

## DISCOVERY CAMPER PACKET 2019

### 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 16 – Friday, June 21, 2019 (Co-ed ages 18+)**
- Session 2**      **Sunday, June 23 – Friday, June 28, 2019 (Co-ed ages 10-17)**
- 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.

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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.

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**DUE: March 29, 2019 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, 2019.**
- **“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 22, 2019** (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 22, 2019 at the AuSM Office (“HEALTH” FORMS) – 3 PAGES**

- Camp Physical Form 2019– Part 1 (1 pg) (Parent/guardian must complete each year)
- Camp Physical Form 2019– Part 2 (1 pg) **\*\*No camper will be allowed to go to camp without a physical on file.**

**Physicals must be less than 12 months old at the time of camp. \*\* UPDATED**

- Authorization of Medication Administration Form (1 pg)(signed by the doctor if camper takes prescription meds)
- MAR form (**NEW THIS YEAR**)
- 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 Nurse/designee check-in) **NEW PROCESS-see Policy**
- Special Food to complement camp menu as per Special Diet Policy (see page 3 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
- \_\_\_\_\_ Technology Policy (**SIGNIFICANT CHANGES: PLEASE READ**)
- \_\_\_\_\_ Special Diet Policy
- \_\_\_\_\_ Clothing & Personal Inventory Policy
- \_\_\_\_\_ Medication Handling Policy (**SIGNIFICANT CHANGES: PLEASE READ**)
- \_\_\_\_\_ Swimmer's Itch Policy
- \_\_\_\_\_ Phone Call Policy
- \_\_\_\_\_ Bus Policy

\_\_\_\_\_ **\*Signatures--**\*By typing your name on the signature lines in this document, you acknowledge it to be binding in substitution for your handwritten signature and that it indicates your approval of the information contained in this document.

\_\_\_\_\_  
\*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.

**Photos**

**Release and Authorization for Use of Photographs, Images, Video and/or Sound Recordings**

I hereby grant True Friends and all of its subsidiaries, the irrevocable right and permission, throughout the world, in connection with the photograph(s), images, video or sound recordings that were taken of me by, or which I provided to, True Friends the following: the right to use and reuse, in any manner at all said photographs, images, video, and/or sound recordings in whole or in part, modified or altered, either by themselves or in conjunction with other photographs, images, video and/or sound recordings, in any medium or form of distribution, and for any purposes whatsoever including, without limitation, all promotional, marketing and advertising uses, and other trade purposes, as well as using my name in connection therewith, if True Friends so desires. This permission is granted in perpetuity.

I hereby forever release and discharge True Friends from any and all claims, actions and demands arising out of or in connection with the use of said photographs, images, video and/or sound recordings including, without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefit of the assigns, licensees and legal representatives of True Friends. Participant/Guardian on behalf of Participant:

Please check your preferred option.

- Yes. I agree to allow True Friends to use photograph(s), images, video or sound recording as stated above.
- No. I do NOT allow True Friends to use photograph (s), images, video or sound recording as stated above.

\* Please note by stating no, the participant will NOT be featured in group, or activity photos during their stay.

\* \_\_\_\_\_ Date \_ \_\_\_\_\_

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

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**

\* \_\_\_\_\_ Date \_\_\_\_\_

\*Signature of adult camper OR parent/guardian OR camper's personal representative

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 if independent 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) must be a returning camper**
- 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 2019**

Session #:  1  2

		If registered by 3/29/19	If registered after 3/29/19
<b>2018 Camp Fee is</b>		<b><u>\$1250.00</u></b>	<b><u>\$1450.00</u></b>
Registration deposit	-	<b><u>\$ 200.00</u></b>	<b><u>\$ 200.00</u></b>
Balance Due	=	<b><u>\$1050.00</u></b>	<b><u>\$1250.00</u></b>
<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)			
<b>Total Amount Due April 22, 2019</b>		=	\$ _____

**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 22, 2019

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 2018 dates of **March 29<sup>th</sup>** and **April 22<sup>nd</sup>**.

