






CAMPER Application 2016

Select the camp you will attend. (age: as of camp start date)

Complete EVERY entry. This will be kept strictly confidential. If filling out on paper, please attach another sheet of paper if the space provided is not adequate.

 <input type="radio"/> RFKC (Jun 13-17) Co-ed, Ages 7-11	 <input type="radio"/> TRAC Boys (Jun 29-Jul 2) Ages 12-15	<input type="radio"/> TRAC Girls (Jul 7-10) Ages 12-15	 <input type="radio"/> Bridge (Jun 29-Jul 2) Co-ed, Ages 16-19
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CAMPER INFORMATION

LAST NAME		FIRST NAME			PREFERRED NAME	
GENDER	BIRTHDATE (M/D/YY)	AGE	EMOTIONAL AGE	MENTAL AGE	T-SHIRT SIZE (CHILD OR ADULT: S, M, L, XL, XXL)	
BOYS: SHOE SIZE	BOYS: PANTS SIZE		GIRLS: SHOE SIZE		GIRLS: DRESS SIZE	GIRLS: BRA SIZE
NAME OF CAMPER'S CASE WORKER		CASE WORKER'S PHONE #		CASE WORKER'S EMAIL ADDRESS		
NAME OF CASE WORKER'S SUPERVISOR		SUPERVISOR'S PHONE #		SUPERVISOR'S EMAIL ADDRESS		
NAME OF PERSON CAMPER IS LIVING WITH			RELATIONSHIP TO CAMPER (BIO, ADOPTIVE OR FOSTOR PARENT; GROUP HOME; RELATIVE)			
STREET ADDRESS			CITY		STATE	ZIP
HOME PHONE		CELL PHONE		WORK PHONE		EMAIL ADDRESS
LENGTH OF TIME CAMPER HAS BEEN IN THIS HOME			HAS CAMPER ATTENDED ANY OF OUR CAMPS? IF "YES," WHICH ONE?			
NAMES AND AGES OF OTHER FOSTER CHILDREN LIVING IN THIS HOME						
NAMES AND AGES OF OTHER FOSTER CHILDREN LIVING IN THIS HOME						
EMERGENCY CONTACT DURING CAMP		HOME PHONE		CELL PHONE		WORK PHONE

CAMPER PERSONALITY

Please help us get to know this camper better so we can provide positive interactions and activities at camp. Mark **ALL** the traits that best describe the camper **most** of the time.

<input type="checkbox"/> social	<input type="checkbox"/> energetic	<input type="checkbox"/> talker	<input type="checkbox"/> humorous	<input type="checkbox"/> quiet
<input type="checkbox"/> serious	<input type="checkbox"/> planner	<input type="checkbox"/> shy	<input type="checkbox"/> orderly	<input type="checkbox"/> competitive
<input type="checkbox"/> determined	<input type="checkbox"/> peacekeeper	<input type="checkbox"/> athletic	<input type="checkbox"/> observer	<input type="checkbox"/> perfectionist
<input type="checkbox"/> performer	<input type="checkbox"/> kind	<input type="checkbox"/> optimistic	<input type="checkbox"/> negative	<input type="checkbox"/> leader

CAMPER INTERESTS (Mark **ALL** of their interests).

<input type="radio"/> video games	<input type="radio"/> outdoor activities	<input type="radio"/> indoor activities	<input type="radio"/> movies
<input type="radio"/> shopping	<input type="radio"/> reading	<input type="radio"/> swimming	<input type="radio"/> hiking
<input type="radio"/> singing	<input type="radio"/> dancing	<input type="radio"/> playing card games	<input type="radio"/> playing board games
<input type="radio"/> acting	<input type="radio"/> rapping	<input type="radio"/> music	<input type="radio"/> art/crafts
<input type="radio"/> other _____	<input type="radio"/> other _____	<input type="radio"/> other _____	<input type="radio"/> other _____

List the camper's favorite sports teams.

1. _____

2. _____

MEDICAL HISTORY

DOCTOR'S NAME _____ FACILITY NAME _____ DOCTOR PHONE NUMBER _____

HEALTH INSURANCE/MEDICAID _____ INSURANCE NUMBER _____

APPROVED MEDICAL FACILITY _____

EMERGENCY PRESCRIPTION SOURCE _____ EMERGENCY PRESCRIPTION PHONE NUMBER _____

Immunizations: provide dates of basic immunization and boosters					
DTP Series _____	Booster _____	Typhoid _____			
Rubella _____	Tetanus Booster _____	Measles (live) _____			
Mumps (live) _____	Polio OPV (sabin) _____	Tuberculin (TB) _____			
Small Pox _____					

Does the camper have seasonal allergies? Yes No Does the camper have food/drug allergies? Yes No
 If "yes" to ANY allergies, describe. _____

Is the camper allergic to bees? Yes No Does the camper carry an epi pen? Yes No

List ANY of camper's known medical conditions (mental or physical), illnesses or surgeries treated by your doctor.

