



For Office Use:	
Rcvd _____	Entered _____
ID# _____	Confirm _____

Camper Application 2017

NAME: _____

ADDRESS: _____ CITY: _____

NB

 (County) (Province) (Postal Code)

TELEPHONE: (506) _____ Camper Email: _____

BIRTHDATE: ____/____/____ Age _____ Male Female
 Day month year (As of 1st day of Camp Session)

Camper is: New Returning Lapsed (has not attended in 1+ year)

How many years has Camper attended Camp Tidnish? _____ Last year attended 20____
 Has camper attended any other camps in the last 3 years? Yes No

Sessions

Adults

Adults with primarily an intellectual disability	Adults 25+ with primarily a physical disability
<input type="checkbox"/> Wayfarers 1 (Jn 28- Jl 4) age 25 - 60+ <input type="checkbox"/> Wayfarers 2 (July 21 - 27) age 25- 60+	<input type="checkbox"/> Commanders 1 (June 7 - 13) <input type="checkbox"/> Commanders 2 (June 17 - 23)
<input type="checkbox"/> Voyageurs (July 9 - 15) age 25 - 39	

Children and Youth

Youth 13-24 with primarily an intellectual disability	Youth 13-24 with primarily a physical disability	Children 6-12 with a physical or intellectual disability
<input type="checkbox"/> Navigators (Aug 21- 27)	<input type="checkbox"/> Challengers (Aug 10 - 16)	<input type="checkbox"/> Explorers* (Jul 31 – Aug 4) 5 DAY SESSION

Camper Family Dynamics & Contact Information

Camper lives in: Family Home Foster Home Group Home Small Options
 Nursing Home Independent Living Other Facility _____

Custody Status: Both Parents Mother Father Independent
 Guardianship Other (specify) _____

Mother/ Guardian Name _____

Home # (506) _____ Work (506) _____ Cell (506) _____

Father/ Guardian Name _____

Home # (506) _____ Work (506) _____ Cell (506) _____

Guardian Address _____
(if different from Camper) _____
(City) (Province) (Postal Code)

Parent/ Guardian Email: _____

Please list an emergency contact person, who is not listed as the camper's parent or guardian:

Emergency Contact Name: _____ Relationship to Camper: _____

Home # (506) _____ Work (506) _____ Cell (506) _____

Camper's Physical Health

Please share all diagnoses, ongoing health concerns, illness and disability information with us to ensure quality care of the camper.

What is the camper's disability/ diagnosis (Please list all that apply)

Degree of Physical limitations:

- None
- Mild (can walk)
- Moderate (needs some assistance)
- Severe (requires assistance with all tasks)

Degree of Intellectual limitations:

- None
- Mild (some reminders)
- Moderate (reminders and assistance needed)
- Severe (requires close supervision at all times)

General Behaviour/ Routines of camper: (Space to provide more details later in document)

Does the camper try to run away? No Yes Please give details _____

Does the Camper show aggressive behaviour? No Yes
Please explain in detail _____

General Sleeping Habits: (Space to provide more details later in document)

Does camper sleep during the night? Yes No
If no, please explain camper's sleeping habits in detail. Are they a flight risk at night? Will they disturb other campers? _____

Important Medical Information:

Health Card Number _____ Expiry Date: _____

Camper's Physician: _____ Date of last examination: _____

Physician's telephone # (s): (506) _____

Medication:

Is the camper on any medications? No Yes

If Yes:

- A Medication Administration Record (MAR) will be required from your pharmacy (to be submitted with completed application)
- The camp nurse must be notified of any medication changes prior to camper's arrival and a new MAR sheet must be submitted
- All medications must be sent in a blister pack or bubble pack from the pharmacy

Medical Treatments:

Are there any special medical treatments to be given while at camp, i.e. physiotherapy, dressings, etc.? Please explain and bring necessary equipment/supplies.

Does the camper use any of the following?
 Please indicate Full Time (F/T) or Part Time (P/T) use.

F/T	P/T		F/T	P/T	
<input type="checkbox"/>	<input type="checkbox"/>	Standard wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	Electric wheelchair
<input type="checkbox"/>	<input type="checkbox"/>	Contacts	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Aids <input type="checkbox"/> Rt. Ear <input type="checkbox"/> Lt. Ear
<input type="checkbox"/>	<input type="checkbox"/>	Cane	<input type="checkbox"/>	<input type="checkbox"/>	Crutches
<input type="checkbox"/>	<input type="checkbox"/>	Walker	<input type="checkbox"/>	<input type="checkbox"/>	Brace - where?
<input type="checkbox"/>	<input type="checkbox"/>	Commode	<input type="checkbox"/>	<input type="checkbox"/>	Glasses
<input type="checkbox"/>	<input type="checkbox"/>	Bed Rail	<input type="checkbox"/>	<input type="checkbox"/>	Hoyer Lift* <input type="checkbox"/> Bed <input type="checkbox"/> Toilet <input type="checkbox"/> Shower

Other please specify _____

*Camp Tidnish is equipped with Hoyer Lifts and slings; however campers are encouraged to bring their own slings.

