

**HAND IN HAND CAMPER PACKET 2019**  
**Camp Location: Camp Knutson**  
**11148 Manhattan Point Blvd., Crosslake, MN 56442**

**website: www.campknutson.org**

The Autism Society of Minnesota has registered \_\_\_\_\_ for the following camp:  
(camper's name)

- Session 1**      **June 23 – June 28, 2019 (Males 19-23 and females ages 19-26)**
- Session 3**      **Aug. 4 – Aug. 9, 2019 (Males 24 + and females 27 +)**
- 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 at Camp Knutson: **You will be notified, via email of your exact check-in time by Program Staff, one week prior to camp**  
Pick Up Time at Camp Knutson: **10:00-11:00 A.M.** (Staff is released at 11:00am and camp is closed.)

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Keep the AuSM policies (part 2) and a copy of your completed camper packet for your own records. A Camp Knutson Consent/Release 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 in St. Paul (“ADMIN” & “CAMPER INFO” FORMS)**

- **Campers are not officially enrolled in camp until all “ADMIN” AND “CAMPER INFO” forms are on file.**
- **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: (“CAMPER INFO” FORMS) – 5 pages**

- ◆ AuSM Camp Policy Agreement (1 pg)
- ◆ Knutson Release form (1 pg)
- ◆ Release and Consent forms for Autism Society of Minnesota (2 pgs)
- ◆ Camp Fee Statement - **Full payment due by April 22, 2019.** (1 pg)

**Camper Information Forms (must be completed each year): (“CAMPER INFO” FORMS) – FILL IN COMPLETELY**

- ◆ Contact Information (1 pg)
- ◆ Special Medication/Health Information (1 pg)
- ◆ Special Medication and Daily Routine Information (1 pg)
- ◆ Daily Routine Information (continues) (1 pg)
- ◆ Communication & Proactive Behavioral Support Information (1 pg)
- ◆ Camp, School & Social Experience Information (1 pg)
- ◆ Camper Photo **must** be sent (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.\*\***

- 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) – 2 PAGES**

- Authorization of Medication Administration Form (1 pg)(**Updated** if necessary-For check-in with Camp Nurse/designee)
- ALL Medications - prescription and over-the-counter (For check-in with Camp Nurse)
- Clothing List and Personal Inventory Form (**in Part 2**)(1 pg) (Securely tape inside the duffle bag/suitcase)
- \$6.00 for the Canteen (Camp Store)
- Diaper supply for entire week, if necessary. One extra set of bedding, if bed-wetting is an issue.
- Verify contact information (Upon check-in with Camp Director(s))

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 **UPDATED POLICY**
- \_\_\_\_\_ Swimmer's Itch Policy
- \_\_\_\_\_ Phone Call 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.

\* \_\_\_\_\_  
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\*Signature

Date \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

## **CAMP KNUTSON RELEASES**

### **Attendance and Activity Release:**

I hereby give permission for my child/ward (name) \_\_\_\_\_ to attend Camp Knutson. The following is a non-inclusive list of activities that may occur at Camp Knutson: Waterfront Activities (i.e. swimming, boating, sailing, kayaking, tubing, canoeing, and fishing), cookouts, archery, bicycling, nature hikes, arts and crafts, campfires, group games.

In addition, trips may be taken off the camp's grounds, to go horseback riding, biking, miniature golf, playgrounds or other local recreational areas. Boat trips are taken to the ice cream shop. When off-grounds, a cell phone is along for contact with the main camp, and campers are not further than 20 minutes from the emergency response system. A 1:5 staff/camper ratio is in effect. Our horseback stable's owner is aware of our safety requirements.

I agree that my child may participate in Camp Knutson's program. I acknowledge that my child may be exposed to weather/environmental hazards over which we have no control.

I also agree to hold harmless Camp Knutson and its representatives from any and all injuries that may occur to me/my child while at camp, and all claims or actions arising out of my/my child's participation at camp.

Parent/guardian/adult camper signature: \* \_\_\_\_\_ Date: \_\_\_\_\_

### **Publicity Release:**

I hereby give permission for photographs/videos to be taken of me/my child to be used for publicity purposes for Camp Knutson. I consent that photos/videos taken are the property of Camp Knutson, and may be used as the Camp deems appropriate.

