Jubilee Camp Registration

Camper's Name _____ DOB_____ T-shirt Size_____
Address _____ Gender: _____
City _____ State_____ Zip_____
Camper's Direct Care Giver _____ Phone_____

1. Is this camper a day camper or overnight camper?
   ___Day Camper ___Overnight Camper
2. Does camper require assistance while eating/drinking? (Mark all that apply.)
   ___Independent ___Hand feed
   ___Sit by him/her self or ___in need of supervision
   ___Other, please describe_____

3. Does camper need help toileting him/herself?
   ___Completely independent ___Some assistance needed ___Much assistance needed

4. Can/Does the camper dress him/herself? ___yes ___no

5. Can/Does the camper independently groom him/herself? ___yes ___no

6. Is the camper verbal? ___yes ___no
   Does he/she use sign language or a communication board? ___sign language ___board
   ___Other, please describe_____

7. Are there any specific behaviors that our staff should be aware of? (Please describe any medical terms, i.e. PICA, etc.)
   _____
   _____

8. Describe this camper's ambulatory ability. Can this camper walk? ___yes ___no
   Walks with assistance? ___yes ___no
   Does he/she use a walker or wheelchair? ___walker ___wheelchair

9. Please describe campers sleeping habits (include time they go to bed, time of awakening, and any other helpful information).
   _____
   _____

10. Please describe camper's medical condition and what to expect.
    _____
    _____

11. To your knowledge, are there any campers that the above named camper does not get along with?
    ___yes ___no; if yes, please name so we will be aware of any potential difficulties.
    _____

12. What activities does this camper enjoy most?
    _____
    What do they dislike?
    _____

13. Any additional comments that may help our staff make Jubilee camp a bit more comfortable and enjoyable for them?

    _____

    _____

HEALTH HISTORY:
Mark an "X" for past conditions. Mark a "C" for current conditions:

___Appendicitis	___Sinus Trouble	___Ear Trouble	___Bedwetting
___Heart trouble	___Rheumatic Fever	___Fainting Spells	___Asthma
___Nervousness	___Seizures	___Homesickness	___Diabetes
___Bleeding disorders	___Hernia	___Cramps (in water)	

Has this camper been treated for any condition that our staff should be aware of? If yes, explain.

_____

_____

Date of last Tetanus Booster: _____

Wears glasses or contact lenses: *circle* Yes or No
Wears dentures: *circle* Yes or No
Wears hearing aid: *circle* Yes or No

Allergies: (Check all that apply)
__Hay Fever __Insect Stings __Aspirin __Penicillin
Other: _____

Diseases/Vaccinations: (D=had the disease, V= vaccinated. List last date below.)

___Chicken Pox	___Mumps	___German Measles	___Other:_____
_____	_____	_____	_____

Please describe any other conditions, restrictions, or considerations which may affect the camper's participation At camp:

_____

Camper's Physician_____ Phone Number_____

Recommended diet _____

Are there any foods/beverages that are off limits or allowed only in limited quantities?

_____

Food Allergies? _____

If this camper has seizures, please describe type and average time of duration.

_____

_____

Any medications brought to camp must be kept in a locked box or room designated by PRBC. Even though we are asking that group home staff administer medications, this will be applied to all campers and medications.

Camper Name: _____

Please list all medications and/or treatments, including dosage and the reason for giving them, that this camper will need to have while staying at camp. (Please list them below AND include a blank MARS form with this information on it).

	Medication	Dosage	Reason for Giving
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Guardians or group home staff will be required to give campers their medication unless other arrangements have been made with the camp nurse. If this is the case, you will be asked to complete a written instruction sheet and leave all medications with the camp nurse or medic upon arrival.

Do you grant permission to give Tylenol to the camper named above?
____Yes ____No Initials/Signature_____

PERMISSION/MEDICAL & LEGAL RELEASE:
We, the caretaker or guardians of the camper named on this registration, give permission for the same individual to attend camp and be involved in all camp activities. We also authorize the assigned staff member of Park River Bible Camp to provide emergency medical care should any emergency occur while he/she is at camp. Furthermore, in giving permission for this camper's participation, we agree to pay all expenses resulting from such an emergency and in no way hold Park River Bible Camp, Board Members, or any staff member liable.

_____ _____
Signature of Parent/Guardian Date

Emergency Contact: _____

Please list contacts where a person may be reached 24 hours a day.

Relationship to camper: _____ Cell Phone: _____

Daytime Phone: (___) _____ Evening Phone: (___) _____

In case of a medical emergency, please complete:
Insurance Company: _____
Name Insured: _____Policy #:_____

Signature of Person completing form_____
Title_____Date_____