**2025 Rotary Club Youth Camp**

**Name of camper**: Last, First Middle

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent name and phone number**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS:

**Parent email:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birthdate of camper**: M/DD/YYYY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age of camper**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sex of camper:** **Please circle**

Male

Female

Race:

**T shirt size**:

Please choose 1 from each category.

Category 1: Catergory 2:

Adult XS S M L XL XXL

Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there things the camper does not like or any fears that would be helpful for the camp staff to know?**

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**Please complete the following for the camper with YES/NO Responses;**

Y/N Uses toilet by self

Y/N Can walk for three city blocks without tiring

Y/N Needs food blended

Y/N Needs straw for beverages

Y/N Cries/whines/screams frequently

Y/N Has normal hearing

Y/N Has difficulty chewing or swallowing

Y/N Can grasp pencil

Y/N Can swim

Y/N Can use scissors

Y/N Can eat completely by self

Y/N Wanders away from group

Y/N Has bladder control

Y/N Can self catherize (if applicable)

Y/N Can run

Y/N Can push wheelchair by self (if applicable)

Y/N Is extremely active

Y/N Use a shower without assistance

Y/N Has normal vision

Y/N Can take care of personal belongings

Y/N Uses diapers

Y/N Needs food cut up

Y/N Can walk alone

Y/N Uses mobility aid for assistance

Y/N Can dress completely by self

**\*\*Please list any special instructions for any of the above listed needs:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check all items that the camper will bring. \*\*All equipment should be labeled with first and last name.**

\_\_Electric wheelchair

\_\_Manual wheelchair

\_\_Walker

\_\_Crutches

\_\_Brace(s)

\_\_Prosthesis

\_\_Cane

\_\_Special eating utensils

\_\_Shower/toilet chair

\_\_Catheter equipment

\_\_Diapers

\_\_Communication board

\_\_Glasses

\_\_Hearing aids

\_\_Other (please specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe the responsibility of self in relation to feeding bathing, toileting, dressing, care for belongings, etc.**

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**Describe any behavior management methods that are effective with the camper.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe any aggressive or self abusive behavior exhibited by the camper.**

**Describe the campers relationship with own age group.**

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**How does the camper respond to group activities?**

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**How does the camper respond to limits and rules?**

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**How does the camper respond to meeting new people?**

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**Name of school:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the camper have a need for routine/schedule?**

Yes

No

**Hispanic?**

Yes

No

**Primary Physician name and phone number:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary diagnosis:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dentist name and phone number:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional physicians (name, specialty, phone number):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special diet or food allergies? Explain. Please specify allergy or preference.**

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**Camper is under the care of a physician for the following condition(s):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current treatment(s)**

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**MEDICATIONS TO BE TAKEN AT CAMP**:

Name of medicine, dosage, time taken and notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of medicine, dosage, time taken and notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of medicine, dosage, time taken and notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of medicine, dosage, time taken and notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of medicine, dosage, time taken and notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of medicine, dosage, time taken and notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has the camper ever had seizures? If yes, what date was the last seizure?**

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**Has the camper had COVID?**

Yes

No

Maybe

**Has the camper had the COVID vaccine? Any boosters? How many?**

Yes

No

**Does the camper have Diabetes? Type I or II?**

Yes

No

Type 1

Type 2

**Has the camper ever been Baker Acted or had any other type of mental health hold in psychiatric care? If yes, when?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has the camper ever been in the Dept. of Children & Families custody? Temporary or other foster care?**

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**Has the camper ever been in Dept. of Juvenile Justice care? If yes, when? How long and for what reason?**

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**Has the camper been in any out of home placement? If yes, when?**

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**Health History / Diseases / Allergies:** (select all that apply)

Frequent Ear Infections

Diabetes

Hypertension

Ulcers

Heart Disease / Defects

Bleeding / Clotting Disorders

Tonsilitis

Appendicitis

Chicken Pox

Measles

German Measles

Mumps

Mononucleosis

Pneumonia

Tuberculosis

Polio

Hay Fever

Sinus Infections

Asthma

Insect Allergies

Plant Allergies

Penicillin Allergy

Medication Allergy

Food Allergy

***\*For all items checked above, please provide more information and approximate dates.***

**Recommendations & Restrictions While At Camp**

**Any treatment to be continued while at camp?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any medically prescribed meal plan or dietary restrictions?**

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**Describe bowel and bladder control:**

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**Additional health information:**

**Immunization History:** **you must provide a copy of the camper's immunization records by email. campryc@gmail.com.**

**Application completed by:**

**Print and sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to camper:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DUE TO ROTARY YOUTH CAMP BY 4/1/2025:**

I will email campryc@gmail.com a copy of the camper's immunization records.

I will provide the medical statement (available on the website) signed by a MD, that the child is approved to go to camp, by email or mail.

By signing my name, I acknowledge that the information in this form is correct to the best of my knowledge, and that I will provide the requested documentation by **4/1/2025.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PARENT DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_