NAME ON CARD:		BILLING ZIPCODE:	
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> DISCOVER CARD	<input type="checkbox"/> AM EXPRESS
CARD #			V CODE
		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 22, 2019.**

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

Have you applied for scholarship?  AuSM Scholarship  Other scholarship source

**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 March 29, 2019. AuSM Scholarship application is available on the AuSM website. If your camper is 17 or younger and you live in Minnesota, you can apply for scholarship to Twin Cities Autism Foundation at [www.tcautism.com](http://www.tcautism.com)

## CAMPER INFORMATION

Every effort is made to ensure 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 regard 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.**

**\*\*Please note the 2018 UPDATED technology policies. The following are NOT allowed at Camp Discovery: Television sets, DVD movies/DVD or BluRay players, 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. Both you and the camper MUST sign below in order to attend camp.**

- a) **ALLOWED DEVICES** - iPod, iPad, handheld gaming devices, e-readers
- b) **Electronic Devices** are collected by Staff after each use.
- c) **Electronic Devices** are used in the cabin only.
- d) There will be an electronic device schedule posted in each cabin.
- e) **Electronic device movies, TVs, Cellphones or Laptop computers** are **NOT allowed** at camp.
- f) **Both camper and parent MUST sign below.**

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

\*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: \_\_\_\_\_

## 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: \_\_\_\_\_

## 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. Camp Discovery is not equipped to handle dangerous or aggressive behavior. Has your child has exhibited aggressive behavior in the last 12 months, please indicate when, where and under what circumstances the aggression happened.  Yes  No If yes, Explain

**If Yes, a Camp Discovery Director will call you to discuss the individual circumstances of the incident. IN REGARD TO THE SELF INJURIOUS BEHAVIOR**

1. Has your camper presented with any of the following self-injurious behaviors?

	<u>Yes</u>	<u>No</u>	<i>when was the last occurrence</i>
<input type="checkbox"/> Cutting/Carving	_____	_____	_____
<input type="checkbox"/> Scratching	_____	_____	_____
<input type="checkbox"/> Hitting	_____	_____	_____
<input type="checkbox"/> Biting	_____	_____	_____
<input type="checkbox"/> Burning	_____	_____	_____
<input type="checkbox"/> Head-banging	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____

explain: \_\_\_\_\_

A. Are there specific triggers we should be aware of?

B. Please describe self-regulation and compensatory strategies that seem effective for your camper.

Camp Discovery may not be equipped to handle dangerous and/or frequent self-injurious behavior. If your camper has exhibited self-injurious behavior in the last 12 months please explain below when, where and under what circumstances the self-injurious behavior occurred. **A Camp Discovery Director will contact you for more details.**

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 \_\_\_\_\_

Camper's Name: \_\_\_\_\_

## CAMPER PHOTO

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

**OR**

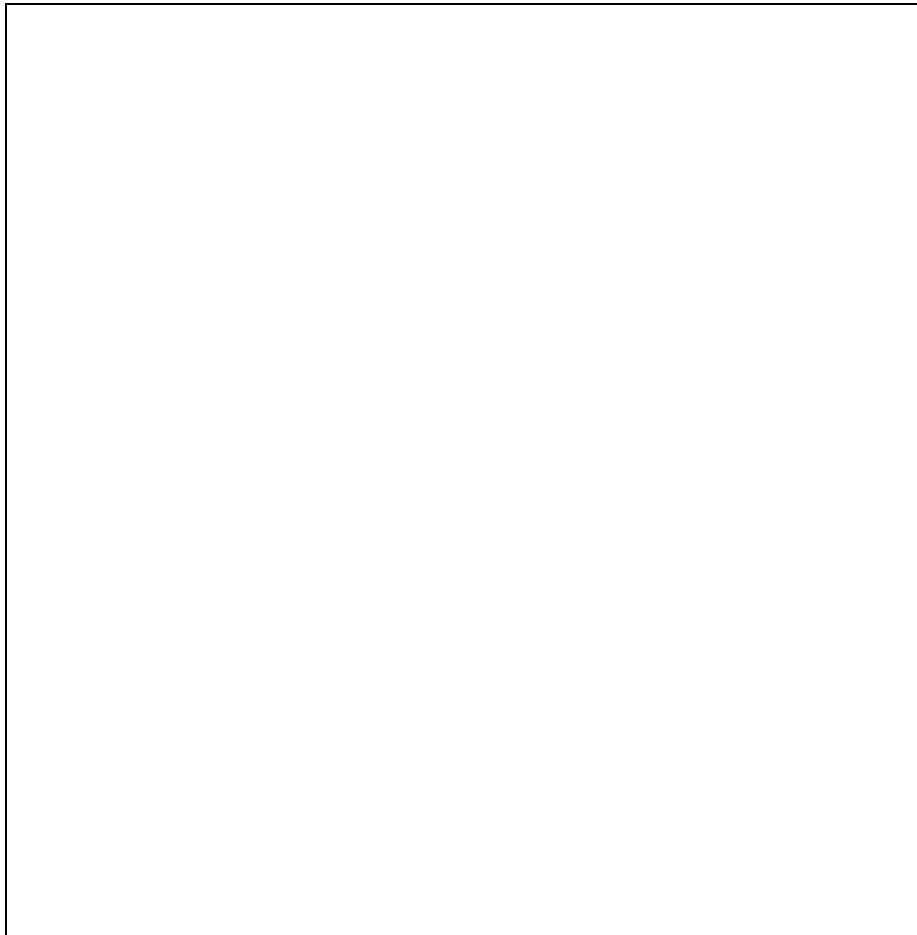
EMAIL A CAMPER PHOTO TO [CAMP@AUSM.ORG](mailto:CAMP@AUSM.ORG)

