

DISCOVERY CAMPER PACKET 2017
Camp Location--Courage North
37569 N. Courage Dr., Lake George, MN 56458
phone: 218-266-3658 website: www.truefriends.org

The Autism Society of Minnesota has registered _____ for the following camp:
(camper name)

- Session 1** **Sunday, June 18 – Friday, June 23, 2017 (Co-ed ages 10-17)**
- Session 2** **Sunday, June 25 – Friday, June 30, 2017 (Co-ed ages 18-25)**
- Waiting List** **Your camper registration was received after all spots were filled.**
You will be contacted by AuSM should an appropriate opening become available.

Drop Off Time: You will be notified of your exact check-in time by Cabin Support Person (CSP), one week prior to camp. This time will be between 3-5pm.

Pick Up Time: You will be notified of your exact pick up time by the CSP one week prior to camp.

Read and keep the AuSM policies (part 2) **and** a copy of your completed camper packet for your own records. A True Friends Consent Form is included in the packet to help expedite onsite camper check-in.

DUE: March 31, 2017 at the AuSM Office (“ADMIN” & “CAMPER INFO” FORMS) – 14 PAGES TOTAL

- **Campers are not officially enrolled in camp until all “ADMIN” AND “CAMPER INFO” forms are on file and the directors have reviewed them. AuSM reserves the right to place campers in the camp that best fits the camper’s need if a spot is available.**
- **Campers with incomplete files will be moved to the “Waiting List” on April 1, 2017.**
- **“Waiting List” campers will then be moved to an appropriate opening if one becomes available.**

Administrative Forms-return all of these: (“ADMIN” FORMS) - 6 PAGES

- AuSM Camp Policy Agreement (1 pg)
- True Friends Consent/Waiver Form (1 pg)
- Autism Society of Minnesota Consent form and Waiver forms (2 pgs)
- Camp Address Book, Car Pooling & Bus Transportation form (1 pg)
- Camp Fee Statement - **Full payment due by April 28, 2017** (1 pg)

Camper Information Forms-return all of these: (“CAMPER INFO” FORMS) - 8 PAGES

- Contact Information (1 pg)
- Camping Experience Information (1 pg)
- Medication/Health Information (1 pg)
- Sleep and General Camper Information (2 pgs)
- Camper School Information (1 pg)
- Proactive Behavior Support Information (1 pg)
- Camper Photo (1 pg)

DUE: April 28, 2017 at the AuSM Office (“HEALTH” FORMS) – 3 PAGES

- Camp Physical Form 2017– Part 1 (1 pg) (Parent/guardian must complete each year)
- Camp Physical Form 2017– Part 2 (1 pg) ****No camper will be allowed to go to camp without a physical on file.**

Physicals must be less than 24 months old at the time of camp.**

- Authorization of Medication Administration Form (1 pg)(signed by the doctor if camper takes prescription meds)
- Full Payment (including Third Party Payers)

DUE: Upon Arrival at Camp (“CHECK-IN” FORMS) – 3 PAGES

- Authorization of Medication Administration Form (1 pg) (**Updated** if necessary-For check-in with Camp Nurse/designee)
- Medication and Dose Schedule (1 pg) (For check-in with Camp Nurse/designee)
- ALL Medications - prescription and over-the-counter (For check-in with Camp Nurse/designee)
- Special Food to complement camp menu as per Special Diet Policy (see page 2 in Part 2 of Packet)
- Clothing List and Personal Inventory Form (**in Part 2**) (1 pg) (Securely taped inside the duffle bag/suitcase)
- Clothing and toiletries for a week. Label ALL clothes and personal items with camper’s name including what the camper wears to camp.

Camper's Name: _____

AuSM CAMP POLICY AGREEMENT

I, _____, have read and understand the following policies provided by AuSM:
(Parent's Name - please print)

****Please INITIAL each line and SIGN below to indicate that you have read and accept each Policy section.**

- _____ Service Policy
- _____ Registration Policy
- _____ Cancellation Policy
- _____ Special Diet Policy
- _____ Clothing & Personal Inventory Policy
- _____ Medication Handling Policy
- _____ Swimmer's Itch Policy
- _____ Phone Call Policy

Signature

Date

Relationship to Camper: _____

Camper's Name: _____

**True Friends
RELEASE SIGNATURES:**

Attendance Release: I hereby give my permission for the applicant named above, to participate in True Friends (TF) sponsored and supervised programs. **I certify that the information on the application is true, accurate and complete.** TF emphasizes safety first; however participation in TF programs has inherent risks that may result in injury. I acknowledge and accept this fact and agree to hold harmless TF, its employees, and agents.

