

# LIONS CAMP CRESCENDO - CAMPER APPLICATION

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

## WHICH CAMP ARE YOU APPLYING FOR?

Application Deadline: June 1, 2019



### Lions Youth Camp:

- Blind/Vision Impaired  
 Deaf/Hard of Hearing

**camp  
heart to heart**



**Camp Heart to Heart:**

Children affected/infected  
By HIV/AIDS

**CAMP  
FREEDOM**



**Camp Freedom:**

Children in foster care or  
guardianship of grandparent

*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: \_\_\_\_\_

**Help us continue providing these free camps by providing information for grant and fundraising purposes:**

**Race:**  African American  Caucasian  Hispanic  Native American  Other: \_\_\_\_\_

**Household yearly income:** \$ \_\_\_\_\_ **Number of people in household:** \_\_\_\_\_

**FOR 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

**WITHOUT EXCEPTION - APPLICATION DEADLINE: JUNE 1, 2019**

This is important for planning purposes! To maximize safety & ensure a pleasurable experience for everyone we must ensure appropriate counselor: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**

<b>FOR QUESTIONS OR ADDITIONAL INFORMATION CONTACT:</b>			
Lions Camp Crescendo	Billie Flannery, Administrator	(502) 264-0120	<a href="mailto:Wibblesb@aol.com">Wibblesb@aol.com</a>
Heart to Heart & Camp Freedom	Daniel Coe, Director	(502) 294-5872	<a href="mailto:Dfcoe53@gmail.com">Dfcoe53@gmail.com</a>
LYC – Deaf/Hard of Hearing	Holly Bryant, Director	(270) 407-3482	<a href="mailto:Holly.bryant@wky.edu">Holly.bryant@wky.edu</a>
LYC – Blind/Vision Impaired	Mark Greiser, Director	(502) 314-4964	<a href="mailto:klycvisioncampdirector@gmail.com">klycvisioncampdirector@gmail.com</a>

**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 Disease     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

**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 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.*

- |                              |                             |                     |                              |                             |                        |                              |                             |                        |
|------------------------------|-----------------------------|---------------------|------------------------------|-----------------------------|------------------------|------------------------------|-----------------------------|------------------------|
| <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 | Naproxyn               |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tums                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Imodium (for diarrhea) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Emetrol (for vomiting) |
| <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.
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:** \_\_\_\_\_  
 Relative/parent       Foster Parent       Other: \_\_\_\_\_

<b><u>FOR OFFICIAL USE ONLY:</u></b>	<input type="checkbox"/> <b>DCBS Medication Administration Form Required</b>
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: _____	
	<b>Medical Information Reviewer Initials:</b> _____
4) New/acute injuries present at arrival?      ___No      ___Yes Describe: _____	
5) Physical check complete?      ___No      ___Yes	
	<b>Examiner Initials:</b> _____