

Camp CAN DO August 17 – 21, 2015

Sponsored by Laurel Lake Church
Hosted by Laurel Lake Camp

Laurel Lake Camp
76 Lodge Road
Rossiter, PA 15772
814-938-9300



Attendee must be at least 18 years of age

INCOMPLETE APPLICATIONS AND APPLICATIONS RECEIVED WITHOUT PAYMENT WILL BE RETURNED

PERSONAL INFORMATION

Camper's Name _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____

Extent of Blindness Legally (20/200 w/glasses) Totally

Support Items Used Wheelchair Walker/Cane Guide Dog Adaptive Device

HEALTH INSURANCE INFORMATION

Name of Insurance Company _____

Insurance Company Telephone # _____

Name of Insured _____ Relationship to Camper _____

Insurance ID # _____ Group # _____

(Include copy of current insurance card with application)

EMERGENCY CONTACT INFORMATION

Name _____

Relation to Camper _____

Telephone (_____) _____ Cell Phone (_____) _____

FEES (per person)

Camper	\$40.00
Personal Assistant	\$75.00
Extra Family Member	\$100.00

Mail Application and Fee to:
Camp CAN DO
Laurel Lake Camp
76 Lodge Road
Rossiter, PA 15772

OFFICE USE ONLY

Date Received _____

Fee Received _____

Check Number _____

Amount _____

Application Approved:

Yes No Pending

Make checks payable to Laurel Lake Camp CAN DO

MEDICAL EXAMINATION (Completion Required)

To be completed by a licensed physician or nurse practitioner. This examination must be completed within the 12 months prior to camp arrival for determining fitness to engage in physical activities.

Past Significant Surgical/Medical History: Asthma Seizures Diabetes Cardiac

Current Medical Conditions: _____

General Physical Condition: _____

List Any Restrictions: _____

Allergies: Medications Insects Foods/plants

List: _____

Medications:

_____	_____
_____	_____
_____	_____
_____	_____

Laurel Lake Camp requires all campers to have immunizations up to date. **All campers attending must enclose a complete list of their immunizations.** A tetanus shot within the last 10 years is required:

Date of last tetanus booster: _____

I have examined the person herein described and have reviewed their health history. It is my opinion that they are physically able to engage in camp activities, except as noted above.

Licensed Independent Practitioner Signature: _____

Printed Name: _____ Date: _____

Address: _____

Contact Number: _____

CAMPER GENERAL INFORMATION

IMPORTANT – Please notify the camp if the attendee is exposed to any communicable disease during the three weeks prior to camp attendance. Not recording true health or physical conditions is reason for dismissal or rejection.

General Concerns

Does the camper wear an appliance for vision, hearing, dental correction, safety? Yes No
If yes: _____

Does the camper use any assistive devices, including guide dog? Yes No
If yes: _____

Can the camper sleep on a top bunk? Yes No

Camper can perform daily hygiene activities unassisted? Yes No

Camper can perform daily personal activities unassisted? Yes No

Does the camper have history of incontinence? Yes No

If yes, please bring supplies used for the week.

List any dietary, activity or other restrictions for this camper: _____

Describe mental handicaps if applicable: _____

Describe physical handicaps if applicable: _____

List any over the counter medications used by the camper: _____

List any additional information about the attendee's behavior and physical, emotional or mental health that the staff should be aware of: _____

CAMP RESTRICTIONS:

Laurel Lake Camp is not staffed to care for campers with mental and/or physical problems that require professional staff. Campers must be able to walk on their own and care for personal needs. Otherwise campers are expected to provide, and cover the costs for their own sighted guides. Those with multiple disabilities may not be eligible. Persons who cannot control their bowels should not attend camp. Before attending camp please know that the terrain for this camp may be difficult for some. For questions, call 814-938-9300.

CONSENT AND RELEASE

- Please carefully read and sign below. This must be signed or the application will be returned.
- In case of emergency, I hereby give permission to the camp directors to seek emergency medical treatment for the camp attendee/myself. This may include hospitalization, xrays, anesthesia, or surgery. I also give permission to the camp nurse/caregiver to administer over the counter drugs to the attendee/myself as requested or as appropriate. **The health statement is correct as far as I know.**
- I/attendee consent to participating in the camp program and will abide by the policies of Laurel Lake Camp.
- I/attendee hereby release the Pennsylvania Conference and Laurel Lake Camp and its employees and volunteers from liability in case of accident or illness.
- I/attendee give permission to Laurel Lake Camp to use slides, photographs or video taken of the attendee during this camp for the purpose of advertisement, publications or promotional.
- Total payment is due with the completed and signed application. This includes the signature of my primary medical care person.
- I/attendee understand that smoking, use of illegal drugs, alcohol, tobacco products, firearms, explosives and sexual promiscuity are not permitted at camp.
- I/attendee will not engage in illegal or prohibited activities and will cooperate with the Laurel Lake Camp staff and volunteers.
- All information is correct to the best of my knowledge.

Signature _____ Date _____

I am the Parent Legal Guardian Camp Attendee Caregiver/Sighted Guide