Emergency Release: I hereby give permission to the non-medical staff selected by TF to provide routine health care, administer prescribed and comfort/first aid medications, and if needed, seek emergency medical treatment including x-rays, routine tests and treatment for applicant named above. **In the event that I cannot be reached in an emergency,** I hereby give permission to the physician selected by TF to secure and administer treatment including hospitalization, injections, anesthesia or surgery, for the applicant named above. I give permission to obtain copies of treatment and health records from any provider and I agree to release information and records necessary for treatment. TF cannot assume responsibility for any medical expenses that may occur if medical care must be sought.

Photos

Publicity Release: True Friends uses photographs, images or recordings of applicants for publication in brochures, email, website and various other media to promote services or to recruit volunteers and staff. The applicant named above **MAY be included** in these promotional materials unless you unless you decline permission here.

We decline to be included in promotional materials at this time.

(REQUIRED) Signature of parent, legal guardian, applicant if own guardian, or authorized person
You MUST sign here

Date signed

Camper's Name: _____

**AUTISM SOCIETY OF MINNESOTA (AuSM) CAMPS
CONSENT FORM FOR INFORMATION**

This form may not be edited or amended in any way without the permission of AuSM

THIS SECTION MUST BE SIGNED either by camper over age 18 OR parent/guardian (If camper is under age 18 or over 18 with a guardian)

To provide you with services through the Autism Society of Minnesota (AuSM) Camps, AuSM may need to use and disclose health-related information about you and/or your child.

I AUTHORIZE AuSM to use and disclose my/my child's name and disability information as follows: my/my child's contact information, information about my/my child's physical health, mental health or other services, and payment for services.

I also authorize AuSM to:

- Use information about me/my child to provide services to me/my child and to communicate across departments within AuSM to coordinate my/my child's services.
- Disclose information to third party entities such as: insurance companies, or other government or private payers, in order for AuSM to obtain payment for its services.
- Use and disclose information about me/my child, as necessary, for the purpose of AuSM operations, such as case management, quality assurance and staff training.

Disclose:

- My name, address, telephone number, e-mail address.
- To include this information in the camp roster given to campers, staff and/or program volunteers.
- To assist in communication regarding camp, AuSM and community events.
- I/my child will be identified by name as a normal part of camp life.

I understand that:

- This authorization must be filled out completely to be valid. A photo or scanned copy is as valid as the original.
- Once information is released to a third-party according to this authorization, AuSM cannot prevent its re-disclosure.
- This authorization does not limit the ability of AuSM to use or disclose my/my child's health information as other wise permitted by state or federal law.
- This authorization allows the use of my/my child's name, address, videos, photographs, or comments in publicizing the work of AuSM, AuSM camps.

As part of the camp experience, your child may be photographed or video recorded alone or with other campers and/or staff. AuSM may use these photographs/videos in certain promotional or educational programs related to camp. Your child's image could appear in these materials unless you decline permission below. If you decline permission then your camper's photo will not be taken or shared by camp staff. If you decline, your camper's photo will not be posted to the private camp FaceBook either.

No - AuSM **does not have** permission to use such photograph/videos of my child for such purposes. If you check the "NO" box your camper will not appear in the photos on the private camp FaceBook Page.

By signing below, I acknowledge that I have read, understood, and consent to the terms of the information provided above as well as accept and voluntarily participate, knowing the inherent risk due to the nature of the activities

Signature of adult camper OR parent/guardian OR camper's personal representative Date _____

If signed by camper's personal representative, please **PRINT** your name and describe your relationship to camper:

Name _____ Relationship to camper _____

Camper's Name: _____

**AUTISM SOCIETY OF MINNESOTA (AuSM)
WAIVER AND RELEASE OF LIABILITY AGREEMENT**

This form may not be edited or amended in any way without the permission of AuSM

(printed name of Parent/guardian: I hereby agree, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives, assigns, and/or guests, if any, to the following:

The camper/guardian has read and understands all the information in this application and acknowledges that a wide variety of activities are conducted at **Autism Society of Minnesota (AuSM)** camps and gives permission for the camper named above to participate in these activities assuming all ordinary risks normally inherent to the nature of the activities. It is also understood that the camper may be transported and be out of camp while on a field trip or camping trip.