Does the camper smoke? No Yes Is he/she on a smoking program? Please Describe:

Does the camper verbalize? No Yes
 If No, please complete Non- Verbal Questionnaire (Separate form, found on website)

Diet and Eating:

Many campers require special diets. If a special diet is required, a copy of the diet must be provided at registration.

Please send any special food requirements to camp with the camper.

Regular Chopped Soft Pureed Other (specify) _____

Assistance required with eating:

Please check the level of assistance required for each activity. Provide notes if necessary regarding food cut, reminders to slow down, feeding side preference, covered cup, straw, etc.

	Some	Total	Please describe:	No Assistance
Eating	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Drinking	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

G Tube Times of feeding _____
 Via pump Gravity Push
 Volume _____ Volume of flush _____ Tube size _____

Is the camper diabetic? No Yes please specify type _____

Are there any special diet restrictions? No Yes please specify _____

Does camper have food allergies or sensitivities? No Yes please specify _____

Allergies:

Does the camper have any non- food allergies of any kind? No Yes

Hay fever

Bee/ Insect Stings

Drugs

Other (please list attach separate sheet if necessary).

Additional Information: _____

Treatment for Allergies: _____

Does the camper carry an **Epi Pen** **Ana-kit** **Other**

Heart:

Does the camper have a history of heart problems? No Yes please explain: _____

Are there any restrictions in activities because of this? No Yes please explain: _____

Seizures:

Does the camper have seizures? No Yes - What type? _____

Frequency: _____ Date of last seizure: _____

Describe warning signs of seizures, i.e.: aura etc. _____

Are there any restrictions because of seizures? _____

Shunt:

Does the camper have a shunt? No Yes Type: _____

If shunt has been blocked, what kind of symptoms does the camper exhibit: _____

Assistance required for Personal Care:

Please check the level of assistance required for each activity. Provide notes if necessary.

	Some	Total	Please describe:	No Assistance
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

Evacuation:

Camper has: Some None Please describe: Always has control

Bladder Control	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Bowel Control	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Uses Attends	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

Please check only those aids that will be used at camp. Please bring all necessary equipment. Camper uses:

<input type="checkbox"/> Regular Toilet	<input type="checkbox"/> Urinal	<input type="checkbox"/> Bedpan	<input type="checkbox"/> Commode	<input type="checkbox"/> Colostomy
<input type="checkbox"/> Catheter	<input type="checkbox"/> Intermittent Catheter times _____			
<input type="checkbox"/> Self-Catheter	<input type="checkbox"/> Requires Catheter Assistance			
<input type="checkbox"/> Oral Laxative	<input type="checkbox"/> Suppository Laxative	<input type="checkbox"/> ILEO Appliance	<input type="checkbox"/> Artificial Sphincter	
<input type="checkbox"/> Balloon Enema	<input type="checkbox"/> Other _____			

Disposition of camper: (Please check all that apply)

Timid Quiet Aggressive Moody Sensitive Nervous High Strung
 Happy Friendly Other _____

Additional Comments:

Sleeping Habits

Please provide more detailed information about your camper's sleeping habits to supplement the information you already provided in the application. Camper sleeps: (Please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Easily | <input type="checkbox"/> With difficulty | |
| <input type="checkbox"/> Rarely | <input type="checkbox"/> Needs more than 8 hrs. | |
| <input type="checkbox"/> Has p.m. naps | | |
| <input type="checkbox"/> Snores | <input type="checkbox"/> Sleepwalks | <input type="checkbox"/> Has frequent nightmares |
| <input type="checkbox"/> Talks in sleep | <input type="checkbox"/> Wets the bed | <input type="checkbox"/> other _____ |

Does Camper need to be turned during the night? No Yes
Please Describe _____

What time does camper usually wake up? _____
What time does camper usually go to bed? _____

Behaviours/Routines of camper:

If necessary, what type of behaviour management is most effective for the camper?

