

ANDERSON WOODS SUMMER CAMP

4630 Adyeville Road; Bristow, IN 47515

(812) 639-1079

andersonwoods@psci.net

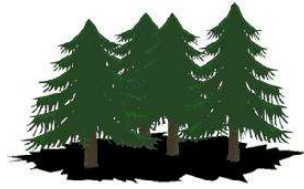
Please note that the number of applications in 2017 exceeded availability, and there was a waiting list. Please print this application, answer **all** questions, sign and mail **as soon as possible** to ensure a spot for this coming summer.

All new and returning campers must complete ALL sections of the 2018 application.

2018 CAMPER SPOT(S) WILL NOT BE RESERVED UNLESS ALL ITEMS BELOW HAVE BEEN MET, INCLUDING PAYMENT.

- Complete **ALL** sections of application
- Sign in all applicable areas (must have legal guardian's signature where applicable)
- Send copy of applicant's picture
- Send legible copy of medical insurance information
- Send check for camp fees in the amount of \$200 per each session
- Mail application, applicant's picture, medical insurance information and check to: 4630 Adyeville Road, Bristow, IN 47515

Applicant's name: _____ Birthdate: ____/____/____



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Camp: (812) 639-1079

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All important information regarding camper's health and well-being should be on or included with this application. Please DO NOT rely on verbal instructions at the time of registration to communicate important information about the camper.

Date of completion: ____/____/____

CAMPER INFORMATION

Camper name: _____ Preferred name: _____ T-shirt size: _____

Gender: ___ Female ___ Male Date of birth: ____/____/____

Mailing address: _____

This address is only used for mailing correspondence; please provide the address to which all mail should be sent.

City: _____ State: _____ Zip: _____

E-Mail Address: _____ Preferred method of contact: Email ___ Mail ___

Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____

Address of camper's residence: _____

If different from above address. Otherwise, please indicate "same."

City: _____ St: _____ Zip: _____ County of residence: _____

Name of person completing app: _____ Relationship: _____

Is applicant his/her own legal guardian? Yes ___ No ___

If not, please list name of legal guardian(s): _____

Relationship of guardian(s) to applicant: _____

Address of legal guardian(s): _____

City: _____ St: _____ Zip: _____

Phone #s: Home (____) _____ Cell: (____) _____ Work: (____) _____

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

(If unavailable at this time, please advise our Camp Director at check-in.)

Is this the applicant's first time at Anderson Woods? Yes ___ No ___

If yes, has the applicant ever been apart from his or her family overnight? Yes ___ No ___

If yes, what was his/her reaction? _____

Are problems with homesickness anticipated? No ___ Yes ___ Suggestions to ease the transition: _____

If applicant has a preference for attending the same session as another camper, please state the name of the other camper(s): _____

If camper is male, is he willing to accept help from female staff for personal needs? Yes ___ No ___

Please provide a current picture or photo ID of applicant with completed application.

Applicant's name: _____ Birthdate: ____ / ____ / ____

MEDICAL INFORMATION

Physician's name: _____ Phone: _____
 Applicant's height: ____ ft ____ in Applicant's weight: _____ lbs
 Primary diagnosis (medical): _____
 Secondary diagnosis (if any): _____
 Other conditions or concerns (including psychiatric): _____

Please check the following:	Yes	No	Additional
Does the applicant have seizures?			Tonic clonic (Grand mal)____ Non-convulsive (Petit mal)____ Psychomotor ____ Nocturnal____ Mixed____ Typical seizure frequency: _____ Length: _____
Does the applicant have asthma?			If YES, please ensure that applicant brings rescue inhaler. This is MANDATORY for camper safety.
Is applicant diabetic?			Insulin dependent? Yes No Self-administer? Yes No
Does applicant have any communicable diseases?			Type? Type? Type?
Does applicant have any known drug allergies?			Drug: _____ Reaction: _____ _____ _____ _____
Does applicant have any known environmental allergies? (Please list significant allergies, including foods, insect stings, latex, etc.)			Allergen: _____ Reaction: _____ _____ _____ _____
Does applicant have an Epi-Pen?			If YES, please ensure that applicant brings to camp!
Does applicant wear ear tubes?			If YES, please provide ear plugs for showering.
Diagnosed emotional disability?			Specify _____
Recent surgery or hospitalization?			Specify _____ _____
Does camper smoke?			We are a non-smoking facility. Leave tobacco products, matches, lighters, etc. at home.