That in consideration of **AuSM** allowing use of camp programs at various locations and participation in its activities, under the terms set forth herein, I agree to hold harmless, release and discharge **AuSM**, its owners, agents, employees, personnel, sponsors, officers, directors, representatives, assigns, members, affiliated organizations, insurers, and others acting on its behalf (hereinafter collectively referred to as "ASSOCIATES"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to **AuSM** and/or its ASSOCIATES' ordinary negligence; and I do further agree that, except in the event of **AuSM** and/or its ASSOCIATES' gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against **AuSM** and/or its ASSOCIATES as stated above in this clause, for any economic and/or non-economic losses due to bodily injury, death, property damage sustained by me and/or my minor children and/or legal wards, if any, in relation to the premises and/or operations of **AuSM**.

That if I engage in any physical activity or use of any camp facility on the premises, I agree to do so at my own risk and assume the risk of any and all injury and/or damage while engaging in any physical activity or use of any camp facility on the premises. My assumption of risk includes, but is not limited to, my use of any facility items (see Camp Waiver/Release form). I agree to assume this risk in my participation in any activity, class, program, service, instruction or **AuSM** sponsored event. I agree that I am VOLUNTARILY participating in camp activities and using camp facilities and premises and assume all risk of injury, harm, damage, or loss to me and my property that might result, including, without limitation, any loss or theft of any personal property. In the event of illness or injury to my child, I authorize any official representative of **AuSM** to administer and/or secure medical treatment as deemed necessary by said representative.

This Agreement shall be governed by the laws of the State of Minnesota. If any of its provisions are held to be invalid or unenforceable by a court of competent jurisdiction, such holding shall not invalidate any of the other provisions of this Agreement, it being intended that the provisions of this Agreement are severable.

I attest that the camper is fit and prepared to use camp facilities and participate in camp activities. I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY AND EXPRESS ASSUMPTION OF RISK. I AM AWARE AND AGREE THAT BY SIGNING THIS WAIVER AND RELEASE, I AM GIVING UP MY RIGHT TO BRING LEGAL ACTION OR ASSERT A CLAIM AGAINST **Autism Society of Minnesota** FOR ITS NEGLIGENCE OR FOR ANY DEFECTIVE PRODUCT ON THE CAMP PREMISES. I HAVE READ AND VOLUNTARILY SIGNED THE WAIVER AND RELEASE AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

Further, I understand that this Agreement also waives and releases the **Autism Society of Minnesota** from any liability for negligence causing any injury to my child and/or legal ward, heirs, administrators, personal representatives, assigns, and/or guests, if any. I attest that they are fit and prepared to utilize **camp** facilities and participate in **camp** activities.

Signature: _____
(Signature of adult camper or parent/guardian)

Date: _____

Printed Name of Parent/Legal Guardian/Guardian Ad Litem (if applicable): _____

CAMPER ADDRESS BOOK

The Autism Society of Minnesota would like permission for your son/daughter to be included in a camp directory. The camp directory is for the sole use of campers and staff to build and maintain friendships. Please fill out the information below that you are willing to have in the camp directory and **sign your permission**.

CAMPER'S NAME		CAMPER'S AGE
ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER	E-MAIL ADDRESS	
PARENT'S NAME		
PARENT'S SIGNATURE		DATE

Camper's information will not be added to the address book without a parent signature above.

CAR POOLING

Some parents have expressed interest in making carpool arrangements with other Camp Discovery families to and from camp. Please indicate your interest in allowing AuSM to provide your contact information for these purposes only.

- Yes** – AuSM **has** permission to make my contact information available for such purposes
- No** – AuSM **does not have** permission to make my contact information available for such purposes

BUS TRANSPORTATION

Available ONLY to campers who have previously attended Camp Discovery
See part 2 for the bus riding policy.