- Time Outs 123- Magic Rest Removal from situation Other _____

Please describe other routines that need to be adhered to:

What activities would the camper like to do at camp? _____

Are there any activities that your camper should not participate in? Please explain:

Swimming abilities

- | | | |
|---|--|--|
| <input type="checkbox"/> Excellent Swimmer | <input type="checkbox"/> Good Swimmer | <input type="checkbox"/> Will swim but needs prompting |
| <input type="checkbox"/> Swims with support | <input type="checkbox"/> Must wear a PFD | <input type="checkbox"/> Needs 1:1 in pool |
| <input type="checkbox"/> Likes to dip feet in water | <input type="checkbox"/> Does not swim | <input type="checkbox"/> Fear of water |

Additional Swimming information: (has swimming badges, needs goggles, etc.)

Cabin-mate Request

We will try to honour bunk requests, however there are many factors that influence cabin make-up and the final cabin list is at the discretion of the Camp Director. (List one name only for each section please)

I would like this person in my cabin

Please don't put this person in my cabin

CONSENT, WAIVER AND AUTHORIZATION FORM

Our Privacy Statement:

"Camp Tidnish is a program of and is administered by Easter Seals Nova Scotia", **AND**
"Easter Seals Nova Scotia respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists or client information. The information you provide will be used to deliver your program services only."

Please read this document carefully. It affects your rights and those of your child.

The words "Easter Seals" in this document includes Easter Seals Nova Scotia, Camp Tidnish, and their officers, directors, employees, staff or agents.

The word "Camp" in this document means Camp Tidnish, and its officers, directors, employees, staff or agents.

The word "Camper" in this document means the Applicant (or Camper), whose full name is:

(Print full name of camper here)

The word "I" or "me" in this document means you, the parent(s) or Legal Guardian(s), whose full name(s) are:

(Print Mother's or Legal Guardian's Full Name)

(Print Father's or Legal Guardian's Full Name)

Authorizations and Agreements

I hereby authorize and empower Easter Seals:

- a) To provide, or to authorize the provision of, such medical, medication administration, hospital, dental, or emergency care or services for the Camper, as it may deem necessary (in its sole discretion) for the safety, health, care or protection of the Camper while he or she is attending the Camp.
- b) To use any and all information it has concerning the Camper, or to release all such information to any other person, organization, or institution as it may deem necessary (in its sole discretion) for the safety, health, care, or protection of the Camper while he or she is attending the Camp.

I understand that in the event of accident or illness, Easter Seals will make reasonable efforts to contact me, but I also understand and agree that Easter Seals does not have to wait until after contacting me to provide or authorize the provision of such medical, hospital, dental, or emergency care services as it may deem necessary for the safety, health, care or protection of the Camper suffering such accident or illness.

I certify that all the information contained in this application form is complete and correct, and I agree to notify Easter Seals or the Camp immediately in writing of any changes in the Camper's health status or in the emergency contact number.

In the event that only one parent or legal guardian signs this form:

I certify that I have the authority to sign this form on behalf of the Camper and that no other authority or signature is required. Initial here _____.

I agree to supply or provide to the Camp all personal equipment, medications, or appliances which the Camper requires or may require to enable him or her to attend the Camp. I also agree to reimburse Easter Seals or the Camp its cost of providing such equipment, medication or appliances for the Camper in the event that I fail to do so.

I also agree and understand the Camp may offer more physical, mental or emotional challenge to the Camper than he or she may be used to. I agree and understand that Easter Seals reserves the right, in its sole discretion, to decide at any time (either before or after the Camper arrives at Camp, or any time during the camping period) that the Camp is not suited to the Camper's physical, mental or emotional condition or health, and that the Camper ought not to be accepted as a Camper, or that the Camper ought to return home.

Waiver of Legal Liability

I certify that I am familiar with the Camp program and that I have read any general information, which may accompany this application.

I agree and understand that the Camp and its activities offer more and higher levels of physical challenge and risk of physical harm to the Camper than he or she experiences in home, school, or hospital settings. I agree and understand that accidents, mistakes, or errors of judgement can occur. I accordingly hereby release and save harmless (on my behalf and on behalf of the Camper) Easter Seals and the Camp from all suits, claims, actions and causes of actions due to loss or injury to person or property of myself or the Camper, howsoever caused, and whether on or off the Camp premises.

MUST BE SIGNED:

CAMPER WILL NOT BE ACCEPTED WITHOUT at least ONE SIGNATURE

**(Signature of Camper if Legally Independent)
OR (Signature of Parent or Legal Guardian)**

(Date)

(Signature of Parent or Legal Guardian)

(Date)

OPTIONAL:

Permission is hereby granted for group photographs, pictures or movies to be taken of this camper and I/We are willing for them to be shown or otherwise utilized in the interest of the Camp or Camper.

The camper will not be included in the group photograph unless below is signed and dated appropriately:

(Signature of Parent or Guardian)

(Date)

