

Camp Sertoma Registration

July 8-13, 2018

Deaf / Hard of Hearing Children
Completing Grades 2nd-8th

Camper Name _____ Gender _____ Age _____

Grade Completed Spring 2018 _____ Birthday ____/____/____

First time Camp Sertoma Camper? yes no

Parent/Guardian

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

Day Phone/ VP (_____) Voice Text Cell Phone(_____) Voice Text

Eve Phone (_____) Voice Text

Second Parent/Guardian or Emergency Contact _____

Address _____

City _____ State _____ Zip _____

Day Phone/ VP (_____) Voice Text Cell Phone _____ Voice Text

Eve Phone (_____) Voice Text

Payment:

____ Enclosed is the \$125 non-refundable camp deposit if mailed before April 15th

____ Enclosed is the \$150 non-refundable camp deposit (after April 15th)

____ Please include a copy of an acceptance letter for 2017-2018 for the free or reduced lunch program to receive a deposit waiver.

*To ensure that Camp Sertoma can continue, we want to make sure camping scholarships are going to families most in need. This year we will be requiring documentation.

**\$125 Registration before
April 15, 2018**

**\$150 Registration after
April 15, 2018**

To ensure a place is reserved for your child there must be 2 pages fully filled out for registration

Camp Sertoma Registration 2018

Camper Name: _____

All campers will be exposed to an environment rich in culture and FUN. Campers will be in cabins according to gender. (please check all that apply)

- ___ Camper is Deaf
- ___ Camper is hard of hearing
- ___ Camper attends a Deaf school
- ___ Camper has a cochlear implant
- ___ Camper uses an ASL interpreter in school
- ___ Camper knows some ASL
- ___ Camper is trying to learn more ASL
- ___ Camper uses ASL for communication
- ___ Camper uses Cued Speech
- ___ Camper communication is primarily oral
- ___ Other communication _____

Allergies Yes No
If Yes, allergies to: Food Medications
 Environment Other _____

A representative from Camp Sertoma may contact you for additional information

**** Children requiring one-on-one attention with personal hygiene or behaviors must have a PCA (personal care attendant) attend Camp with them. There is no additional charge for this person while at Camp.

Please contact Jenni or Emily with any questions.

(218) 828-2344 - VP (218)-203-0299 - jen@campconfidence.com - emily@dreamsandinspirations.com

Parent/Guardian Authorization:

*Should my child need to leave camp for behavioral or medical reasons I agree to pick him/her up or make arrangements for transportation within a timely matter or may be charged an additional fee for my child's care.

*We practice safety at all times, to the best of our ability; however, participation in camp life and activities has inherent risks and injuries sometimes do occur. With enrollment, parents acknowledge and assume financial responsibility for medical expenses and agree to hold harmless Confidence Learning Center, Sertoma Inc., its employees, and agents against any and all claims, damages and injuries.

* Camp Sertoma/ Confidence Learning Center are not responsible for the stolen/loss or breakage of clothing and equipment, including hearing equipment, and we encourage you to only bring items that would not upset the family if lost.

* **This DOES NOT complete your child's registration.** You will receive additional materials **that must be completed and into our office by June 1, 2018** in order to finish the registration. (Health form, Dr Exam form, immunizations etc.)

I hereby grant permission for the above named camper to participate in the Camp Sertoma session listed above.

 (Parent/ Guardian Signature)

 (Date)

I grant permission to Camp Sertoma to take and utilize photographs or likeness of above named camper for the use of Camp Sertoma promotions and/or future fundraising activities.

