

AuSM Wahode Day Camp 2019 CAMPER INFORMATION PACKET

**Camp Location: Camp Butwin
945 Butwin Rd.
Eagan, MN 55123**

Phone: 651-423-1485 www.campbutwin.org

To the Parents/Guardians of: (Camper name) _____

Your camper has been registered for the following Autism Society of Minnesota Wahode Day Camp. Indicate the session your camper has been registered for, per the email you received from the camp office:

- Session 1 Monday, July 8 – Friday, July 12, 2019 (co-ed 6 - 12)
9:15 am – 3:00 pm**
- Session 2 Monday, July 22 – Friday, July 26, 2018 (co-ed 6 - 12)
9:15 am – 3:00 pm**

Enclosed you will find the Wahode Camper Information Packet, which includes a map to your camp location. Parents are responsible for providing lunch daily and transportation to and from camp. **Staff to camper ratio is 1:2. AuSM reserves the right to request that a caregiver attend camp or that the camper stop attending camp if the camper is having difficulty participating at the stated staff to camper ratio.**

We staff Camp Wahode with an on-site Director, Program Staff, Music Therapist and Occupational Therapist (all with extensive experience working with individuals with autism), as well as our Counselors. Outdoor activities include, but are not limited to: swimming daily in a heated outdoor pool, horseback riding, daily music groups, a low ropes course and climbing tower, and adapted recreation group games. The exception will be Thursday of each week when the campers will board a bus in the morning to spend a day at the MN Zoo. NO activities will occur on the camp grounds that day.

Be sure to **apply sunscreen** to your child each day prior to coming to camp. **Send a lunch and beverage daily**, and **pack a swimsuit and towel** every day for swimming. If your child requires a snack, please send that along as well. Please, also send long pants and close-toed shoes each day, no matter what the weather, so that your child has the option of horseback riding. Even if campers are uncertain about horses, they will not have the option of trying without the proper clothing and shoes. Open toed shoes (i.e. Flip-flops, Keens, etc.) are not allowed at Camp Butwin.

Please note updates to the Registration and Cancellation Policies. The completed packet should be returned to the AuSM office in St. Paul. Read and keep the AuSM policies (part 2) and a copy of your completed camper packet for your own records. Camper physicals are not required to attend the Wahode day camps.

DUE: March 29, 2019 at the AuSM Office (“ADMIN” & “CAMPER” FORMS) – 9 PAGES TOTAL

****Campers are not officially enrolled in camp until all forms are on file. ****

- Administrative Forms: (“ADMIN” FORMS) – 5 PAGES**
 - ◆ AuSM Camp Policy Agreement (1 pg)
 - ◆ Release of Liability (Camp Butwin waiver for horses and ropes course) (1 pg)
 - ◆ Autism Society of Minnesota Release of Liability and Consent forms (2 pgs)
 - ◆ Fee Statement (1 pg)

- Camper Information Forms: (“CAMPER” FORMS) – 4 PAGES**
 - ◆ Camper information (1 pg)
 - ◆ Communication and proactive Behavior Support Information (1 pg)
 - ◆ Special Medical and Health Information (1 pg)
 - ◆ Camper Photo (1 pg)

DUE: April 22, 2019 at the AuSM Office – 3 pages

- Full payment
- Camper Health form Part 1 and 2 (2 pgs)
- Authorization of Medication Administration Form (1 pg) (signed by the doctor if camper will need to take prescription meds while at camp, including an epi-pen and inhaler)

DUE: Upon Arrival at Wahode Day Camp (“CHECK-IN” FORM) – 1 PAGE

- An UPDATED Authorization of Medication Administration Form (if medication dosage has changed since form was first submitted)

*****Please keep all “PARENT” pages for your information*****

If you have any questions, please call the AuSM Camp Office at (651)647-1083, x16.

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
- _____ Personal Care Assistants (PCAs)
- _____ Registration Policy
- _____ Cancellation Policy
- _____ Special Diet Policy
- _____ Clothing & Personal Inventory Policy
- _____ Medication Handling 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: _____

Camp Butwin Release of Liability for User Groups During Camp Season

Permission

I, (parent) hereby give permission to Camp Butwin and the St. Paul JCC to transport my child in camp owned/rented vehicles for camp sponsored programs.

I, (parent) hereby give permission to Camp Butwin and the St. Paul JCC to use my child's likeness in photos or pictures to promote the camp. See below to decline.

Please check here if you do NOT want your child in Camp Butwin publicity.

Informed Consent and Hold Harmless/Release Agreement: I, (parent) hereby grant permission for my child to take part in all activities. In the event that I cannot be reached in an emergency, I authorize St. Paul JCC staff to secure proper medical treatment for my child as needed

I understand that participation in Camp Butwin activities involve certain degrees of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release, hold harmless and agree to indemnify Camp Butwin and The St. Paul JCC, coordinators and all employees, volunteers, related parties or other organizations associated with the activity from any and all claims or liability arising out of this participation. I approve the sharing of the information on this form with Camp Butwin and St. Paul JCC volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of camp activities. In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to

secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provide for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities. I understand and agree that medical decisions related to care and treatment may be based upon information supplied in the appropriate health form submitted.