List ANY physical disabilities or other limitations (mark all that apply)

<input type="radio"/> autism	<input type="radio"/> intellectual disability	<input type="radio"/> ADHD	<input type="radio"/> emotional disturbance
<input type="radio"/> cerebral palsy	<input type="radio"/> orthopedic impairment	<input type="radio"/> visually impaired	<input type="radio"/> hearing impaired
<input type="radio"/> other _____	<input type="radio"/> other _____	<input type="radio"/> other _____	<input type="radio"/> other _____

Is the camper diabetic? Yes No

Does the camper have asthma? Yes No

Is the camper pregnant? Yes No

*If "yes," the camper must have a medical release signed by her doctor.

MEDICAL HISTORY (continued)

Please list **ALL** medications the camper is currently taking (including OTC drugs).

NAME OF MEDICINE	REASON TAKEN	DOSAGE/AMOUNT	TIME GIVEN

NOTE: Medications must be in original prescription bottles from prescribing physician.

EMOTIONAL AND BEHAVIORAL HISTORY

Indicate with an "X" the degree to which the camper displays the following emotions/behaviors. Please answer honestly. Negative behaviors do not disqualify a camper from attending camp.

EMOTION/BEHAVIOR	FREQUENTLY	SOMETIMES	NEVER
Aggression/Anger			
Bedwetting			
Biting			
Eating disorder			
Hyperactive			
Learning difficulties			
Lying			
Nightmares			
Night terrors			
Runs Away			
Tantrums			
Acting out sexually			
Stealing			
Withdrawn			

Please explain ANY behaviors that occur FREQUENTLY and describe how they are handled. _____

Is there anything else we should know about the camper in order to better meet their needs while at camp?

PERMISSION TO ADMINISTER FIRST AID AND OTC MEDICATION

I hereby give the nurse from any listed camp permission to administer first aid and the following over-the-counter medication according to manufacturer’s instructions, or as otherwise specified.

I trust the nurse from any listed camp to use his/her best judgment as situations arise, and if in doubt, the nurse can call for verification.

SIGNATURE (LEGAL GUARDIAN) **DATE**

SIGNATURE (CAMPER, AGE 18-19) **DATE**

Check YES or NO whether camp staff can administer the following medications listed below:

YES	NO	List any special instruction (if required):
<input type="radio"/>	<input type="radio"/>	Sunscreen _____
<input type="radio"/>	<input type="radio"/>	Insect repellent _____
<input type="radio"/>	<input type="radio"/>	Lip balm _____
<input type="radio"/>	<input type="radio"/>	Rash ointment _____
<input type="radio"/>	<input type="radio"/>	Tylenol _____
<input type="radio"/>	<input type="radio"/>	Ibuprofen _____
<input type="radio"/>	<input type="radio"/>	Antiseptic ointment _____
<input type="radio"/>	<input type="radio"/>	Band-Aid _____
<input type="radio"/>	<input type="radio"/>	Anti-itch cream _____
<input type="radio"/>	<input type="radio"/>	Alcohol wipes _____
<input type="radio"/>	<input type="radio"/>	Cough syrup _____
<input type="radio"/>	<input type="radio"/>	Cough drops _____
<input type="radio"/>	<input type="radio"/>	Decongestant _____
<input type="radio"/>	<input type="radio"/>	Antihistamine _____
<input type="radio"/>	<input type="radio"/>	Pepto-Bismol _____
<input type="radio"/>	<input type="radio"/>	Tums _____
<input type="radio"/>	<input type="radio"/>	Other _____

LEGAL GUARDIAN

As legal guardian of camper, _____, I agree that all information provided to Love Fosters Hope is correct and that I approve their participation in any of the camps listed above.

Name (printed) _____ Date _____

Signature _____

CAMPER, AGE 18-19 (as of camp start date)

I agree that all information provided to Love Fosters Hope is correct and that I approve my participation in any of the camps listed above.

Name (printed) _____ Date _____

Signature _____