

Special Needs Session @ Camp Northward 2017 Camper Registration

OFFICE USE ONLY	
Date P'marked _____	Check No. _____
Paid By: _____	
Amt \$ _____	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Other
Confirmation Sent _____	<input type="checkbox"/> Email <input type="checkbox"/> Mail

Space is Limited and spots are filled on a First Come, First Served Basis

- June 4th – 8th Special Needs Adult (age:25+) **Cost \$200**
- June 25th – 29th Special Needs Youth (age: 9-24 ONLY) **Cost \$200**

Referred by Church, North Key, Self, etc. _____

Please fill out this form completely. If the information requested is not applicable, simply place "N/A" in the blank. A camper's opportunity to attend is based upon the information provided on this application and availability of staff to meet care requirements.

Camper's Full Name: _____ Nickname: _____

Date of Birth _____ Age _____ Sex Male Female

First Time Camper @Camp Northward Yes No Home Church _____

Camper's Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Information:

Camper lives with: Mother Father Both Parents Guardian/Caregiver Group Home Self

Father's Name: _____
Home # _____ Cell # _____ Work # _____

Mother's Name _____
Home # _____ Cell # _____ Work # _____

Guardian's Name: _____
Home # _____ Cell # _____ Work # _____

Family Email Address: _____

Contact Information (Parent/Guardian, social worker or agency representative):

Contact Name: _____ Relationship: _____

Phone: (_____) _____ Alt. Phone: (_____) _____

Contact Name: _____ Relationship: _____

Phone: (_____) _____ Alt. Phone: (_____) _____

Authorized pickup name: _____

Primary Care Physician Contact Information

Doctor's Name: _____ Doctor's Phone Number: (____) _____

Preferred Hospital: _____

Insurance Name: _____ Policy #: _____ Group # _____

Camper Insured Under: Name: _____ Relation: _____

Date of Last Tetanus Shot (If this is not completed, the shot will be given in case of emergency): _____

Medications:

ALL Medicines MUST BE in their ORIGINAL container

Please fill out the Medications sheet, including both prescription and non-prescription medications.

All medications and a list of those medications will be turned over to the staff at the time the Camper is registered. If the camper requires any additional treatments or devices that must be administered by a qualified staff person, this must be brought to the attention of the medical staff at the time of check in. All medications (including non-prescription) will be dispensed by the medical staff. **In addition, to aid in the smooth transition of the Camper, we ask that all medications (up to and including the 8 pm dosage) be dispensed before leaving the Camper in the care of HandiCamp staff.**

1. Medication: _____ Dosage/Times: _____

2. Medication: _____ Dosage/Times: _____

3. Medication: _____ Dosage/Times: _____

4. Medication: _____ Dosage/Times: _____

5. Medication: _____ Dosage/Times: _____

6. Medication: _____ Dosage/Times: _____

7. Medication: _____ Dosage/Times: _____

8. Medication: _____ Dosage/Times: _____

9. Medication: _____ Dosage/Times: _____

10. Medication: _____ Dosage/Times: _____

Dosage/Times: _____

Please list additional medications on another page to give to the HandiCamp Staff.

Allergies: Beestings Other Insect Bites Hay/Grass Dust/Mold Pollen (Seasonal Allergies) Poison Ivy

Medicinal Allergies: Penicillin Sulfa Latex Other: _____

I, the parent/legal guardian of the camper named on this form, give my permission for the medical personnel at Northward Christian Assembly, Inc./Camp Northward to dispense the following medications:

Tylenol Advil Kaopectate Benadryl Tums Pepto-Bismol Antibiotic Cream

Camper Information

Height: _____ Weight: _____ Previous Camp Experience: Y N Where? _____

.Registrations that do not provide information regarding disabilities will not be processed and notification will be made to the person responsible for filling out the form.

It is most important that you provide essential information about the Camper's disabilities and specific needs. This information is used to provide specific provisions for the Camper

Disabilities (List All Known)

Disability Involves (circle): Legs: R L Arms: R L Hands: R L Head/Neck Breathing

Mobility: ___Independent Or Uses: Assistance Walker Crutches **Wheelchair = Manual or Electric**

For non-ambulatory campers, it is the responsibility of the parent/guardian/caregiver to provide a wheelchair (and/or necessary augmentative devices) that is safe and in optimum operational condition. Be certain that wheels, brakes and seatbelts are safe and fully operational.