******If you select round trip bus and car pool, you will NOT be placed on the carpool list. ******

Camper's Name _____ Camper's Age _____

- Yes** - I would like bus transportation for Camp Discovery (****See bus details on "Parent" page 4**)
- One-way to** Camp Discovery from AuSM Office **(\$50.00)**
- One-way from** Camp Discovery to AuSM Office **(\$50.00)**
- Round-trip to & from** Camp Discovery **(\$100.00)**
- No** – I do not want bus transportation for Camp Discovery

Parent's Name (please print) _____

Parent's Signature _____ Date _____

Camper's Name: _____

CAMP DISCOVERY FEE STATEMENT 2017

Session #: 1 2

		If registered by 3/31/17	If registered after 3/31/17
2017 Camp Fee is		\$1200.00	\$1400.00
Registration deposit	-	\$ 200.00	\$ 200.00
Balance Due	=	\$1000.00	\$1200.00
 <i>Optional bus transportation – See policy pages to determine eligibility before selecting (Select and add amount at right):</i>			
<input type="checkbox"/> No bus	}	+	\$ _____
<input type="checkbox"/> One-way to Camp (\$50.00)			
<input type="checkbox"/> One-way from Camp (\$50.00)			
<input type="checkbox"/> Round-trip to & from Camp (\$100.00)			
Total Amount Due April 28, 2017		=	\$ _____

Please indicate your Method of Payment:

Check payable to AuSM: Payment now with enclosed Check # _____
 Check will be mailed to AuSM to arrive by April 28, 2017

Credit Card: Charge my credit card (as provided below) in one payment now
 I agree to utilize a credit card for the **Two-Payment Option Plan**. My credit card will be charged in two equal amounts on or around the following 2017 dates of **March 31st** and **April 28th**.

NAME ON CARD:		BILLING ZIPCODE:	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> DISCOVER CARD <input type="checkbox"/> AM EXPRESS		V CODE	
CARD #		EXPIRATION DATE	

Third Party Payer:

Please submit a request for payment of \$ _____ to a Third Party Payer.
I agree to pay, in full, any amount not covered by the Third Party Payer listed below, by April 28, 2017.

THIRD PARTY PAYER NAME		
CONTACT PERSON'S NAME		TITLE
PHONE #		FAX #
ADDRESS		
CITY		STATE ZIP
EMAIL		

Have you applied for scholarship? AuSM Scholarship Metro Friendship Scholarship

Membership Renewal (membership at AuSM MUST be current for your child to attend camp):

CHECK THE BOX AND SIGN BELOW TO AUTHORIZE AUTOMATIC RENEWAL OF MEMBERSHIP.

As stated in the AuSM Camp Registration Policy, **if my AuSM membership expires before camp start date, my camper may forfeit their spot in camp.** To prevent this from occurring, I authorize AuSM to automatically renew my membership on the annual renewal due date and charge my credit card (as provided above) accordingly.

Parent Name (please print) _____

Parent Signature _____ Date _____

**** For financial assistance apply for scholarship through AuSM. Deadline is April 1, 2017.
 AuSM Scholarship application is available on the AuSM website**

CAMPER INFORMATION

Every effort is made to insure that each camper has a positive and fun experience at camp. The information you share will be part of your camper's notebook, which is shared with all camp staff working with your child. Because many of the staff members may not know your child, it is important that the information you provide be complete, thorough, and current. Please use the back of forms if more space is needed.

CAMPER'S FULL NAME		NICKNAME	
CAMPER'S ADDRESS			
CITY		STATE	ZIP
COUNTY		MA#	

INSURANCE CO.		INS. NO.	
PHYSICIAN'S NAME			
CLINIC NAME		CLINIC PHONE	
CLINIC ADDRESS			
CAMPER'S DOB	AGE (at time of camp)	HEIGHT	WEIGHT

(PLEASE ESTIMATE IF UNSURE)

PARENT/GUARDIAN NAME			
PARENT/GUARDIAN ADDRESS			
CITY		STATE	ZIP
PHONE #'S (H)	(W)	(C)	
OTHER (OUT OF TOWN)			
EMAIL ADDRESS			

Other than the parent/guardian listed above, who has permission to pick up the camper from camp

NAME:	(H)	(C)
RELATIONSHIP:		
NAME:	(H)	(C)
RELATIONSHIP:		
Is there a custody issue in regards to camper pick-up? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	

Please provide an emergency contact IN CASE YOU CANNOT BE REACHED

EMERGENCY CONTACT NAME/RELATIONSHIP TO CAMPER		
PHONE #'S (H)	(W)	(C)

Signature

Date

Camper's Name: _____

CAMPING EXPERIENCE INFORMATION

****NOTE: Please let your camper know that we do not have TV's or computers to use at camp.**

1. Has your camper ever spent the night away from home and away from parents/guardians? Yes No Explain.

1a. Has your camper previously attended AuSM's Camp Discovery? Yes No If yes, how was the experience?

