s) given

Is it ok to give the following for pain relief or emergency? Tylenol \_\_\_ Yes \_\_\_ No;

Advil \_\_\_ Yes \_\_\_ No; Benadryl \_\_\_ Yes \_\_\_ No

**DIETARY RESTIRCTIONS:** (List here any necessary dietary restrictions; list food allergies on page 2): \_\_\_\_\_

HEALTH	X	Date	ALLERGIES	X	Date	DISEASES	X	Date
Ear Infections			Hay fever			Chicken pox		
Rheumatic Fever			Poison Ivy, etc			Measles		
Convulsions			Insect stings			German Measles		
Diabetes			Penicillin			Mumps		
Nose bleeds			Other drugs			Asthma		

Indicate any operations or serious injuries recently incurred by the camper that the staff might need to be aware of: \_\_\_\_\_

Camper's special interests or hobbies: \_\_\_\_\_

## MEDICAL COVERAGE / AUTHORIZATION

**Please supply a photocopy of your medical card as well as any additional insurance card(s).  
APPLICANT CANNOT BE ACCEPTED UNLESS THIS IS INCLUDED.**

What type of Medical Coverage does applicant have?

\_\_\_\_\_ Private Name of Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_  
 Medicare \_\_\_\_\_ Medicare # \_\_\_\_\_ Medicaid Medicaid # \_\_\_\_\_

All of the information given on this application is current and correct to the best of my knowledge and belief and the person herein named has permission to engage in all prescribed activities, except as noted.

I hereby give permission for \_\_\_\_\_ to receive examinations and  
 (Applicant's name)

emergency medical or surgical treatment, which becomes necessary and is recommended by any referred physician, dentist or hospital during the applicant's period of attendance at camp. I also agree to hold Anderson Woods, Inc., their Officers, Director and Staff harmless from any and all claims that may arise out of the applicant's attending Anderson Woods Camp. Permission is further granted to Anderson Woods to use any camp photo of this applicant in the promotion of the mission of Anderson Woods.

**Signature of parent or legal guardian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date signed:** \_\_\_\_\_ **Signature of Camper:** \_\_\_\_\_  
 (Applicable if own legal guardian)

### SESSION INFORMATION

It is possible that a camper can attend more than one session, but this will be based on needs and available space. In 2010 we are offering eight sessions, each beginning on Monday morning and ending on Thursday afternoon. The fee for each session is **\$150.00**. Sessions 1 - 4 are for youth ages 8 - 18, session 5 - 8 are for adults 18 and over. **\*Dates subject to change based on date for start of summer break and number of youth campers.**

If you are requesting only one session, please indicate your first and second choice. If requesting more than one session, please indicate all sessions desired.

Number of Sessions?	June 13-16		June 20-23		June 27-30	July 4-7	
	July 11-14		July 18-21		July 25-28	August 1-4	

**All checks for camp fees should be made payable to Anderson Woods, Inc. and mailed with the application to: 3966 Adyeville Road; Bristow, IN 47515**  
**All applications are due in our office by May 10, 2011**

**PLEASE NOTE:** There is an increased problem each year in keeping track of clothing. Because of this, it is absolutely necessary that every item that is brought to camp be marked with the camper's first initial and last name. We cannot be responsible for any unmarked items, whether it be clothing, bedding, suitcases or anything else belonging to a camper. We are making every effort to enforce this. If they are not marked upon arrival, you will be asked to do so when the camper arrives. In return, we will make every effort to see that things are returned in proper order. **YOUR COOPERATION WILL BE GREATLY APPRECIATED.**