LIONS CAMP CRESCENDO - CAMPER APPLICATION 2021

Print in black ink. Missing information may result in not being accepted for camp.

WHICH CAMP ARE YOU APPLYING FOR?

Application Deadline: May 15, 2021

Select one camp session per child.

☐ **Lions Youth Camp:**
06/28 to 07/02/2021
☐ *Blind/Vision Impaired*
☐ *Deaf/Hard of Hearing*
(6-15 years old)

☐ **Camp Heart to Heart:**
07/05 – 07/09/2021
Children affected/infected
By HIV/AIDS (6-15 years old)

☐ **Camp Freedom:**
07/05 – 07/09/2021
Children in foster care or guardianship of grandparent
(6-15 years old)

Service camps are community service projects of the Lions Camp Crescendo, Inc. a 501(c)(3) non-profit organization.

Camper Name: _____ Goes by: _____

☐ Male / ☐ Female Date of Birth: ____/____/____ Age: _____ Height: _____ Weight: _____

Street Address: _____

City: _____ State: _____ ZIP: _____ County: _____

School: _____ Grade: _____

REQUIRED Information for grant and fundraising purposes:

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

Household yearly income: $_____ **Number of people in household:** _____

*** **CAMP HEART TO HEART ONLY:** Who in the family is HIV Positive?

☐ Child ☐ Parent ☐ Sibling ☐ Grandparent ☐ Guardian ☐ Other:

Female Guardian: _____ ☐ Mother ☐ Foster ☐ GM ☐ Other: _____

Cell Phone: (_____)_____ Home Phone: (_____)_____

Work Phone: (_____)_____ Email _____

Male Guardian: _____ ☐ Father ☐ Foster ☐ GF ☐ Other: _____

Cell Phone: (_____)_____ Home Phone: (_____)_____

Work Phone: (_____)_____ Email _____

DCBS Worker: _____ ☐ Active ☐ Inactive Case

Cell Phone: (_____)_____ Work Phone: (_____)_____

County: _____ Email: _____

***LIST PEOPLE OTHER THAN ABOVE WHO ARE AUTHORIZED TO PICK UP CAMPER DURING AND/OR AFTER CAMP:**

T-SHIRT SIZE: *Youth:* ☐ Sm. / ☐ Med. / ☐ Lg. **OR** *Adult:* ☐ Sm. / ☐ Med. / ☐ Lg. / ☐ XL / ☐ XXL

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

FUNCTIONAL INFORMATION
☐ Yes ☐ No Has camper spent the night away from home before? ☐ Yes ☐ No Has camper attended camp before? If yes: Year _____ Camp Name: _____ ☐ Yes ☐ No Can camper bring twin sheet, pillow & blanket to camp? Or sleeping bag & pillow?
*** **BLIND/VISION IMPAIRED CAMP ONLY:** ☐ Totally blind ☐ Legally blind ☐ Partially blind **Camper reads:** ☐ Braille ☐ Large print ☐ Regular print ☐ Glasses ☐ Contact lenses *(at camp)*
*** **DEAF/HARD OF HEARING CAMP ONLY**: ☐ Deaf ☐ Hard of Hearing ☐ Cochlear implant **Camper communicates:** ☐ Speech only ☐ Sign only ☐ Sign language & speech ☐ Yes ☐ No **Hearing aids?** Right – serial # Brand / Left – serial # Brand Type of hearing aid batteries: ***Please bring extra batteries***
PERSONAL ASSISTANCE & CARE LEVEL
Wet the bed? ☐ No ☐ Rarely ☐ Often *(1/week or more)* Wears pull-ups? ☐ No ☐ Yes ☐ At night only
Requires Assistance with: ☐ Dressing ☐ Toileting ☐ Showering ☐ Mobility ☐ Eating ☐ Socializing Other:
Special Care Instructions:
BEHAVIORAL RATING *(1 = rarely upset, follows instructions very well 5 = extreme behavioral issues, angers easily, prone to fighting)*
(Circle a number) 1 2 3 4 5
☐ Yes ☐ No At risk for homesickness? Recommendations: Other behavioral information:
PHOTOGRAPHY *(We are unable to assume responsibility concerning photos taken by other campers)*
☐ Yes ☐ No May pictures be taken of camper for personal use and for the camper to bring home? ☐ Yes ☐ No May pictures be taken for promotion of this camp within Lions clubs?
TRANSPORTATION
Unfortunately, we are unable to provide transportation for any camp this year.