1b. Has your camper previously attended AuSM's Camp Hand in Hand? Yes No If yes, has Wendy McNeil recommended the move to Camp Discovery? Yes No

2. Please describe your camper's swimming ability. **Camp Courage requires all campers show their swimming ability by first swimming with a small group, not an individual test. Please prepare your camper by letting your camper know about this in advance.**

****The following are NOT allowed at Camp Discovery: Television sets, DVD movies, cell phones and laptops. See separate policy below for handheld electronic devices. Devices not on approved list will be stored in the camp office until the end of camp. The policy addresses handheld electronic devices also.****

3. We realize that many campers use electronic games and music to relax and go to sleep at night. Because of this, we do allow campers to bring these electronic devices to camp. We do, however, have firm rules regulating the use of these devices. Please review these "no exception" rules with your camper and both of you sign below:

- a) Electronic Devices are collected by Staff after each use.
- b) Electronic Devices are used in the cabin only.
- c) There will be an electronic device schedule posted in each cabin.
- d) Electronic device movies are not allowed at camp.

Parent signature

Camper signature

****Parents, please understand that most campers do bring electronic devices to use during our relaxation time. While there are spots at camp where WiFi is available, campers are NOT ALLOWED to connect to this WiFi connection.**

***NOTE: Campers may bring a special toy, stuffed animal or other security item. However, please limit personal toys to what can be stored in a backpack. Campers are responsible for keeping track of their personal items.**

Camper's Name: _____

MEDICATION/HEALTH INFORMATION

****See "Medication Handling Policy" (PARENT - 4) & "Authorization of Medication Administration" form (CHECK-IN - 1)****

1. Does your camper take any medication? How flexible can the nurse be when establishing a schedule for the week?

2. Does your camper have any special health problems OR allergies, etc.)? Yes No If so, explain.

****NOTE:** There may be dogs and other animals at camp. Please let us know if your camper has any allergies to animals.

3. Does your camper have any diagnostic condition other than ASD? If so, what are the symptoms of this condition? How severe are the symptoms for your camper?

4. Is there any other information regarding your camper's health that you would like us to know about?

5. Does your camper require a special diet? Yes No

GF meal selections will be available at camp for those on a GF diet. However, the kitchen at camp is not a gluten free kitchen and cross contamination is possible. If your camper requires a special diet beyond this, **you must contact AuSM directly** to make appropriate arrangements. ****See "Special Diet Policy" (PARENT - 2)**

6. Does your camper have any restrictions on his/her activities? Yes No If yes, please explain in detail.

Camper's Name: _____

Sleep Issues

1. What are your camper's sleeping habits? What is your camper's bedtime routine? Do they wake up frequently, have difficulty falling asleep, prefer a dark room or one with filtered light? Since our campers sleep in a shared space, we will accommodate to the best of our ability, and your camper may need to adjust to accommodate others. For example, if they need music to sleep, they will need to use headphones, etc. (Please note, these special items must be provided at check-in.) **Please give details and describe their typical bedtime routine:**
2. Is there anybody with whom you would like your camper to bunk?
3. Is there anybody with whom your camper should not bunk? Please give full name for planning purposes.
4. Does your camper take a medication or supplement to help them sleep? Yes No If so, when should this be given?

****PLEASE NOTE**

The cabins will be full again this summer and campers will sleep close to other campers. We do not have beds available that are separate from other campers. Your child will be expected to share space with others safely and tolerate the habits of others. Please tell us if your camper has any sleep habits we should know about. Lights out is at 10:00pm.

Although there are counselors sleeping in the cabin, they do not sleep in the same space as the campers. Our goal is to have a safe and successful week at camp. We will be focused on social interaction and, to that end, will encourage teeth brushing and showering (**no baths available**). However, **we do not work on self-care issues at camp.**

GENERAL CAMPER INFORMATION

1. What topics are of particular interest to your camper? What does he/she most like to talk about and what is he/she really good at?