IMMUNIZATION RECORD: (If has been previously infected with varicella (chicken pox), measles, mumps, or rubella, list date of infection). If information unavailable please provide explanation or we will be contacting you for this. Vaccine records can often be obtained from health department.			
Immunization	Date(s) given	Immunization	Date(s) given
Tetanus, Diptheria, Pertussis (e.g., TDaP, Td, DTaP)		Varicella (chicken pox) (e.g., varicella, MMRV)	
Hepatitis A		Pneumococcal (e.g., PCV13, PPSV23)	
Hepatitis B		Hib	
Measles, Mumps, Rubella (e.g., MMR, MMRV)		Meningococcal (e.g., MenACWY, MPSV4)	
Influenza		Zoster	

Applicant's name: _____ Birthdate: ____ / ____ / ____

In case of EMERGENCY, call: List 3 contacts familiar with applicant, including parents/guardians if desired.

1.	Phone #: (____) _____ Cell: (____) _____	Relationship:
2.	Phone #: (____) _____ Cell: (____) _____	Relationship:
3.	Phone #: (____) _____ Cell: (____) _____	Relationship:

CURRENT MEDICATIONS 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

For administrative use at time of check in. Do not write in this box!

I am authorized to communicate the medical needs of the applicant, including dosing regimen for prescribed medications, and the above noted adjustments to the applicant's medications are current and correct to the best of my knowledge and belief.

Signature of representative: _____ **Date:** _____

Printed name: _____

Is it ok to give/perform the following for pain relief or in the event of emergency?

	Yes	No		Yes	No
Tylenol			Topical hydrocortisone		
Ibuprofen (Advil, motrin, etc.)			Topical diphenhydramine (Benadryl)		
Benadryl pills			Triple antibiotic ointment (Neosporin)		
Tums			Finger-stick blood glucose (sugar) check		
Pepto-Bismol					

INSURANCE INFORMATION

Family Medical/Hospital Insurance Carrier: _____ Group: _____
 Policy#: _____ Medicaid#: _____ Medicare# _____

PLEASE SUPPLY A PHOTOCOPY OF MEDICAL CARD AND ANY ADDITIONAL MEDICAL CARDS.

Applicant's name: _____ Birthdate: ____/____/____

MOBILITY

Indicate all that apply to the camper:

Walks/Runs independently____ Walker/crutches/cane____ Wears AFOs or braces____ Prosthesis____
Uses wheelchair _____

Due to the rugged nature of the terrain at our camp, at this time we are unable to accept campers that are dependent on a wheelchair. If you have any questions about whether an applicant would be able to navigate at our camp, feel free to call.

Mobility comments: _____

COMMUNICATION

Examples/Comments

Uses complete sentences____ Understands complete sentences ____ _____
Understands 2-3 word phrases____ _____
Uses single words____ Understands single words____ _____
Uses vocalizations, sounds, etc.____ _____
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 to communicate____ Able to read____ _____

MEALTIMES

Food allergies: _____

Typical appetite is: Large____ Medium____ Small____

Is camper able to indicate the amount of food and liquid intake he/she desires? Yes____ No____

Camper can use: Fork____ Spoon____ Knife____ Uses special utensils____ Please label and bring.)

Takes portions independently____ Needs food cut up____ Drinks from cup____ Uses straw____

Needs liquids thickened____ Consistency?_____ (Please bring own thickener with instructions.)

Diet: Standard____ Chopped____ Blended/Pureed____

Low salt____ Low calorie____ Low/no sugar____ Other_____

Special diets: Due to the difficulty in accommodating multiple special diets, and the relatively brief duration of a camp session, we ask that you assist us in limiting the use of special diets to those that are MEDICALLY INDICATED. If a medical indication for a special diet exists, please provide a **letter from the applicant's physician** stating such. If applicant requires a special diet, we can e-mail the menu ahead of time so that you can plan appropriate replacements. Please contact us to discuss further.

Mealtime comments/Restrictions/Allergy reactions: _____

TOILETING/SHOWER

Indicate all that apply

Uses toilet independently____ Needs to be reminded____ _____

Needs some assistance using the toilet____ _____

Uses the toilet on a schedule ____ Clarify_____

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

Is independent in menstrual care (if applicable): Yes____ No____

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

Needs complete assistance with shower____ Needs verbal cues____ Can shower independently____

Needs assistance with: Shampooing____ Soaping____ Water temperature____ Brushing teeth____

Applicant's name: _____ Birthdate: ____/____/____

DRESSING

Has no difficulty dressing____ Can choose own clothes____
Can put on: Underwear____ Socks____ Shirt____ Pants____
Can: Button____ Snap____ Zip____ Tie shoes____
Can dress partially____ Can undress completely____ Needs lots of assistance dressing____
Toileting/Shower/Dressing comments: _____

BEDTIME ROUTINE

The following information will not be used to adhere strictly to applicant's typical routine, but to assist with any challenges.
Camper's typical bedtime: _____ Awakens at: _____ Sleeps: _____ hrs a night
Please describe bedtime routine at home: _____

Does camper require special care during the night? Yes____ No____ If yes, please explain _____

BEHAVIOR

It is most beneficial for you to provide accurate and detailed information in order to maintain consistent care.

