

Camp Freedom

Camper Application July 7 - 11, 2008

A Lions Camp Crescendo Community Service Project

Foster Care Kinship Care Grandparent

Print in Blue or Black Ink. All information must be provided for application to be approved!

Camper's Name _____ Nickname _____ Male Female

Street Address _____ City _____ State _____ ZIP _____

Date of Birth ____/____/____ Age _____ County _____ CPS/CHFS County _____

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

Please attach a Copy of Insurance/Medical Card and a Picture of Camper.

Insurance _____ Medical Card # _____

Camper's Doctor is _____ Phone () _____

Foster Parent's Name _____ Home Phone () _____

Cell Phone () _____ Work Phone () _____ Email _____

Address _____

Guardian's Name (If Applicable) _____ Home Phone () _____

Cell Phone () _____ Work Phone () _____ Email _____

Address _____

Social Worker/CPS/CHFS Worker's Name _____

County _____ Cell Phone () _____ Work Phone () _____

Home Phone () _____ Email _____

Child brought to camp by: _____

Child picked up from camp by: _____

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

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

Continue to Page 2 and complete all information.

Mail Application to:

Lions Camp Crescendo
P.O. Box 607
Lebanon Junction, KY 40150

Return no later than May 31st, 2008

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

MEDICAL INFORMATION

List each diagnosed or chronic condition related to camper _____

Camper is on Medication? Yes No ... List all medication camper is currently taking _____

Camper is allergic to: _____ Date of last Tetanus shot: _____

Camper requires assistance with: Dressing Toilet Mobility Behavior Other _____

List Food Restrictions _____

Note: Please, send all Medication the camper is currently taking in the original bottle or package. Include **written instructions** with the **time** and **dosage** for each Medication.

CONSENT FOR NON-PRESCRIPTION MEDICATIONS

This consent allows appropriate Camp staff to give "Over-the-counter" medications as needed, without having to contact you each time during this camp session.

Please check "yes" for the medications the camper is allowed to take.

- Yes No **Tylenol** (headaches and minor pain)
- Yes No **Ibuprofen** (menstrual cramps, minor aches and pain)
- Yes No **Tums** (nausea, upset stomach)
- Yes No **Chloraseptic Spray** (sore throat pain)
- Yes No **Chloraseptic Lozenge** (sore throat pain)
- Yes No **Halls or Vicks Cough Syrup** (coughing and congestion)
- Yes No **Triple Antibiotic Ointment** (first aid for minor cuts and abrasions)
- Yes No **Caladryl Clear** (skin irritations with itching)
- Yes No **Sting Kill** (bee stings)
- Yes No **Hydrocortisone Cream** (rashes and skin irritations with itching)
- Yes No **Aloe with Lidocaine** (sunburn)
- Yes No **Sudafed** (allergy symptoms)
- Yes No **Imodium A-D Caplets or Liquid** (diarrhea)
- Yes No **Emetrol** (nausea)
- Yes No **Benadryl** (allergy symptoms)
- Yes No **Desitin** (raw skin)

List other non-prescription drugs:

Comments or Special Instructions:

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

1. I hereby agree to release and hold Camp Freedom staff free and harmless for any claims, demands, or suits for damages from any injury or complication that may result from the proper administration of the Non-Prescription medications, which I have voluntarily marked "yes," and the Prescription Medications the camper brings to camp with them.
2. In case of an **EMERGENCY**, where the camper needs to be seen by a physician, I hereby give my permission for my child to be transported to a medical facility or hospital for the purpose of conducting examinations, ordering x-rays, administering tests and/or receiving **EMERGENCY** treatment. (Send a copy of **DNR** if applicable).

Signature _____ Date _____

Foster Parent Guardian

Address _____ City _____ State _____ ZIP _____