2. Indicate the title that best describes your camper:

- | | | |
|--|---|--|
| <input type="checkbox"/> Scientist | <input type="checkbox"/> Animal/Nature Enthusiast | <input type="checkbox"/> Sports Fan |
| <input type="checkbox"/> The Reader | <input type="checkbox"/> Computer Wiz/ Electronic Gamer | <input type="checkbox"/> Meteorologist |
| <input type="checkbox"/> Artist | <input type="checkbox"/> Fishing | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Chess/Board games | <input type="checkbox"/> History | <input type="checkbox"/> Cooking/Culinary Arts |
| <input type="checkbox"/> Other _____ | | |

Camper's Name: _____

GENERAL CAMPER INFORMATION CONTINUED

3. We will be discussing Autism Spectrum Disorder in our evening group. Have you ever discussed ASD with your camper?
4. Does your camper have any intense fear, topics or situations that cause great anxiety we should know about? How do you normally deal with these situations?
5. Please list situations that cause increased stress for your camper. Please list strategies that help decrease stress.

Camper's Name: _____

CAMPER SCHOOL INFORMATION

1. Please indicate where your child goes to school:

- Neighborhood school
- Special school
- Home schooled
- Online school
- Parochial or Charter
- Other: _____

2. Please indicate which type of classroom your child spends most of his/her day in in (check all that apply to your child's school day):

- General Education (primarily)
- Special Education Classroom (primarily)
- Separate support (social support, stress reduction, relaxation breaks)
- Resource room
- Other: _____

3. Does your child have an aide (paraprofessional, teacher's aide) to assist him/her at school? What are your child's needs, and how does the aide support them? What percentage of the day do they need support?

4. Has your child ever been suspended from school, arrested or sent home from school for behavioral problems? If yes, please explain.

5. Does your camper have a behavior plan at school? Yes No (If yes, please include a copy)

Camper's Name: _____

PROACTIVE BEHAVIOR SUPPORT INFORMATION

Camp provides a very social experience. Campers with ASD typically need some support to make this experience positive. Please help us to design supports for your camper.

1. How does your camper typically express dislikes/frustration/fear? Is there any body language we can look for that indicates your camper is getting stressed or frustrated?

<u>Communicative Behavior</u>	<u>Sometimes</u>	<u>Often</u>
<input type="checkbox"/> Pinches	_____	_____
<input type="checkbox"/> Hits	_____	_____
<input type="checkbox"/> Bites	_____	_____
<input type="checkbox"/> Scratches	_____	_____
<input type="checkbox"/> Withdraws	_____	_____
<input type="checkbox"/> Fights	_____	_____
<input type="checkbox"/> Runs away	_____	_____
<input type="checkbox"/> Becomes Aggressive	_____	_____
<input type="checkbox"/> Other _____	_____	_____
explain: _____		

2. What proactive strategies help your camper stay calm when they become frustrated, stressed or angry?

- Schedules
- Walks
- Movement Break
- Time away from group
- 5 point scale check-in
- Draw it out/Write it out process
- Other _____

3. Camp Discovery is not equipped to handle dangerous or aggressive behavior. If your child has exhibited aggressive behavior in the last 12 months, please indicate when, where and under what circumstances the aggression happened. **A Camp Discovery Director will call you to discuss the individual circumstances of the incident.**

****NOTE: Camp Discovery is designated as a No Teasing Zone. We have signs, we discuss our philosophy with all campers, and we do address any teasing with a Collaborative Conversation to help the offending camper to understand the other camper's feelings. We will separate campers if necessary and may even reassign cabins. However, we cannot guarantee that campers will not experience any teasing. We have found that when young people are in communal settings, like camp, they often attempt to define themselves through teasing or even intimidation. The Discovery staff is trained to look for any signs of teasing and, when noticed, treat it very seriously.**

