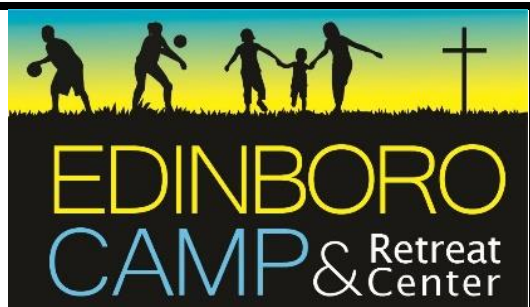


Exceptional Adults Camp

July 15-19, 2024

Mail to: Edinboro Camp
12940 Fry Rd
Edinboro, PA 16412



Camper Information

Camper Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Date of Birth:
Address:	T-Shirt Size (Circle one): YS YM YL AS AM AL XL XXL		

Family Information

Caretakers full name:	Relation to camper:	Best Number to reach you:	Email:
Alternative Emergency Contact Name:	Alternative Emergency Relation to camper:	Alternative Emergency Contact Number:	Email:
Home Church:	Home Church Address:		

I hereby give my permission for this camper to participate in the activities and programs of Edinboro Camp and Retreat Center. I understand that every precaution will be exercised by camp personnel to prevent injury, but that many of life's activities have inherent dangers. In the event of a medical emergency involving this camper, I authorize any hospital/medical treatment deemed necessary by the physician selected by ECRC personnel. I understand that every attempt will be made to contact me immediately at the numbers I have listed. I acknowledge that ECRC does not provide primary insurance coverage for this camper while involved in the camp's activities. This camper's insurance will be used for any coverage so needed. My signature below indicates my agreement and understanding of this release along with the release of liability to Edinboro Camp and Retreat Center, its director, staff, and the western PA District of the Christian & Missionary Alliance. Photographs of this camper may be used for camp promotion.

Parent or Guardian's Signature	Date:
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Dates: July 15 th -19th	Before 4/15 - \$320	Before 5/15 - \$340	5/16 and after - \$400
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Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/> Other	Total Amount:
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If paying by credit card: Credit Card Number: _____ Exp: _____	Mail Completed forms to: Edinboro Camp 12940 Fry Rd Edinboro PA 16412
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Medical and Health Information			
Medical Insurance Company:	Policy #	PCP Doctor	PCP Phone
Diet Restrictions:			Date of last tetanus shot:
Does this camper have: (if yes, give specifics...use separate piece of paper if necessary.)			
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cardiac condition	<input type="checkbox"/> Yes <input type="checkbox"/> No		
History of seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Asthma/other respiratory	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CPAP machine	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Corrective footwear	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Corrective Prosthesis	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Adaptive device	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does camper smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
OTC Medication			
Edinboro Camp has a supply of the following over-the-counter medication. Check yes or no for each medication that may be given to camper			
Ibuprofen 200 mg	As per label	For pain/fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acetaminophen 325 mg	As per label	For pain/fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maalox liquid	As per label	For upset stomach	<input type="checkbox"/> Yes <input type="checkbox"/> No
Triple antibiotic ointment	As per label	For minor abrasions/laceration	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medications

All medication must be brought to camp in original container or blister packs with label. Do not pre-pour medications.

1	Medication Name	Dosage	Frequency	Route	Check times to be given at camp				
					8a	Noon	4 PM	Bed	PRN
2									
3									
4									
5									
6									
7									
8									
9									
10									

Please give any other information that could help the nursing staff to understand the needs of this camper while at camp:

Self-care Information

Please provide any additional information for the questions below (use another paper if necessary)

#1 Eating – Edinboro Camp does not provide any adaptive equipment	<input type="checkbox"/> Independent <input type="checkbox"/> Needs Verbal cue <input type="checkbox"/> Need Physical help	
#2 Dressing	<input type="checkbox"/> Independent <input type="checkbox"/> Needs Verbal cue <input type="checkbox"/> Need Physical help	
#3 Bathing	<input type="checkbox"/> Independent <input type="checkbox"/> Needs Verbal cue <input type="checkbox"/> Need Physical help	
#4 Toileting	<input type="checkbox"/> Independent <input type="checkbox"/> Needs Verbal cue <input type="checkbox"/> Need Physical help <input type="checkbox"/> Wears Attends	
#5 Walking – Edinboro Camps does not provide any medical equipment	<input type="checkbox"/> Independent <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair	
#6 Communication	<input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Signing <input type="checkbox"/> Foreign language	
#7 Sleep Habits	<input type="checkbox"/> Needs to be awakened to use bathroom <input type="checkbox"/> sleeps with a night light <input type="checkbox"/> tends to wander if awakened <input type="checkbox"/> disturbs roommate	
#8 Corrective Lenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	
#9 Hearing Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	
#10 Dentures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
#11 Can this camper swim?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Behavior

Does this camper have behavior plan or an IPOP (individual plan of protection)? if yes please attach

Yes

No

Pointers to help de-escalate the situation if this camper becomes agitated:

What does this camper like to do in his/her free time? (likes, dislikes, hobbies, etc.)

What have we forgotten to ask? Please provide in the space below any additional information about the camper's health that you think is important that may affect the camper's ability to fully participate in the camp program.