

## INFORMATION SHEET

### PLEASE NOTE:

A "Release of Information Form" should be signed by the parents of the child being referred for camp before sending out reports, school information, etc. to Elks Camp Grassick. The person referring the child or taking the application should be responsible for seeing that a form of this type is obtained and signed.

This application is for the **Three-Week Camping Session** for children between the ages of 7-15 inclusive. Camp Dates this year are: **June 6<sup>th</sup> through June 25<sup>th</sup>**.

The children attending receive services in the areas of speech/language and occupational therapy, benefit from reading instruction, if selected to receive it, and participate in craft activities, supervised recreation and swimming instruction.

To best utilize the time we have with the children during the three-week session and in order for our camp personnel to continue to follow up on what the school therapists and personnel are working on, we would appreciate any information or materials concerning the following included with the therapy reports in this application:

*Most recent test results and scores, current IEPs, therapy objectives and goals, a brief description of therapy the child has been receiving and specific areas of concentration you would like our camp personnel to work on with the child while at camp.*

All applications for the three-week session must be completed entirely and returned to Elks Camp Grassick by **April 15<sup>th</sup>**. No applications will be accepted after this date. **CAMP FEES FOR THIS SESSION WILL BE \$500.00**

The parents may pay the camp fee or sponsorships may be sought from local service clubs or civic organizations such as the Lions Club, Jaycees, Eagles, etc. Some sponsorships are available through the State Elks Association when the parent (s) or guardian is unable to pay for part or the entire camp fee **and no other sponsorship can be found**. If the child needs such a sponsorship, please contact the director of Elks Camp Grassick and not the nearest or your local Elks Lodge. The camp director may be reached at (701) 327-4251. It is still our policy that no one will be denied acceptance because of inability to pay for part or all of the camp fee, but we encourage referring agencies to seek local sponsors as much as they can this year if they need help with camperships. Payment of camp fees or sponsorships does not even enter into the screening process or selection decision. **Please do not send any checks for camp fees until after you know the child has been accepted.**

If there are any questions concerning the three-week session, camp fees, other sessions held at the camp or anything else you would like to know about, please feel free to write or call the camp. Send all correspondence to:

Dan Mimnaugh, Camp Director  
Elks Camp Grassick  
P.O. Box F  
Dawson, ND 58428  
(701) 327-4251 Email address: [grasbek@bektel.com](mailto:grasbek@bektel.com)

**(THIS SHEET MAY BE DETACHED BEFORE FILLING  
OUT OR SENDING IN THE APPLICATION)**

ELKS CAMP GRASSICK  
NORTH DAKOTA ELKS ASSOCIATION  
DAWSON, NORTH DAKOTA 58428  
(701) 327-4251

APPLICATION FOR ADMITTANCE TO ELKS CAMP GRASSICK'S **THREE-WEEK CAMP**

Date: \_\_\_\_\_

**APPLICATION**

I, as parent/guardian of this child, request that my child be admitted to Elks Camp Grassick for the Three-Week Camping Session.

\_\_\_\_\_  
(Signature of Parent or Guardian)

**IDENTIFYING AND REFERRAL INFORMATION**

Name of child being referred: \_\_\_\_\_

Date of Birth of Child: \_\_\_\_\_ Present age: \_\_\_\_\_

Name of Parent(s) or Guardian: \_\_\_\_\_

Address of Parent(s) or Guardian: \_\_\_\_\_

Telephone number of Parent/Guardian: Home \_\_\_\_\_ Work \_\_\_\_\_

Telephone of another relative in case of emergency: Relative: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Name of School this child is presently attending: \_\_\_\_\_

Address of school: \_\_\_\_\_

Name of child's teacher: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Type of classroom: \_\_\_\_\_ Grade: \_\_\_\_\_

This child is referred to Camp Grassick by: \_\_\_\_\_

(Title) (phone #)

This child could benefit from:  Speech/Language Therapy  Occupational Therapy  
 Remedial Reading  General Camping Experience  
(if more than one, please rank using 1 for top need, 2 for second, etc.)