Camper's Name: _____

CAMPER PHOTO

PLEASE ATTACH A **CURRENT** PHOTO OF YOUR CAMPER IN THIS SPACE

OR

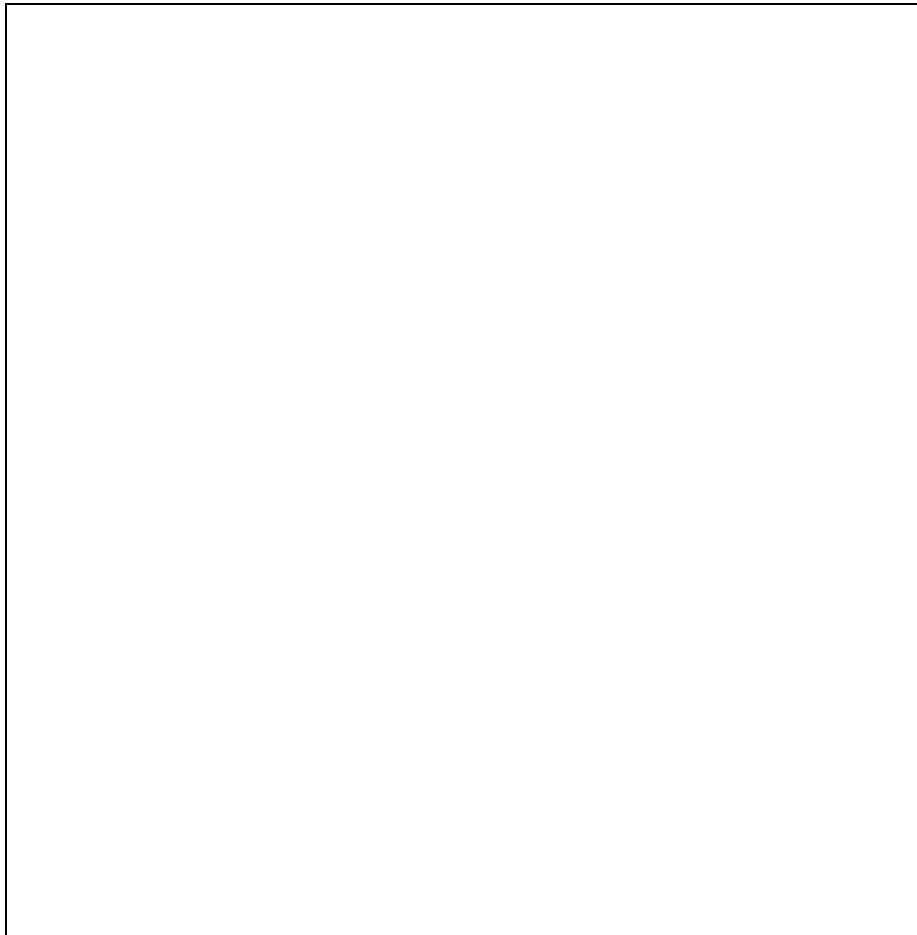
EMAIL A CAMPER PHOTO TO CAMP@AUSM.ORG

DO **NOT** FAX PHOTOS.

YOUR PACKET IS NOT COMPLETE WITHOUT A PHOTO!!

DIGITAL PHOTO OR ORIGINAL PHOTO IS PREFERRED. *(all photos will be retained by the AuSM)*

*****Even if your camper has been to camp before, this photo helps us put a face to a name and allows us to better greet them at check-in.***



CAMP PHYSICAL FORM – 2017 - Part 1

*This page must be filled out by the parent, **EACH YEAR**.
If the child is due for a physical have this checked by physician at time of examination.*

LAST NAME	FIRST NAME	M.I.	D.O.B	GENDER	AGE
PARENT OR GUARDIAN			PHONE		
HOME ADDRESS					
CITY		STATE		ZIP	

If you are NOT available, in an emergency notify:

EMERGENCY CONTACT NAME			
PHONE #'S (H)	(W)	(C)	
ADDRESS		CITY	STATE ZIP

HEALTH HISTORY (Check & give approximate dates)

<u>GENERAL</u>	<u>ALLERGIES</u>	<u>DISEASES</u>
Ear Infections _____	Hay Fever _____	Chicken Pox _____
Rheumatic Fever _____	Poison Ivy, etc. _____	Measles _____
Convulsions _____	Insect Stings _____	German Measles _____
Diabetes _____	Penicillin _____	Mumps _____
Behavior _____	Other Medications _____	Asthma _____

Operations or Serious Injuries (include dates) _____

Chronic or Recurring Illness (include dates) _____

Other Diseases (or details of above) _____

Any specific activities to be encouraged? _____

Restricted? _____

Suggestions from parents: _____

PARENT'S OR GUARDIAN'S AUTHORIZATION

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the attending physician.

In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director(s) to hospitalize, secure proper treatment for, and to order injections, anesthetic or surgery for my child as named above.

