



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



Camp Heart to Heart is for Children Affected/Infected by HIV/AIDS from 5 to 12 Years Old
Print in Black Ink. All information must be provided for application to be approved!

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 Foster Parent Other _____

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

Work Phone (____) _____ **Email** _____

Male Guardian Name _____
 Father Grandfather Foster Parent 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 Camp Heart to Heart 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 ____ / ____ / ____

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:

Transportation:

Will camper need transportation to camp? No / Yes ...from camp? No / Yes

For Louisville area and Southern Indiana residence, if camper needs transportation can parent/guardian provide transportation to and from a central Louisville location to ride a bus to camp? No / Yes

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 Camp Heart to Heart? No / Yes

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

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

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

Application Deadline Date: June 1, 2018

**Camp Heart to Heart 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 Director)

Phone: (502) 294-5872

Email: dfcoe53@gmail.com

Jacki Bunger (Asst. Camp Director)

Phone: (502) 553-2343

Email: jacki1228@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
- HIV
- 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: _____

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