**AGREEMENT TO SPONSOR**

**SPONSORS/PARENTS OR GUARDIANS:**

Elks Camp Grassick is a residential summer camp located in south central North Dakota. The camp is operated in the service of children with various disabilities and special needs. With your support through this payment or sponsorship of this child, you are making it possible for some child/children to attend Elks Camp Grassick and receive the special services and programs that they may need and that will be very beneficial to them in their present day lives and in the future.

**AGREEMENT**

I HEREBY AGREE TO PAY/DONATE \$ \_\_\_\_\_ TO HELP PAY FOR THE  
(amount)  
CHILD OR CHILDREN LISTED HERE \_\_\_\_\_ TO  
(child/children)  
ATTEND ELKS CAMP GRASSICK FOR THE THREE WEEK CAMPING SESSION FOR  
CHILDREN WITH SPECIAL NEEDS. MY SPONSORSHIP FEE WILL BE PAID  
TO ELKS CAMP GRASSICK BY OCTOBER 1<sup>ST</sup> OF THIS CAMPING YEAR.

DATE: \_\_\_\_\_

\_\_\_\_\_  
(person or organization sponsoring)

\_\_\_\_\_  
(complete mailing address)

\_\_\_\_\_  
(signature)

Parent(s) or Guardian(s): If you are paying for your child's camp fee or part of it, please fill in the spaces above. Camp fees may be paid in payments. If you have any questions, please feel free to call the camp at #701-327-4251.

## SOCIAL STUDY

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Name of father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Number of siblings in the family: \_\_\_\_\_

1. Personal Traits: If possible, please give some evaluation of this child's maturity level, self-esteem, and ability in the area of daily living skills. (How independent in daily living skills?)

2. Social Adjustment: How does this child get along in the home, in school, and with other children? (Relationship to parents, siblings, peers?)

3. Discipline: Does this child exhibit any unusual discipline problems in his/her home environment?  Yes  No In school?  Yes  No In social settings?  Yes  No If so, please explain.

4. Please list a few interests or hobbies of this child. \_\_\_\_\_

5. Who took the initiative in making this referral: \_\_\_\_\_ Do you feel that this child could adjust from being away from home and in a camp environment?

Please attach any additional, pertinent information about this child.

**ELKS CAMP GRASSICK**

**SCHOOL REPORT**

PLEASE SEND THIS FORM TO THE APPROPRIATE SCHOOL/TEACHER AND RETURN THE COMPLETE FORM ALONG WITH THE BALANCE OF THE APPLICATION. THIS REPORT IS FOR ELKS CAMP GRASSICK'S USE ONLY. (PARENTS MAY SEE THIS REPORT UPON REQUEST)

**IDENTIFYING INFORMATION**

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Present school attending: \_\_\_\_\_

Complete address of school: \_\_\_\_\_

Type of classroom: \_\_\_\_\_ Grade: \_\_\_\_\_

Principal: \_\_\_\_\_ School's Telephone #: \_\_\_\_\_

Child's Teacher: \_\_\_\_\_ Home Telephone # \_\_\_\_\_

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**Please define this child's disability or special need:** \_\_\_\_\_

**SPECIAL CHARACTERISTICS**

Please give an appropriate comment on the characteristics listed below relating to this child.

A. MOTIVATION:

B. ATTITUDE TOWARD SCHOOL:

C. ATTENTION:

D. RELATIONSHIP TO AUTHORITY FIGURES:

**SCHOOL REPORT CONT.**

E. RELATIONSHIP WITH PEERS:

F. BEHAVIOR:

G. PERSONAL HYGIENE:

If possible, please give some evaluation of the child's intelligence, maturity level, rate of progress and quality of work.

Does this child exhibit any special problems which you think need professional attention?  
 Yes       No      If so, please describe or explain.

Are there any discipline or behavior management programs currently being carried on in the school that seem to work well with this child?

