



Camp Freedom Camper Application
July 9 – 13, 2018
 Application Deadline: June 1, 2018
 A Lions Camp Crescendo Community Service Project



Camp Freedom is for children in Foster Care or guardianship of their grandparents or close relative..
Print in Black Ink. ALL Information must be completed for the approval of your application.

Camper's Name _____ **Goes By:** _____

Male / Female

For foster children, circle Level of Care (LOC) as assigned by CRP if applicable: 1 2 3 4 5

Address: _____ City: _____ State: _____ Zip Code: _____

County of Residence: _____ Foster Care Relative Placement

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 _____

Grandmother Foster Parent Other _____

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

Work Phone (____) _____ Email _____

Male Guardian Name _____

Grandfather Foster Parent Other _____

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

Work Phone (____) _____ Email _____

DCBS Worker's Name: _____ **County:** _____

Active Case Inactive Case Cell Phone: (____) _____

Office Phone: (____) _____ Email: _____

People authorized to pick up camper during camp:

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

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

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

Caregiver 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

Please tell us why child is appropriate for Camp:

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

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

Has Camper attended Camp Freedom before? No / Yes If yes, when _____

Is camper attending any other camp? No / Yes If yes, camp name: _____

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

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

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

Application Deadline Date: June 1, 2018

**Camp Freedom is a Community Service Project of Lions Camp Crescendo, Inc.,
a 501(c)(3) Non-Profit Organization
www.LCCKY.org**

For Questions or Additional Information Contact:

Daniel Coe (Camp Coordinator)

Phone: (502) 294-5872

Email: dfcoe53@gmail.com

Billie Flannery (LCC Administrator)

Phone: (502) 264-0120

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
 Other: _____

History of Seizures? Yes No

Current tetanus shot: Yes No

Does Camper Have Allergies Yes No

Does Camper Use an EPI Pen? Yes No

Sensitivities: _____

Reaction: _____

Allergies: _____

Reaction: _____

Seasonal Allergies: _____

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: _____

If foster child: DCBS Worker Signature: _____ Date: _____

FOR OFFICIAL USE ONLY:	<input type="checkbox"/> DCBS Medication Administration Form Required
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