 (Parent/Guardian Signature)

 (Date)

To ensure a place is reserved for your child there must be 2 pages fully filled out for registration

2018 Camp Sertoma Health Form

Health Form MUST be returned to camp by June 1, 2018

Camp Sertoma

1620 Mary Fawcett Memorial Dr
East Gull Lake, MN 56401
218-828-2344 ,VP 218-203-0299

Camper Name _____ Session **July 8-13, 2018**

Age _____ Birthday _____ Grade completed Spring 2018 _____ Gender: Male Female

EMERGENCY CONTACTS

Parent/ Guardian: _____
Home Phone/ VP _____
Home Address _____
City /State/ Zip _____
Mother's Cell _____ Work _____
Father's Cell _____ Work _____
Preferred Contact Text Voice

If parents/ guardian is not available in an emergency, notify:

1.) Name: _____ Relationship _____
Home # _____ Cell# _____ Work# _____
Preferred Contact Text Voice
2.) Name: _____ Relationship _____
Home # _____ Cell# _____ Work# _____
Preferred Contact Text Voice

Allergies: No known Allergies. This camper is allergic to: Food Medicine The environments (insects, hay fever, etc) Other
(Please describe below what the camper is allergic to and the reaction seen)

Diet, Nutrition: This camper eats a regular diet This camper has special food needs (Please describe) You may be contacted for additional information. In cases of extreme restrictive diets families may be asked to bring their own food items to supplement what is provided by Camp Sertoma.

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations (Please describe below)

- Parent/Guardian Authorization: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.
- I hereby give permission to Camp Sertoma to provide routine health care, administer prescription medications, and seek emergency treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to Camp Sertoma to arrange necessary related transportation for me/my child.
- We practice safety at all times, to the best of our ability; however, participation in camp life and activities has inherent risks and injuries sometimes do occur. With enrollment, parents acknowledge and assume financial responsibility for medical expenses and agree to hold harmless Confidence Learning Center, Sertoma Inc, its employees, and agents against any and all claims, damages and injuries.
- In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp Sertoma to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.
- Should my child need to leave camp for behavioral or medical reasons I agree to pick up or make arrangements for transportation within a timely matter or may be charged an additional fee for my child's care.
- Families are responsible for translating or interpreting in language other than English. All paperwork must be filled out and turned into camp in English

Signature of parent/guardian _____

Printed Name _____ Date _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities

Signature of minor camper _____ Date _____

*If for religious reasons, you cannot sign this, contact Camp Sertoma for a legal waiver that must be signed for attendance

General Health History

Has/does the participant:

- 1 Had any recent injury, illness or infectious disease? Yes No
- 2 Have recurring/chronic illness?.....Yes No
- 3 Ever been hospitalized?.....Yes No
- 4 Ever had surgery?.....Yes No
- 5 Have frequent headaches?.....Yes No
- 6 Ever had a head injury?.....Yes No
- 7 Ever been knocked unconscious?.....Yes No
- 8 Wear glasses, contacts or protective eyewear?.....Yes No
- 9 Wear hearing aids or cochlear implant?.....Yes No
- 10 Had fainting or dizziness.....Yes No
- 11 Ever had seizures?.....Yes No

- 12. Ever passed out or experienced chest pain during or after exercise?.....Yes No
- 13 Ever been diagnosed with a heart murmur?.....Yes No
- 14 Ever had back/joint problems?.....Yes No
- 15 Have any skin problems (e.g. itching, rash, acne)?.....Yes No
- 16 Have diabetes?.....Yes No
- 17 Have asthma?.....Yes No
- 18 Have mononucleosis in the past 12 months?.....Yes No
- 19 Has problems with diarrhea/constipation?.....Yes No
- 20 Have problems falling asleep/sleepwalking?.....Yes No
- 21 If female, have an abnormal menstrual history?.....Yes No
- 22 Have a history of bed-wetting?.....Yes No
- 23 Have any special physical needs?.....Yes No
- 24 Traveled outside the US in the past 12 months?.....Yes No

Please explain any "yes" answers, noting the number of the questions:

Mental, Emotional and Social Health

- 1 This camper has been diagnosed with Attention Deficit Disorder (ADD) or ADHD.....Yes No
- 2 Ever had emotional difficulties for which professional help was sought?.....Yes No
- 3 This camper had a psychiatric diagnosis such as depression, OCD, Panic/Anxiety disorder, eating disorder.....Yes No
- 4 Have any special behavioral needs?*If "Yes" Please attach written information for behavior management.....Yes No
- 5 This camper has had a significant life event that continues to affect the camper's life* if "yes" please attach written information about the event- death of a loved one, family change, survived disaster, etc.....Yes No

Please explain any "yes" answers, noting the number of the questions:

What have we forgotten to ask? Please provide any additional information about the camper's health or behavior that may be helpful for the camper to have a successful camp experience.

Camper Name _____

Medical Insurance:

Insurance Company: _____ Policy Number _____

Policy Subscriber _____ Insurance Company Phone Number _____

Parent/ guardians are financially responsible for health care given by an out-of-camp provider for medications, illness treatment, pre-existing conditions etc.

*** Photocopy of front and back of health card must be attached to this form***

Health Care Providers

Name of camper's primary doctor(s) _____ phone _____

Name of dentist(s) _____ phone _____

Medications being taken

“Medications “ is any substance a person takes to maintain and/or improve his or her health and includes vitamins and homeopathic remedies Please list ALL medications taken routinely. **Bring ONLY enough medication to last the entire time at camp. Keep it in the ORIGINAL packaging/bottle that identifies the prescribing physician**

This Camper will NOT be taking any medication while at Camp Sertoma

This Camper will take the following medications(s) while attending Camp Sertoma .

Name of Medication and dosage	Reason for Taking it	When to be given	Date Started
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime <input type="radio"/> Other	
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime <input type="radio"/> Other	
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime <input type="radio"/> Other	

Attach additional pages for more medication.

Camper Name

Over the Counter Medications

The following generic medications are stocked in our Nurse's office and are used to manage illness and injuries that may occur while your child is at Camp Sertoma. All OTC medications will be given according to manufacturer's recommendations. **Cross out those that SHOULD NOT be given.**

Acetaminophen (Tylenol)	Ibuprofen (Advil, Motrin)	Antibiotic Ointment or Cream	Aloe
Benadryl (oral)	Cough Drops	Benzocaine (Insect Bite Spray)	Calamine Lotion (Poison Ivy Lotion)
Benadryl (lotion)	Tums	Hydrocortisone Cream	
Solocaine (Sunburn Spray)			

Parent/Guardian Signature _____ Date _____

***Immunization History:**

Provide the month and year for each immunization or attach a copy of your child's clinic/school immunization record. Starred (*) immunizations must be current. **Families must provide information each year for child to attend.**

Immunization	Dose 1 Month /Year	Dose 2 Month/ Year	Dose 3 Month/Year	Dose 4 Month/ Year	Dose 5 Month/ Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis* (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, Measels, Rubella* (MMR)						
Polio* (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)						
Meningococcal meningitis (MCV4)						

You must have a physician fill out and sign "PHYSICAL EXAMINATION FORM" or have the physician's office fax the following information to Camp Sertoma (218) 828-2618 on a separate form. Health Exam must be no more than 24 months prior attending Camp. **This information MUST be at camp before June 1, 2018**

*Date of Health Examination

*Signature and date from physician

*Current or on-going treatments or medications

*Any physical conditions requiring restrictions while at Camp Sertoma, and list restrictions.

* Questions please contact Jen or Emily, jen@campconfidence.com or Emily@dreamsandinspirations.com (218)828-2344

VP 218-203-0299

(This form must be completed by licensed medical personnel
Must be to Camp Sertoma by June 1,2018)

Camp Sertoma
1620 Mary Fawcett Memorial Drive
East Gull Lake, MN 56401
218-828-2344
Fax 218-828-2618

The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. A physical exam must be completed by licensed medical personnel at least every 24 months prior to attending Camp Sertoma.