Is this child receiving any of the following special services in school:  Speech/Lang. Therapy  
 OT,  PT,  Remedial Reading,  Counseling,  Other (specify)

**PLEASE ATTACH/INCLUDE ANY ADDITIONAL, PERTINENT INFORMATION ABOUT THIS CHILD THAT THE CAMP STAFF SHOULD BE AWARE OF.**

**SPEECH AND LANGUAGE REPORT FOR ELKS CAMP GRASSICK**

(TO BE COMPLETED IF CHILD IS RECEIVING OR COULD BENEFIT FROM SPEECH THERAPY)

**IDENTIFYING INFORMATION**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Type of Classroom \_\_\_\_\_ Grade \_\_\_\_\_

Name of Child's Speech Pathologist \_\_\_\_\_

School System \_\_\_\_\_ Telephone # \_\_\_\_\_

If permissible, please include this child's speech therapist's summer address and telephone number. If for any reason our speech/language personnel would have specific questions during the summer, they could contact the child's school clinician.

Summer Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

**SPEECH/LANGUAGE INFORMATION**

Is this child presently receiving speech/language services? \_\_\_\_ Yes \_\_\_\_ No

If so, how many times a week \_\_\_\_\_ Length of time per session \_\_\_\_\_

Speech Problems Include:    Minor Articulation \_\_\_\_    Multiple Articulation \_\_\_\_  
  Language                    \_\_\_\_    Cleft Palate                    \_\_\_\_  
  Stuttering                    \_\_\_\_    Mental Retardation        \_\_\_\_  
  Cerebral Palsy            \_\_\_\_    Hearing Loss                    \_\_\_\_

Does this child wear hearing aids? \_\_\_\_\_

Is this child's speech: intelligible \_\_\_\_ barely intelligible \_\_\_\_ unintelligible \_\_\_\_

In your own words, please describe what you feel the speech and/or language problem is:

## **SPEECH AND LANGUAGE REPORT CONTINUED**

Is this child: Verbal \_\_\_\_ Nonverbal \_\_\_\_

If nonverbal, what materials, programs, special equipment, ect. are being used with the child? \_\_\_\_

Please give a brief description of therapy the child is presently receiving and concerns being addressed in the school therapy setting.

Please give some suggestions or specific areas of concentration you would like our speech/language personnel to work on with this child while at camp. Please keep in mind the number of weeks this child will be at camp.

**PLEASE NOTE:** To best utilize the weeks we have with the children and in order for our speech/language personnel to continue to follow up on what the school therapist is working on with this child, we would appreciate any information or materials concerning the following included with this speech/language report: Current IEPs if applicable, most recent test results, therapy objectives and goals, and possibly a brief description of therapy the child has been receiving. If the child is nonverbal, what materials, programs, or type of communication approach is being used. If you do not have access to this information, please indicate where we could write or call to obtain it. Thank you.

## **OCCUPATIONAL THERAPY REPORT FOR ELKS CAMP GRASSICK**

(TO BE COMPLETED IF CHILD IS RECEIVING OR COULD BENEFIT FROM OT SERVICES)

### **IDENTIFYING INFORMATION**

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

School System \_\_\_\_\_ Grade \_\_\_\_\_

Child's Occupational Therapist \_\_\_\_\_

Telephone number of the Therapist: Work \_\_\_\_\_ Home \_\_\_\_\_

### **OCCUPATIONAL THERAPY INFORMATION**

How does this child ambulate? \_\_\_ Independently \_\_\_ Crutches \_\_\_ Walker \_\_\_ Wheelchair

If the child uses a wheelchair, how independent is he/she in ADLs, transfers, mobility, etc.

Does this child wear braces? \_\_\_ Yes \_\_\_ No If so, what type? \_\_\_\_\_  
\_\_\_ full time \_\_\_ part time \_\_\_ night braces

Has this child ever been evaluated for Occupational Therapy? \_\_\_ Yes \_\_\_ No

Is this child presently receiving Occupational Therapy? \_\_\_ Yes \_\_\_ No

If so, how many times a week \_\_\_\_\_ Length of time per session \_\_\_\_\_

What areas and/or concerns are being addressed?

Please give a brief description of therapy the child is presently receiving or areas being addressed:

**PLEASE NOTE:** Please include the most recent occupational therapy evaluation and reports concerning this child. If you do not have access to this information, please indicate where we could write to obtain this information. Information concerning materials and/or programs being used with this child will be very helpful. Also areas/concerns being addressed with this child would be very helpful to know about. If there is any indication of tactile defensiveness with this child, please let us know.