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 – 2019 - 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(must be different than above):***

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 \_\_\_\_\_  
Parent or Guardian

Date \_\_\_\_\_



## Camp Physical Form – 2019 – 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 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose	4 <sup>th</sup> Dose	5 <sup>th</sup> 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 12 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		
<b>General Appraisal:</b>			<b>Allergies:</b>		

### 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 - 2019

**\*\*\*Send a copy WITH the Camper Physical. Bring the UPDATED original to camp for Camp Nurse.\*\*\***

Name of Camper: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

**Please include all prescription, non-prescription, supplements, 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 the camper will take prescription medication while at camp, this form must be signed by the physician/licensed prescriber, as well as the parent/guardian.

\*\*\*Are there special ways the camper takes medicine?  YES  NO If yes, please specify \_\_\_\_\_

**Please supply any juice, applesauce, utensils or other item you camper may need to take the meds.**

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

### Supplements/Non-prescription Medications

Supplement/ Medication	Strength	Dose	Time (Be Specific)	Route	Possible Side Effects	Doctor Sign Off on supplement/ med?
1.						Yes <input type="checkbox"/> No <input type="checkbox"/>
2.						Yes <input type="checkbox"/> No <input type="checkbox"/>
3.						Yes <input type="checkbox"/> No <input type="checkbox"/>
4.						Yes <input type="checkbox"/> No <input type="checkbox"/>
5.						Yes <input type="checkbox"/> No <input type="checkbox"/>
6.						Yes <input type="checkbox"/> No <input type="checkbox"/>
7.						Yes <input type="checkbox"/> No <input type="checkbox"/>

**Please list any additional information/comments regarding any medications/supplements for the camper. This information will help our nurses to be as prepared as possible for check-in and for the week of camp.**

**Please answer the following questions, they will help our nurses to schedule care for your camper**

Is this camper Diabetic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is Insulin used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this camper have any seizure activity? (If yes please list specific medications in open space to the right)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this camper use a nebulizer or an inhaler?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this camper require an Epi Pen	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Permission to administer, 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"/>

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**

1. I request the above medication(s) be given at Camp as ordered by this Camper's physician/licensed prescriber.
2. I release the Autism Society of Minnesota and Camp Knutson personnel from liability in the event adverse reactions result from taking the medication(s)
3. 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 packaging**

**\*\*\*\*The medications and dosing instructions on the prescription packaging 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, this includes supplements\*\*\*\***

**\*Guidelines to follow that will help nurses:\***

1. Please list specific times for medication distribution, knowing that due to the complexity of administering medication to campers and staff multiple times a day, it might require you camper to receive his/her medication up to one hour late/early compared to when they normally take meds.
2. In accordance with national safety standards and nursing licensure standards, all medication **MUST** be administered according to the exact instructions provided by your doctor/pharmacy. If you have deviated from any original instructions and want that to continue at camp you will need to get your doctor to make a change to the official instructions.
3. Supplements are considered non-prescription medications and need to be listed on the "Supplement/non-prescription medication" form.
4. Any changes to medications that occur between the time this packet is submitted and when camp starts need to be conveyed to the AuSM staff.