Signature _____ Date _____
Parent or Guardian

Camp Physical Form – 2017 – Part 2

Camper's Name: _____

IMMUNIZATION HISTORY

Record of dates of basic immunizations and most recent booster dates

Type of Vaccine (month, day & year of each vaccine)	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	5 th Dose	Last Tetanus
Diphtheria, Tetanus, Pertusis (DPT, DT, DTP/Hib, Td)						
Polio						
Hepatitis B						
Measles, Mumps & Rubella (MMR)						
Varicella (chicken pox)						

Conscientious Objection Parent/Guardian Signature _____ Date _____
 (only Conscientious Objectors sign here)

MEDICAL EXAMINATION (To be completed by a licensed physician)

This examination should be performed *within 24 months prior to arrival at camp*. Examination for some other purpose within this period is acceptable. *Examination is for determining fitness to engage in strenuous activities.*

	WNL	Abnormal (explain findings)		WNL	Abnormal (explain findings)
Height			B.P.		
Weight			Heart		
Eyes			Lungs		
Ears			Abdomen		
Nose			Extremities		
Throat			Posture/Spine		
Teeth			Hernia		
Skin			Other		
General Appraisal:			Allergies:		

FOR GIRLS AND WOMEN

Has this person menstruated? _____ If not, has she been told about it? _____

If so, is her menstrual history normal? _____ Special Considerations: _____

RECOMMENDATIONS WHILE IN CAMP

Special Diet _____

Special Medication (Name and dosage) _____

Is Parent sending medication? _____

RESTRICTIONS WHILE IN CAMP

Swimming, diving _____ Strenuous Activity _____

Other _____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in activities as noted above.

Physician Name (please print) _____ Phone: _____

Address: _____

Physician Signature _____ *Date* _____

Authorization of Medication Administration-2017

****Send a copy WITH Camper Physical forms. AND bring the UPDATED original to camp for the Nurse.****

Name of Camper: _____ D.O.B. _____

Allergies: (List ALL types, food, drug, etc.): _____

Please include all prescription, non-prescription, and homeopathic medication(s). If camper needs an emergency medication (e.g. an inhaler for asthma or EPI-pen for bee stings), please send two. If camper takes prescription medication, this form MUST be signed by the physician/licensed prescriber as well as parent/guardian.

Medical Condition	Medication	Strength	Dose	Time	Route	Possible Side Effects
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Permission to administer over the counter medication, as needed, to be determined by Camp Nurse. If you check yes, please pack with the other medication listed above for your camper.

Medication	Yes	No
Diphenhydramine / Benadryl	<input type="checkbox"/>	<input type="checkbox"/>
Acetaminophen / Tylenol	<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen / Motrin	<input type="checkbox"/>	<input type="checkbox"/>
Melatonin	<input type="checkbox"/>	<input type="checkbox"/>

PRINT OR TYPE NAME OF PHYSICIAN/LICENSED PRESCRIBER	PHYSICIAN'S/LICENSED PRESCRIBER'S SIGNATURE
CLINIC NAME	DATE
CLINIC ADDRESS	CLINIC PHONE NUMBER
CLINIC CITY, STATE & ZIP	EMERGENCY NUMBER

Parent / Guardian Authorization

- I request the above medication(s) be given at Camp as ordered by this Camper's physician/licensed prescriber.
- I release the Autism Society of MN and True Friends personnel from liability in the event adverse reactions result from taking the medication(s).
- I give permission for the medication(s) to be given by designated personnel as delegated by the Camp Nurse.

Parent / Guardian Signature

Date

Relationship to Camper

NOTE: Medication is to be supplied in the original/prescription bottle
******The medications and dosing instructions on the prescription bottles must be the same as the medications and dosing instructions listed above. Any prescription medications not authorized by a physician cannot be distributed at camp.******

MEDICATION & DOSE SCHEDULE - 2017

****Please complete this form and bring it with your camper to camp.**

Dear Parents:

Because Camp Discovery involves many campers with various medications, we are requesting that you complete this form to clarify the times that medications are given during your camper's typical routine. Please prepackage your child's medication for the evening meal on their day of arrival.

List your child's medication below, including the medication time, strength and the number of tablets or capsules given at one time. Put a check mark by the meal(s) with which the medication is given. All medication is given at the meal times listed below, unless otherwise specified by doctor's orders. We must have doctor's orders for other medication such as Tylenol, Motrin or Benadryl.

Thank you for your cooperation.

Camp Nurse

Camper's Name: _____

Medication	# of Pills	8:00AM	12:00 noon	5:00PM	8:00PM	Bedtime	Other?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

***Please make a note of any significant time difference in your child's medication schedule.**

***Remember to prepackage the first supper medication in a labeled Ziploc baggie or a sealed envelope.**