Vision (circle): Normal Glasses Contacts Vision Impaired Legally Blind

Hearing (circle): Normal Hearing Impaired Deaf Uses Hearing Aids (bring extra batteries)

Communication (circle): Verbal Sp. Difficulty Nonverbal Signs Gestures

Seizure Disorder: Type and Frequency: _____

Date of Last Seizure: _____

Wears Helmet: Y N

Special Care for Seizures: _____

OTHER Medical Conditions: Diabetes Asthma Heart Disease

Precautions/Special Instructions: _____

Personal Care Information

Personal Care (circle one): Independent Requires Assistance Dependent

Level of care Required:

Bathing: _____ Dressing: _____

Toileting (circle one): Uses Urinal/Toilet Uses Bedpan Catheterizes Self Must Be Catheterized
Wears "Depends" Prompts after Toileting Assistance after Toileting

If your Camper is female, what was the date of her last menstrual cycle? _____
(Bring feminine products if needed.)

Mealtime (circle one): Uses Utensils Uses Fingers Requires Bib Uses Straw

Dietary Info: Special Diet Doesn't Know Limits Lactose Intolerant No Spicy Foods Food Needs to be cut up

Chokes on Certain Foods (list: _____)

List ALL Food Allergies: _____

Nighttime (circle): Night Incontinence Wears "Depends" Gets up during the night Wakes at intervals
Has Nightmares Develops bedsores Sleep walks Afraid of the dark

Sleeps on: Back Stomach Side (R L)

Other Nighttime Considerations: _____

Activities Camper shouldn't engage in: _____

Discipline/Inappropriate Behavior Concerns: _____

Fears (thunderstorms, water, etc.): _____

Special Interests: _____

Has the individual ever been the victim of abuse? Yes No - If yes, Explain: _____

Has this individual ever been charged with abuse or related misconduct? Yes No If yes, Explain: _____

Financial Information

Registration Fee	+ \$ _____
Scholarship	-\$ _____
Total Amount Due	\$ _____
Balance Due	\$ _____

(This amount must be paid upon arrival, unless it is the churches portion)

MY CHURCH PAYS:

***Registered Church will ONLY be billed if your Minister or NorthStar signs this section.**

Church Registered with: _____ Will Pay \$ _____

Church Address: _____

Church Phone # _____

Minister or North Star Signature

(Church I attend regularly (If different from above) _____)

Please mail the completed application with a check payable to:

**Camp Northward
P.O. Box 128, Falmouth, KY 41040**

If you have any additional questions or concerns, please give us a call: 859-654-3865

**A FREE T Shirt will be given for early registration which is by May 12, 2016
Please circle your child's T Shirt Size**

**Youth Small, Youth Medium, Youth Large
Small, Medium, Large, XL, XXL, 2XL,3XL, 4XL**

Special Needs Camp Agreement

I certify that the information provide on the application is true and accurate to the best of my knowledge. I assume full responsibility for all property belonging to _____. I will not hold Camp Northward or any staff responsible for any damage to or loss of said property.

I request that Camp Northward obtain necessary emergency medical treatment for the above-named camper as needed. I understand that I and/ or my medical insurance provider will be responsible for all medical costs incurred for such emergency medical care required during the session indicated.

Photographs or video recordings made of the above-named camper, during the camp sessions indicated, may appear in promotional presentations made by Camp Northward. I DO NOT Give Camp Northward Photo Permission

Please Note: Based on the complexity of care required for the Camper and the staffing patterns of each HandiCamp session, a camper may be denied admittance.

Please Note: We must be able to contact the Parent/Guardian or Caregiver for the camper named on this application at any time, day or night, for the duration of their stay. If you, as the signer (below) will, at any time, be unable to respond to any communication regarding the camper, you must provide an alternate contact person for the Dean to call. That person must be able to contact you promptly. (List below under Emergency Contacts, thank you.)

Signature Required:

Parent/Guardian/Caregiver _____
Date

Email Address for Confirmation of Registration Form: _____

Emergency Contacts

Please provide at least one emergency contact person in the event that we cannot reach those listed on the front page.

1. Contact Name: _____ Relationship: _____

Phone: (_____) _____ Alt. Phone: (_____) _____

2. Contact Name: _____ Relationship: _____

Phone: (_____) _____ Alt. Phone: (_____) _____

In our efforts to meet the spiritual needs of campers, during the HandiCamp sessions, we offer an opportunity for them to follow Christ's teachings to be immersed in baptism. Should this camper make this decision, we will follow your instructions as indicated below. If you have any questions about our belief regarding baptism by immersion, please call us. We welcome the opportunity to discuss this with you. If you camper wants to be baptized while in our care:

- Camper is already baptized. Camper MAY Not be baptized I prefer to have my minister perform the baptism at our home church.
- I authorize Camp Northward to perform the baptism. I request to be present at the baptism..