Name of Camper _____ Birth Date _____

Health Care Recommendations by Licensed Medical Personnel

I have examined the above camp participant on (date) _____

Weight _____ Height _____

This camper is independent in toileting, bathing and other personal hygiene ()Yes ()No

In my opinion, the above applicant () is () is not able to participate and work in an active camp program

The applicant is under the care of a physician for the following condition(s)

Recommendations and Restrictions at Camp

Treatment to be continued at camp: _____

Medications to be administered at Camp: (name, dosage, frequency): _____

Any medical prescribed meal plan or dietary restrictions: _____

Known Allergies: _____

Descriptions of any limitations or restrictions on camp activities: _____

Additional information (behavioral, physical, emotional or mental health)for health care staff: _____

Signature of Licensed Medical Personnel _____	Date _____
Printed _____	Title _____
Address _____	Phone: _____

Special Diets:

Please note: Special diet requests are for food allergies, religious restrictions, and other health-related needs only. Requests should not be made for food preferences, personal taste, or for “picky eaters”: due to the large number of campers, camp cannot accommodate these requests and they will not be honored.

Example of special diet requests include: gluten-free diet, kosher meals, peanut allergy, lactose intolerance, etc.

Examples of diets that are not a special request include: child does not like vegetables, child will only eat hot dogs or hamburgers, etc.

Camp Sertoma Behavior Contract

Campers should not be afraid to approach their cabin counselor or Camp Director at any time -- asking to talk about things that are bothering them. If campers don't report problems, it is possible that Camp Sertoma counselors will remain unaware of the issues, and therefore the support and assistance they are prepared to offer may be delayed. We care very deeply about your camper's emotional and physical safety. Please encourage them to report problems as soon as possible. It's only when we don't know about a problem that we can't solve it.

CAMPER CONTRACT

I, _____, promise that I will do my best to keep Camp Sertoma a fun, safe and caring place for everyone. This means that I will:

1. Treat everyone with kindness and respect.
2. Use appropriate language and discussions
3. Resolve disagreements with other campers peacefully.
4. Never tease, hurt, name-call or bully another camper.
5. Refuse to join in if I see someone else being bullied.
6. Not exclude others from joining activities
7. Ask for help from an adult if I am bullied or see someone else is being bullied.

Serious problems concerning camper behavior at Camp Sertoma are rare. Most inappropriate behavior is directly related to typical reactions of campers to a new environment. This is a normal byproduct of children's transitions as they grow, gain independence, and establish personal identities that will carry them through life. We anticipate these behaviors and train our counselors to address them in a positive manner. Believe it or not, we enjoy this aspect of child development, and our role in learning more about children, while helping them through the issues that can lead to problems surfacing. Occasionally, there are cases in which campers are unresponsive to the techniques we use to address behavioral concerns. A camper who continues to struggle, after numerous attempts to address concerns, can end up having a very negative impact on other campers' experience of Camp Sertoma. While we do our best to support all campers' individual needs, there are occasions where doing so is detrimental to the happiness of the larger community of campers. In the event this is the case, a camper may be sent home before the end of their session. This is a critical understanding and agreement.

Parents, please take a few minutes to discuss your campers' behavior and its relation to the success and positive nature of our camp community. We certainly do not anticipate having to dismiss any camper, however they need to be aware of appropriate behavior and the consequences of inappropriate behavior.

Parent Signature: _____ Date _____

Camper Signature: _____

We require all the forms listed below to be postmarked June1, 2018 or before. Thank You!

- Camper Registration (2 pages)
- Camper Health Form (with parent or legal guardian signature) (4 pages)
- Physical Examination Form (with signature from licensed medical professional)
- Copy of Current Health Insurance Card (front and Back)
- Copy of Current Immunizations –Required annually
- Transportation Waiver Form (if someone other than parent will be picking up)
- Camper Behavior Contract
- \$125 registration Deposit (before April 15) \$150 (after April 15)

OR

- Copy of acceptance letter for 2017-2018 school lunch program