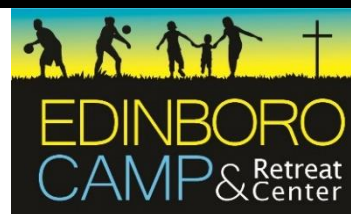


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Exceptional Adults Camp

Camp 1: June 2-6, 2025

Camp 2: July 14-18, 2025



Please register online if possible at edinborocamp.org

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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<input type="checkbox"/> Camp 1: June 2-6	Before 4/15 - \$340	Before 5/15 - \$360	5/16 and after - \$420
<input type="checkbox"/> Camp 2: July 14-18			

Payment Method:	Total Amount:
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/> Other	

If paying by credit card:	Mail Completed forms to:
Credit Card Number: Exp:	Edinboro Camp 12940 Fry Rd Edinboro PA 16412

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? We have a pool that is 3.5 feet deep. No deep end.	<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.

Please verify that your camper meets our criteria and check the appropriate boxes.

This camp's purpose is to provide a safe, fun, community camp environment. Although we recognize the need for respite care, that is not our purpose. In order for our program to be successful the following criteria must be met:

- This camper is able to **participate** in simple crafts, some physical activity, some response to music and speakers, etc.
- This camper is able to **control themselves** in an appropriate manner so we can provide a safe, fun, community environment for everyone.
- This camper is able to **take care of their own personal needs**, i.e. dressing, personal hygiene and showering with little to no assistance.
- This camper is **continent**. We ask that the campers be able to **express their needs** in some manner.
- (Skip if not a wheelchair user.) This camper uses a wheelchair but is able to transfer independently into and out of the wheelchair (i.e. to a bed, using a toilet, transfer to chair, etc.), as well as navigate their wheelchair independently or with minimal assistance.
- This camper is able to navigate varying terrain that is mostly level. At camp, the ground can be uneven and, in some places, rocky. Please be mindful of this if the camper has difficulty with ambulation or gait (i.e. if using a walker or cane).
- I acknowledge that the camp counselors are here to guide the campers with the camp program. They are not trained nursing assistants but instead are individuals with training only to meet the campers' basic and simple needs. We do have a nurse present to help dispense medication and treat minor injuries.

If you have any questions or a special circumstance, please feel free to our director, Dan Borchert at 814-882-9816 and it's best to call between 9:30am and 4:30pm Monday through Friday.