

KY Lions Youth Camp

Camper Application
July 3 – 7, 2017
Application Deadline: June 2, 2017

Which Camp are you applying for? Blind/Vision Impaired Camp Deaf/Hard of Hearing Camp
Print in **Black Ink**. **ALL Information** must be completed for the approval of your application.

Camper's Name _____ Goes By: _____

Male / Female

Street Address _____

City _____ State _____ ZIP _____ County _____

Date of Birth ____/____/____ Age _____ Social Security # _____

Height _____ Weight _____ School _____ Grade _____

Information for Grant and Fundraising Statistical Purposes:

Race: Caucasian / Hispanic / African American / Native American / Other _____

Household Yearly Income \$ _____; Number of People in Household _____

Female Guardian Name _____

Mother Grandmother Other _____

Cell Phone (____) _____ Home Phone (____) _____

Work Phone (____) _____ Email _____

Male Guardian Name _____

Father Grandfather Other _____

Cell Phone (____) _____ Home Phone (____) _____

Work Phone (____) _____ Email _____

People authorized to pick up camper during camp:

Has Camper spent the night away from home before? No / Yes

Has Camper attended KY Lions Youth Camp before? No / Yes If yes, when _____

Can Camper bring bedding to camp (a pillow with twin sheets and a blanket)? No / Yes

T-shirt Size: Youth: Sm. / Med. / Lg. **OR** Adult: Sm. / Med. / Lg. / XL / XXL

Print Camper's Name _____ Date of Birth ____ / ____ / ____

Complete the following for **BLIND/VISION CAMPERS**: Camper is Totally Blind Legally Blind Partially Blind
Corrected vision: ____/____ Right eye ____/____ Left eye Camper reads: Braille Large Print Regular Print
Does Camper wear glasses Yes No Contact Lenses Yes No

Complete the following for **DEAF/HARD of HEARING CAMPERS**: Camper is Deaf Hard of Hearing
 Has Cochlear Implant
Camper communicates Speech Only Sign Language & Speech Sign Language Only
Does child wear hearing aids? Yes No Right Ear - Serial # _____ Brand name _____
Left Ear - Serial # _____ Brand name _____
Type of hearing aid batteries _____ **Please bring extra batteries!**

CAMPER PERSONAL ASSISTANCE & CARE LEVEL

Camper requires assistance with: Dressing / Toilet / Bathing / Mobility
Other? explain _____

Does the camper wet the bed? Yes / No Does the camper wear Pull-Ups to bed? Yes / No

Rate child's "Level of Care" regarding behavioral issues (circle a number): 1 2 3 4 5
1 = rarely gets upset; follows instructions very well
5 = extreme behavioral issues; angers easily; prone to fighting

Comments or Special Instructions:

Photography:

May pictures be taken of camper for his/her personal use? No / Yes

May pictures be taken of camper for camp album? No / Yes

May pictures be taken of camper for promoting KY Lions Youth Camp? No / Yes

NOTE: We take no responsibility concerning photos taken by other campers.

After Completing the **4 Page** Application, Please Mail To:

**KY Lions Youth Camp
c/o Lions Camp Crescendo
PO Box 607
Lebanon Junction, KY 40150**

Application Deadline Date: June 2, 2017

For Questions or Additional Information Contact:

Holly Bean (Camp Director)

Phone: (270) 407-3482

Email: holly.bean407@topper.wku.edu

Billie Flannery (LCC Administrator)

Phone: 1-888-879-8884

Email: wibblesb@aol.com

Camper's Name: _____
Please Print

Staff Only:
AM 12P 3P 5P BT PRN

MEDICAL INFORMATION SUMMARY

***** Attach a copy of insurance/medical card and recent photo*****

Name of who to call if medical question or concern: _____
 Parent Relative Other: _____ Contact # (____) _____

Back-up person to call if medical question or concern: _____
 Parent Relative Other: _____ Contact # (____) _____

Doctor's Name _____ Contact # (____) _____
Insurance Provider _____ Policy/Card # _____

Medical conditions:

- ADD/ADHD ODD Depression RAD BiPolar Disease Autism
- OCD PTSD Anxiety Separation Anxiety Asthma CP
- HIV
- Other: _____

History of Seizures? Yes No

Current tetanus shot: Yes No

Does Camper Have Allergies Yes No
Sensitivities: _____
Allergies: _____
Seasonal Allergies: _____

Does Camper Use an EPI Pen? Yes No
Reaction: _____
Reaction: _____
Reaction: _____

*****If camper requires an EPI-Pen, this must be brought with them to camp*****

List each medication that the camper should be on while at camp:

RX Name	Strength	Dose	AM	NOON	3PM	Supper	Bedtime
<i>Example: Concerta</i>	27 mg	1 tablet	✓				

If more space needed attach additional sheet

Rescue Inhaler Nebulizer medication: _____

- Medicines must be in original container.
- Place medications in zip lock bag and write child's name (*last name first*) on the outside.
- Do NOT place more than one child's medication(s) in the same bag.
- **Morning medications must be given prior to coming to camp!**

Camper's Name: _____
Please Print

CONSENT FOR NON-PRESCRIPTION MEDICATIONS

This consent allows appropriate camp staff to give child over-the-counter medications as needed.

- | | | | | | | | | |
|------------------------------|-----------------------------|---------------------|------------------------------|-----------------------------|--------------------|------------------------------|-----------------------------|----------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Acetaminophen | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ibuprofen | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Naprosyn |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tums | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Imodium | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Emetrol |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Chloraseptic Spray | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sudafed | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Benadryl |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sting Kill | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Caladryl, Calamine | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hydrocortisone Cream |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Aloe with Lidocaine | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Neosporin | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Desitin |

Other over-the-counter medication that works well for the camper: _____

Special Instructions for prescription medication and/or over-the-counter medication administration:

Statement of Release & Authorization (Signature required for approval of application):

1. I hereby agree to release and hold camp staff free and harmless for any claims, demands, or suits for damages from any complication that may result from the proper administration of the non-prescription medications I have voluntarily marked "yes" and the prescription medications the camper brought to camp with them.
2. I hereby agree to release and hold Lion's Camp Crescendo free and harmless for any claims, demands, or suits for damages from any injury and/or illness occurring during camp session.
3. In case of an EMERGENCY, where the child needs to be seen by a physician, I hereby give permission for the child to be transported to a medical facility for the purpose of conducting examination, ordering x-rays, administering tests and/or receiving EMERGENCY treatment. *(Bring a copy of DNR if applicable)*

Signature: _____ Date: _____
 Relative/parent Foster Parent Other: _____

<u>FOR OFFICIAL USE ONLY:</u>	<input type="checkbox"/> <i>DCBS Medication Administration Form Required</i>
1) Has the camper had their medications today? ___No ___Yes	
2) Medications: <input type="checkbox"/> Just enough <input type="checkbox"/> Entire supply	
<input type="checkbox"/> Not Enough – Plan for correction: _____	
3) Medicine reconciled? ___No ___Yes	
If not, discrepancy: _____	
	Medical Information Reviewer Initials: _____
4) New/acute injuries present at arrival? ___No ___Yes	
Describe: _____	
5) Arrival weight: _____ (optional)	
6) Physical check complete? ___No ___Yes	
	Examiner Initials: _____
Adult Dropping off Child Initials: _____	<input type="checkbox"/> Bus transport