Horseback Riding Release

I, (parent) hereby release liability of Camp Butwin and the St. Paul JCC for horseback riding activities. I acknowledge that the use and riding of a horse involves risk of injury to an individual undertaking such activities and a horse, irrespective of its training and/or usual past behaviors and characteristics, may act or react unpredictably at times, may jump forward or sideways, run away, kick, buck rear up, or bite, among other things. The undersigned expressly assume such risks and waive any claims that we might have against the Jewish Community Center of the Greater St. Paul Area and Camp Butwin as a result of physical injury, property loss or damage incurred in said activities.

We also expressly release forever the Jewish Community Center of the Greater St. Paul Area and Camp Butwin from all claims, demands, injuries, actions or cause of actions and from all acts of active or passive negligence on the part of the Jewish Community Center of the Greater St. Paul Area and Camp Butwin, its servants, agents, or employees and expressly agree that the Jewish Community Center of the Greater St. Paul Area and Camp Butwin shall not be liable for any claims, demands, injuries, damages, actions or causes of actions, whatsoever, as a result of physical injury, property loss or any other damage arising out of, or in any manner connected with, the use, handling and riding of a horse or horses at Jewish Community Center of the Greater St. Paul Area and Camp Butwin, or the premises where such stable is located.

Please Note: If you fail to check compliance with the above statement, your camper will not be allowed to ride, as this is a requirement of our insurance carrier.

Child's Name_ _____

Parent/Guardian Name_ _____



St. Paul JCC

Parent/Guardian 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 otherwise 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 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 parent/guardian)

Date: _____

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

Camper's Name: _____

Parental Consent and Release Form for Field Trip,

My child, _____, has permission to participate in the field trip to The Minnesota Zoo on July 11th and/or July 25th, 2019. I understand that this activity involves travel from Camp Butwin to the Minnesota Zoo and a return to Camp Butwin. Staff will also be transported with the children.

I understand that if I choose not to allow my child to participate in the field trip, that there will be no alternate programming that day at Camp Butwin for him/her to attend.

I understand that my child will be transported by school bus to and from the MN Zoo. I recognize that by participating in this activity, as with an activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge The Autism Society of Minnesota, its board, their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it and agree to be legally bound by its terms.

My child has my permission to participate in the field trip and transportation.

My child does not have my permission to participate in the field trip and transportation. Further, I understand that there will be no other camp activity that day at Camp Butwin.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: * _____

Date: _____

Camper's Name: _____

WAHODE DAY CAMP FEE STATEMENT 2019

SESSION: 1 2

	If registered by 3/29/19	If registered after 3/29/19
2019 Camp Fee	is \$725.00	\$775.00
Registration Deposit	- \$100.00	\$100.00
Balance Due April 22, 2019	= \$625.00	\$675.00

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**.

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 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 Twin Cities Autism Foundation

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.

Or, if you live in Minnesota, you can apply to Twin Cities Autism Foundation at www.tcautism.com

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 child's camper packet, 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		PREFERRED NAME	
CAMPER'S ADDRESS			
CITY		STATE	ZIP
COUNTY		MA#	

INSURANCE CO.		INS. NO.	
PHYSICIAN'S NAME			
CLINIC NAME		CLINIC PHONE	
CLINIC ADDRESS			
CAMPER'S DATE OF BIRTH	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)

Will you be sending a Personal Care Assistant (PCA) with your child? Yes No If yes, please provide their contact information below, so that we can include them in our training and camp correspondence. We MUST be notified if a PCA will be attending.

NAME OF PERSONAL CARE ASSISTANT		
PHONE #'S (H)	(C)	EMAIL

* _____
*Signature

Date _____

Camper's Name: _____

COMMUNICATION & PROACTIVE BEHAVIORAL SUPPORT INFORMATION

1. Is your child verbal? Yes No If not, or if communication is limited, what are some words/gestures/signs/picture symbols that your child may use that would be helpful for camp staff to know? (Please indicate your child's primary method of communication)
2. What topics are of particular interest to your child? What does he/she most like to engage in?
3. What is your child really good at?
4. What are your child's interests (please feel free to elaborate):
- | | | |
|----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Science | <input type="checkbox"/> Animals/Nature | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Video games | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Art | <input type="checkbox"/> Transportation | <input type="checkbox"/> Other _____ |
5. What specific areas might trigger stress and/or anxiety for your child? 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"/> | Tastes _____ |
| <input type="checkbox"/> | Activities _____ |
| <input type="checkbox"/> | Other _____ |
6. Does your child react to stress/anxiety in any of the following ways? (Check all that apply)
- | <u>Communicative Behavior</u> | <u>Frequency of Response</u> |
|---|------------------------------|
| <input type="checkbox"/> Runs Away | _____ |
| <input type="checkbox"/> Fights | _____ |
| <input type="checkbox"/> Withdraws | _____ |
| <input type="checkbox"/> Becomes Aggressive | _____ |
| <input type="checkbox"/> Other | _____ |
7. Please list strategies/activities/routines that help decrease stress or are calming.
8. Does your child have 1:1 support at home or at school? Yes No If Yes, please elaborate.