WITHOUT EXCEPTION - APPLICATION DEADLINE: May 15, 2021

This is important for planning purposes! To maximize safety & ensure a pleasurable experience for everyone we must ensure appropriate counselor to camper ratios.

If you need to cancel attendance PLEASE do so as soon as possible so that we may consider accepting another child in your child's place.

TO CANCEL PLEASE CALL: (502) 264-0120 or (502) 938-1619

After completing this entire four page application, please mail to:

Lions Camp Crescendo PO Box 607 Lebanon Junction, KY 40150

FOR QUESTIONS OR ADDITIONAL INFORMATION CONTACT:			
Lions Camp Crescendo	Billie Flannery, Administrator	(502) 264-0120	Wibblesb@aol.com
Heart to Heart & Camp Freedom	Daniel Coe, Director	(502) 294-5872	Dfcoe53@gmail.com
LYC – Deaf/Hard of Hearing	Morgan Moore, Director	(502) 594-3302	klycdeafcampdirector@gmail.com
LYC – Blind/Vision Impaired	Mark Grieser, Director	(502) 314-4964	klycvisioncampdirector@gmail.com

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

MEDICAL INFORMATION SUMMARY

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 # (_____)_____

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

Medical conditions:

☐ ADD/ADHD ☐ ODD ☐ Depression ☐ RAD ☐ BiPolar Disorder ☐ Autism
☐ OCD ☐ PTSD ☐ Anxiety ☐ Asthma ☐ CP ☐ HIV
☐ Separation Anxiety ☐ 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
***Example**: Concerta*	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**.
- Do NOT preload pills into a medi-planner.
- Do NOT place more than one child's medication(s) in the same bag.

MORNING DOSES MUST BE GIVEN PRIOR TO ARRIVAL AT CAMP!

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

CONSENT FOR NON-PRESCRIPTION MEDICATIONS

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

☐Yes	☐No	Acetaminophen	☐Yes	☐No	Ibuprofen	☐Yes	☐No	Campho-Phenique
☐Yes	☐No	Tums or Gas X	☐Yes	☐No	Imodium *(for diarrhea)*	☐Yes	☐No	Emetrol *(for vomiting)*
☐Yes	☐No	Chloraseptic Spray	☐Yes	☐No	Sudafed	☐Yes	☐No	Claritan, Zyrtec
☐Yes	☐No	Benadryl	☐Yes	☐No	Sting Kill	☐Yes	☐No	Caladryl, Calamine
☐Yes	☐No	Hydrocortisone Cream	☐Yes	☐No	Aloe with Lidocaine	☐Yes	☐No	Neosporin

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

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

_____

Is there an Emergency Protective Order or any legal action we should be aware of while assuming the care and responsibility for this minor? ☐ No ☐ Yes: _____

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.
2. I hereby agree to release and hold Lions 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: _____

☐ Parent ☐ Foster Parent ☐ Guardian/Relative: _____ ☐ Other: _____

FOR OFFICIAL USE ONLY: ☐ ***DCBS Medication Administration Form Required***

1) ☐ Camper has NO medications

IF camper has medications:

2) Have they taken their morning medications today? ☐ Yes ☐ No: ___*Administered now* ☐ N/A

3) Medication supply brought to camp: ☐ Just enough ☐ Entire supply
☐ Not Enough – Plan for correction: _____

4) Medicine reconciled between list and supply? ☐ Yes ***Medical Reviewer Initials:*** _____

5) ***COVID SCREENING:*** ☐Temp >100.4 ☐Normal Temp
☐ **See attached screening form or answer the following:**
***New In last 14 days*:** ☐ Close contact with person with COVID ☐ Cough ☐ Sore Throat ☐ Vomiting/Diarrhea
☐ Loss of smell or taste ☐ Shortness of Breath ☐ body aches

6) New/acute injuries present at arrival? ☐ No ☐ Yes: Describe: _____
_____

7) Physical check complete without issues identified? ☐ Yes ***Examiner Initials:*** _____
Adult Dropping off Child Initials: _____