Parent/guardian/adult camper signature: \* \_\_\_\_\_ Date: \_\_\_\_\_

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 independent 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(s)/guardian(s): 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's Name: \_\_\_\_\_

**CAMP HAND IN HAND FEE STATEMENT 2019**

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

		If registered by 3/29/19	If registered after 3/29/19
<b>2019 Camp Fee</b>	<b>is</b>	<b>\$1385.00</b>	<b>\$1585.00</b>
<b>Registration deposit</b>	<b>-</b>	<b>\$200.00</b>	<b>\$200.00</b>
<b>Balance Due</b>	<b>=</b>	<b>\$1185.00</b>	<b>\$1385.00</b>
<b>Total Amount Due April 22, 2019</b>	<b>=</b>	<b>\$_ _</b>	<b>\$_ _</b>

**Please indicate your Method of Payment:**

Check payable to AuSM:     Payment now with enclosed Check # \_\_\_\_\_  
    Check will be mailed to AuSM 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 around the following 2017 dates of **March 29th** 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.**

## 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			

**Please provide an emergency contact IN CASE YOU CANNOT BE REACHED**

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

**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:	

IS THE CAMPER AN INDEPENDENT ADULT <input type="checkbox"/> YES <input type="checkbox"/> NO		
DOES CAMPER HAVE A GUARDIAN(S) <input type="checkbox"/> YES <input type="checkbox"/> NO IF CAMPER HAS A GUARDIAN, PLEASE INDICATE:		
GUARDIAN'S NAME:	(H)	(C)
RELATIONSHIP TO CAMPER:		
GUARDIAN'S NAME:	(H)	(C)
RELATIONSHIP TO CAMPER:		

**Signature \*** \_\_\_\_\_

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

## SPECIAL MEDICATION/HEALTH INFORMATION

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

1. Does your camper take any medication? If so, please list medication name, dosage and specific administration instructions for your camper.

*PLEASE be specific and remember to bring any juices, yogurt, applesauce, utensils, measuring cups or other special items your camper may need. Write all information here, or you may photocopy and attach the "Authorization of Medication Administration" form with specific instructions on it. (Keep the original "Authorization of Medication Administration" form for the Camp Nurse during camp check-in).*

2. Does your camper have any special health problems or allergies? If so, please explain.

3. Does your camper experience seizures? If so, please explain type and frequency, and describe a typical seizure and what happens afterwards.

4. Does your camper have any diagnostic condition other than ASD?  Yes  No If so, what are the symptoms of this condition and how severe are the symptoms for your camper?



## SPECIAL MEDICATION/HEALTH INFORMATION CONTINUED

5. Is there any other information regarding your camper's health that you would like us to know about?
6. Does your camper have any restrictions on his/her activities?  Yes  No If yes, please explain in detail.
7. Does your camper have a specific NEED for a bathtub or other specialty item (shower chair...)? *We will make every effort to accommodate the need however it is not a guarantee.*

## DAILY ROUTINE INFORMATION

1. What are your camper's general eating habits? Likes? Dislikes?
2. Is your camper Gluten Free?  YES  NO PLEASE CHECK ONE.
3. Does your camper have special diet needs?  YES  NO PLEASE CHECK ONE.  
If so, please explain below AND submit a "Special Diet Request" to the AuSM office. **\*\*See "Special Diet Policy"**  
**(PACKET PART 2 PG 2)**
4. What are your camper's sleeping habits and wake-up/bedtime routines? Include description of any special items he/she may take to bed. (Please note, these special items must be provided at check-in.)



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

## COMMUNICATION & PROACTIVE BEHAVIORAL SUPPORT INFORMATION

1. What are some words/gestures/signs/picture symbols that your camper may use that would be helpful for camp staff to know? (Primary method of communication used)
2. How does your camper typically communicate likes/enjoyment/happiness?
3. How does your camper typically communicate dislikes/hesitations/sadness?

4. What specific things might trigger stress and/or anxiety for your camper? Please be specific.

<input type="checkbox"/>	Sounds (type)	
<input type="checkbox"/>	Smells (specific)	
<input type="checkbox"/>	Visual	
<input type="checkbox"/>	Motor/Movement	
<input type="checkbox"/>	Touch/Tactile	
<input type="checkbox"/>	Other	

5. Does your camper react to stress/anxiety in any of the following ways? (Please indicate type and frequency)

Communicative Behavior

Sometimes

Often

<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	_____	_____

6. What proactive positive behavior supports are used to decrease #5 above?

7. What specific de-escalation, calming, or refocusing strategies used with your camper would be helpful for camp staff to know? Be as specific as possible. Continue on the back if necessary.