Camper's Name: _____

SPECIAL MEDICATION/HEALTH INFORMATION

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

1. Does your child take any medication? If so, please complete the "Authorization of Medication Administration" form and include reason for medication.
 - a. Are there special ways your child takes the medicine (i.e. a special spoon or mixture)? Please be specific and bring any special items your camper may need.
 - b. Will Camp Butwin Nurse need to administer this medication during the camp session?
 Yes No
 - c. **You are responsible to provide staff with any updates or changes on the first day of camp.**
2. Does your child have any special health problems (including allergies to food, medications, lotions, etc.)? Please explain.
3. Does your child experience seizures? If so, please explain type and frequency, and describe a typical seizure and what happens afterwards.
4. Is there any other information regarding your child's health that you would like us to know about?

Camper's Name: _____

CAMPER PHOTO

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

OR

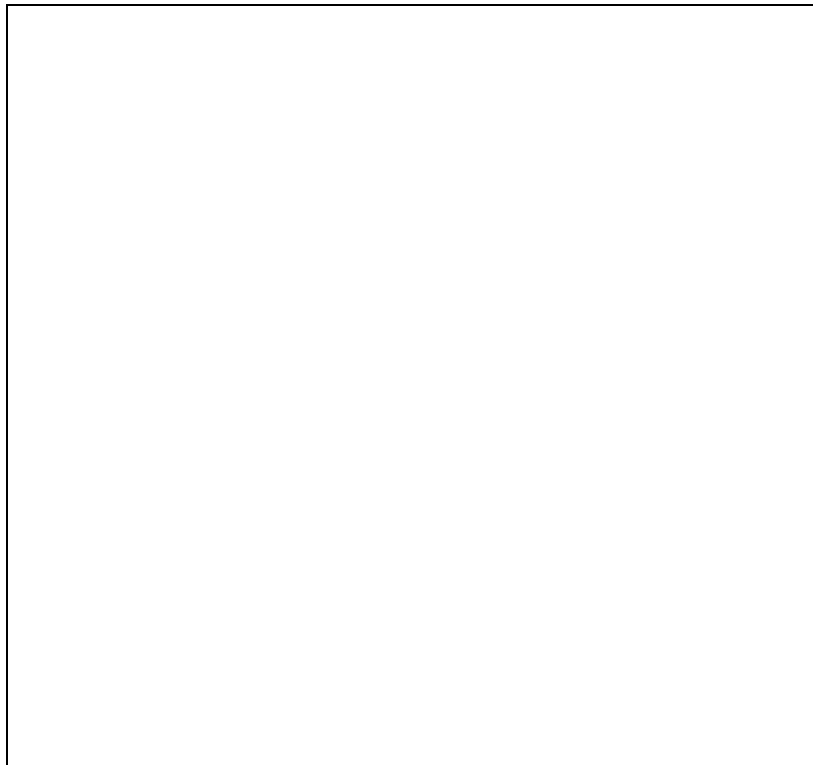
EMAIL A PHOTO TO CAMP@AUSM.ORG

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 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 HEALTH FORM – 2019 - Part 1
This page must be filled out by the parent, EACH YEAR.

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	

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 _____

Camp Health Form – 2019 – Part 2

Camper's Name: _____

HEALTH HISTORY (Check & give approximate dates)

GENERAL

Ear Infections _____

Rheumatic Fever _____

Convulsions _____

Diabetes _____

Behavior _____

Seizures _____

ALLERGIES

Hay Fever _____

Poison Ivy, etc. _____

Insect Stings _____

Penicillin _____

Other Medications _____

Other allergies _____

DISEASES

Chicken Pox _____

Measles _____

German Measles _____

Mumps _____

Asthma _____

Chronic illness _____

Operations or Serious Injuries (include dates) _____

Chronic or Recurring Illness (include dates) _____

Other Diseases (or details of above) _____

Special Medication (Name and dosage) _____

Does the child wear glasses, contacts or protective eyewear? Yes No _____

Is Parent sending medication? _____

Other _____

RECOMMENDATIONS AND RESTRICTIONS WHILE IN CAMP

Special Diet _____

Any specific activities to be encouraged? _____

Restricted? _____

Are swimming and diving encouraged? _____

Is strenuous activity encouraged? _____

Suggestions from parents: _____

Dietary restrictions: _____

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: _____

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 here.

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

Camper's Name: _____

Authorization of Medication Administration – 2019

You MUST return this completed form even if we are not dispensing medication at camp.

*****Send a copy WITH the Camper Packet. On the 1st day of camp bring UPDATED original to camp for the Camp Butwin 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 primary care provider/licensed prescriber, as well as the parent/guardian.

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

Permission to administer, as needed, to be determined by the Camp Butwin 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 MN and Camp Butwin 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 the Camp Butwin Nurse or designated personnel. And if camper is off Camp Butwin grounds, on a field trip, I give permission for the Director of Camp Wahode to administer medication.

* _____ Date _____ Relationship to Camper _____
Parent / Guardian Signature

NOTE: Medication is to be supplied in the original 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.******