	Never	Seldom	Often	Explain/Details
Has good manners				
Enjoys social gatherings				
Does not like to be touched				
Prefers to be alone				
Runs away or darts				
Uses inappropriate words				
Inappropriate sexual behavior				
Grabs others				
Scratches, pinches or hits				
Bites others				
Self abuse				
Has temper tantrums				

Please attach established behavior plans and feel free to add comments on an additional piece of paper.
Please describe in detail these or any other challenging behaviors we should know about _____

What usually triggers challenging behaviors? _____

What are effective responses to challenging behaviors? _____

What are two or three effective rewards/positive reinforcements? _____

Applicant's name: _____ Birthdate: ____/____/____

ADDITIONAL INFORMATION (MANDATORY)

Please describe fears, likes, dislikes, or habits that you feel would be helpful for the staff to know. Any suggestions you may have for assisting the camper's transition to the camp are appreciated.

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 indemnify and hold harmless 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: _____	Date signed: ____/____/____
<small>(Signature of camper if own legal guardian)</small>	
Phone number: (____) _____	

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 2018 we are offering eight sessions, each beginning on Monday morning and ending on Thursday afternoon. The fee for each session is **\$200**. Sessions 2, 3, & 4 are for youth ages 7 – 17. Sessions 1,5, 6, 7 & 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? ____	Youth	June 11 - 14	June 18 - 21	June 25 - 28	July 2 - 5	July 9 - 12	July 16 - 19	July 23 - 26
	Adults	June 4 - 7	July 2 - 5	July 9 - 12	July 16 - 19	July 23 - 26		

All checks for camp fees should be made payable to Anderson Woods, Inc. and mailed with the application to: 4630 Adyeville Road; Bristow, IN 47515. Applications are due in our office as soon as possible. Check here if receipt is desired.

PLEASE NOTE: There is a 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 is greatly appreciated.

Applicant's name: _____ Birthdate: ____/____/____

INSECT REPELLENT PERMISSION/REFUSAL

Due to the significant and very real risk of insect-borne illness, namely those transmitted by mosquitos and ticks, the American Academy of Pediatrics and the Center for Disease Control recommends use of insect repellent that contains between 10 percent and 30 percent DEET. The effectiveness of these concentrations is similar, but the duration of effect will vary. Here at Anderson Woods we stock insect repellent with between 10 and 30 percent DEET, and recommend appropriate use to reduce the risk of insect-borne illness.

I, _____, (Check one below)
Name of parent/legal guardian/caregiver

GIVE PERMISSION for application of insect repellent containing between 10 and 30 percent DEET when appropriate to _____.
Name of camper

DO NOT give permission for application of insect repellent to _____
Name of camper
and I understand that failure to apply insect repellent places my camper at risk for insect-borne illnesses.

Signature of Parent/Guardian/Caregiver _____ Date _____

TRANSPORTATION WAIVER AND RELEASE OF LIABILITY

I/We, _____, the parent or parents ("**Parent/Legal Guardian**") of _____, ("**Child/Adult**") agree to allow Anderson Woods, Inc. ("**Anderson Woods**"), and its members, to transport the above Child or Adult for anything associated with Anderson Woods during the 2018 Anderson Woods Summer Camp sessions.

I/We RELEASE and DISCHARGE Anderson Woods and Anderson Woods' departments, agencies, officers, agents, board members, employees, volunteers, consultants, drivers, teachers, organizers, successors, assigns, affiliates, members, and all other related individuals, from any and all claims of loss or liability, either direct or indirect, arising out of any accidents, injuries or occurrences associated with the Child or Adults' transportation for anything associated with Anderson Woods.

On behalf of my/our Child/ Adult, I/we hereby ACCEPT THE RISKS AND RESPONSIBILITIES for my/our Child/ Adult and INDEMNIFY AND HOLD HARMLESS ANDERSON WOODS AND THE ABOVE LISTED PARTIES/POSITIONS from any and all liability arising out of and in connection with or during the Child's/Adult's transportation to and from the camp located at Anderson Woods.

I/WE HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

"Parent/ Legal Guardian"

Signature _____ Date: _____

Print name: _____