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

## CAMP, SCHOOL & SOCIAL EXPERIENCE INFORMATION

1. Does your camper have any favorite camping and/or group activities?
  
  
  
  
  
2. List at least 3 things your camper is good at.
  
  
  
  
  
3. Is there something in particular that you would like your camper to gain from his/her experience at this camp?
  
  
  
  
  
4. Please check the setting or settings that best fit your camper's program/work experience for the majority of his/her day. If more than one, please indicate the % of time per day for each item checked.  

<input type="checkbox"/> Independent employment ___%	<input type="checkbox"/> Job Coach support ___%	<input type="checkbox"/> One-on-One aide ___%
<input type="checkbox"/> On-site vocational training ___%	<input type="checkbox"/> Resource Room ___%	<input type="checkbox"/> Individual space ___%
<input type="checkbox"/> Other ___% Explain_____		
  
- 4(b). Please check the setting or settings that best fit your camper's Living/social experience for the majority of his/her day. If more than one, please indicate the % of time per day for each item checked.  

<input type="checkbox"/> Independent living ___%	<input type="checkbox"/> Supported living ___%	<input type="checkbox"/> Group home ___%
<input type="checkbox"/> Assisted living ___%	<input type="checkbox"/> Supervised living ___%	<input type="checkbox"/> Group/Co-Op Living ___%
<input type="checkbox"/> Teaching family/foster living ___%	<input type="checkbox"/> Other ___% Explain_____	
  
5. Does your camper have a behavior plan?  Yes  No (if yes, please include a copy of the **behavior plan**.)
  
  
  
  
  
6. What topics are of particular interest to your camper that he/she likes to talk about?
  
  
  
  
  
  
  
  
  
  
7. Please list situations, fears, topics that cause increased stress for your camper.
  
  
  
  
  
  
  
  
  
  
8. Please list strategies that help decrease stress for your camper.
  
  
  
  
  
  
  
  
  
  
9. What types of social experiences or interactions has your camper had that have been successful?

Please give specific examples.

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

## CAMPER PHOTO

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

**OR**

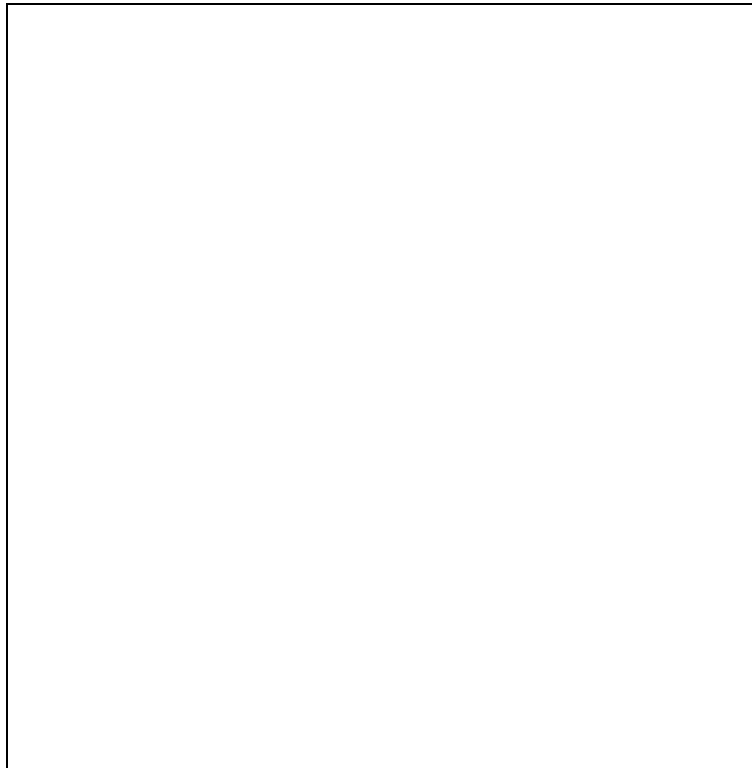
EMAIL A PHOTO TO [CAMP@AUSM.ORG](mailto:CAMP@AUSM.ORG)

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 child 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:***

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 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.