

For Office Use Only

Received Application:

Camp Quality USA, Inc.

Camper Application Form

Parents, please print and complete application in black ink.

Camp Dates:

Name of Camp:

PLEASE RETURN THIS FORM TO:

General Information:

Camper Name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Address		
City	State	Zip
Home Phone	Email	
Mother's Name	Cell Phone	Work Phone
Father's Name	Cell Phone	Work Phone
Legal Guardian	Cell Phone	Work Phone
Birth Date	Age	

Personal Information:

Shirt Size: [Child S M L] [Adult S M L X-L XX-L]

Does the camper speak multiple languages? Yes No. If yes, what language(s)?

Personality and Interests:

Describe the camper's personality and interests.

Diet:

What are the concerns/likes regarding appetite or special food?

Activities:

Please list any special activity interests of which we should be aware:

Companion:

Each child attending camp is assigned a personal companion. He/She will accompany the child in all activities and programs of the camp. If your child attended Camp Quality last year, would he/she like the same companion? Yes No.

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Camper Agreement:

Companions and staff of Camp Quality camps have always been required to initial and agree to abide by some basic guidelines before they are permitted to serve at camps.

Because of past sad experiences when campers and staff have been subjected to verbal abuse and some campers placed at risk by the inappropriate behavior of a few campers, it is necessary for us to add this form, asking campers to agree to abide by guidelines.

We ask that campers initial each line and together with a parent, sign and then return this form to Camp Quality.

If a camper or parent would like to discuss any of these rules with me, please don't hesitate to call the Camp Director:

- Camp Quality Director at () - .

I understand and agree to the following rules:

I will not bring cigarettes, alcohol or illegal drugs to camp.

I will not bring knives or other potentially dangerous items to camp.

I will not swear or use foul language at camp.

I will follow the Camp Director's instructions regarding any out of bounds areas.

I will observe designated quiet times so that all may get adequate rest.

Signature of Camper

Signature of Parent/Legal Guardian

Parent Certification:

Release for Promotional and Media Purposes

I give permission for my child's photographs, statements, artwork, and interviews, to be used by Camp Quality USA, Inc. for purposes of promotion, media release or both. Please note that media interviews are always conducted under Camp Quality staff supervision and only if the child is willing. Yes No.

Medical Authorization

I have submitted medical information which may be released to obtain medical services. During the period my child is at Camp Quality I hereby authorize the following:

- Emergency medical treatment
- Medical services ordered by my child's physician

Camp Attendance

I agree to my child's attendance at the above-mentioned Camp Quality and to his/her taking part in any excursions and/or activities arranged for the children in connection with the program. In consideration of the opportunity and privilege of attending Camp Quality, I hereby knowingly, freely and voluntarily release Camp Quality USA, Incorporated and its Board of Directors from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, damage or injury that my child may sustain while present at any Camp Quality activity.

Signature/Consent
(Parent or Guardian)

Date

Camp Quality USA, Inc.

Camper Information Form

Camper: This form will be sent to your companion. After you fill it out, give it to your parents so they can send it in with your registration form.

Parents: Please add any information you feel would be helpful.

My name is _____

I like to be called _____

I am _____ years old and my birthday is _____

I live at _____

My telephone number is (_____) _____ - _____

My email address is _____

I go to _____ school and am in the _____ grade.

My favorite subject is _____

This will be my _____ (first, second...) camp, and I am especially looking forward to _____

My favorite color is _____

My hobbies are: _____

My favorite TV show is _____

My favorite TV stars are _____

The sport I like the best is _____

My favorite sports star is _____

I like the music of _____

My favorite food is _____ and I have a _____ appetite.

I have _____ brothers and _____ sisters.

Their names and ages are:

	age		age
	age		age
	age		Age

I would like my companion to know _____

If I have a photo of myself, I will attach it to this form so you will know what I look like. See you at camp!

Camp Quality USA, Inc.

Camper Medical Form

This page to be completed by parent/guardian!

General Information:

Camper Name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Current Address		
City	State	Zip
Home Phone		
Birth Date	Age	

Emergency Contacts:

Emergency Contact Name	Relationship
Day Phone	Night Phone
Emergency Contact Name	Relationship
Day Phone	Night Phone
Emergency Contact Name	Relationship
Day Phone	Night Phone

Medical Information: (Use back of page if you need more room.)

Primary Care Physician:	Phone
Current Specialty Physician:	Phone
Anticipated Primary Emergency Dept:	Pharmacy Name:
Anticipated Tertiary Care Center:	Pharmacy Phone:

Medical Insurance Information:

Name of Insurance Provider:		
Name of Insured:	Relationship to camper:	
Group #:	Policy #:	Camper's SS #:

(Please attach a photocopy of your insurance card to this form)

Additional Information:

- All medications brought to camp must be in original labeled container and given to medical staff.
- Please attach a list of any other special needs or considerations to help us in caring for your child at camp.
- Please note: If your child has been exposed to measles, chickenpox or shingles during the two weeks prior to camp, discuss with your physician the risk of infection to other children.
- If your child receives chemo or is hospitalized after this form has been sent in, please bring recent blood counts and any medication changes to camp.

Signature/Consent: _____ **Date** _____

(Parent/Guardian consent for release of this form to health care provider.)

All medications brought to camp must be in original labeled container.

Information on this form is confidential.

Page 4 of 5

Camp Quality USA, Inc.

Camper Medical Form

Camper Name:

This page to be completed by family physician, pediatrician, or oncologist!

Medical Information: (Use back of page if you need more room.)

Diagnosis/Past Procedures/Physical Exam: 1. 2. 3. Synopsis:
Medications being taken routinely (include nonprescription drugs): 1. 2. 3.
Allergy to foods, medications & other (if none, so state):
Baseline physical findings:
Baseline vital signs:
Baseline neurological status:
Significant baseline ancillary findings (lab, x-ray, ECG):
Prosthesis/Appliances:
Explain any restrictions to activity:

Common Presenting Problems/Findings with specific suggested managements

Problem	Suggested Diagnostic Studies	Treatment Considerations
Off Therapy <input type="checkbox"/> Yes <input type="checkbox"/> No	Since (Month/Year):	
Does patient have a central line? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type:		

Immunizations:

TB Skin Test Status <input type="checkbox"/> Pos <input type="checkbox"/> Neg	TB Skin Test Date
Are all immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are immunization records on file at physician's office? <input type="checkbox"/> Yes <input type="checkbox"/> No

Physician's Acknowledgement

I have been informed about Camp Quality and the request of my patient to attend. The items are correct to the best of my knowledge and belief. In my opinion this patient is physically capable of attending Camp Quality.

Physician's Signature:	Date
Name (please print):	Phone

All medications brought to camp must be in original labeled container.

Information on this form is confidential.

Page 5 of 5

Last updated on 07-Mar-2005