**PLEASE INDICATE** specific areas of concentration you would like addressed or certain skills you would like us to work on while this child is attending camp.

Please include/attach any other information that you think would be helpful to our OT staff while working with this child.

**PHYSICAL THERAPY INFORMATION**

Is this child presently receiving Physical Therapy?  Yes  No

If so, how many times a week? \_\_\_\_\_ For what length of time \_\_\_\_\_

What is his/her diagnosis? \_\_\_\_\_

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Name of child's Physical Therapist \_\_\_\_\_ Work phone # \_\_\_\_\_

**READING REPORT FOR ELKS CAMP GRASSICK**

(TO BE COMPLETED IF THIS CHILD COULD BENEFIT FROM REMEDIAL READING)

**PLEASE NOTE:** Although most children would benefit from some type of reading instruction while at Camp Grassick, only so many are selected to receive individual help in reading because of the number of instructors that we have available. Even if this child is not selected to receive individualized reading instruction, they will still benefit from reading activities promoted within their cabin and cabin group.

**IDENTIFYING INFORMATION**

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Type of Classroom \_\_\_\_\_ Grade \_\_\_\_\_

Present Reading Level \_\_\_\_\_

Name of Reading Instructor \_\_\_\_\_ Telephone # \_\_\_\_\_

Does this child receive special reading instructions or remedial reading? \_\_\_ yes \_\_\_ no

If so, how many times a week? \_\_\_\_\_ For what length of time? \_\_\_\_\_

What is the present reading program or series being used with this child?

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**READING DIFFICULTIES:** Please check if the child is experiencing difficulties in any of these areas: \_\_\_ Letter Recognition \_\_\_ Word Analysis Skills \_\_\_ Word Recognition \_\_\_ Comprehension \_\_\_ Oral Reading \_\_\_ Others, Explain \_\_\_\_\_

In your own words, please describe what you feel the child's reading problem is and what the child is working on to help him or her with this problem. (use other side, if needed)

Please describe or give specific areas/skills you would like this child to work on over the summer, if selected to receive individual reading instructions while at camp.

**MEDICAL REPORT**  
**FOR**  
**ELKS CAMP GRASSICK**

**IDENTIFYING INFORMATION**

Name of child \_\_\_\_\_ Birth date \_\_\_\_\_

Present age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender \_\_\_\_\_

Name of Parent(s) or Guardian \_\_\_\_\_

Parent(s) or Guardian's Address \_\_\_\_\_

Parent's Place of Work: Mother \_\_\_\_\_ Phone # \_\_\_\_\_

Father \_\_\_\_\_ Phone # \_\_\_\_\_

Relative or Neighbor to Notify in case of Emergency:

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Child's or Family's Physician \_\_\_\_\_

Clinic where Physician works \_\_\_\_\_ Phone # \_\_\_\_\_

Family's Insurance Company \_\_\_\_\_ Insurance # \_\_\_\_\_

Medical Assistance Number (if applicable) # \_\_\_\_\_

**MEDICAL HISTORY**

(This may be completed by the parent or guardian or referring source on the basis of an interview with the parent(s) or guardian.) If the child has had any of the following conditions or diseases, please indicate with a check, age or date.

Asthma _____	Encephalitis _____	Measles _____
Bedwetting _____	Seizures _____	Mumps _____
Chickenpox _____	Fainting _____	Nightmares _____
Diabetes _____	Heart Disease _____	Pneumonia _____
Sinus _____	Hay Fever _____	Hearing Problems _____
Sleep Walking _____	Incontinence _____	Allergies _____

Allergies to what? \_\_\_\_\_

Are they controlled? \_\_\_\_\_ How \_\_\_\_\_

Are all immunizations up to date? \_\_\_\_\_ DPT \_\_\_\_\_ MMR \_\_\_\_\_ Oral Polio \_\_\_\_\_ Others \_\_\_\_\_

Does this child have any history of seizures? \_\_\_\_\_ If so, please explain.

What type or kind, ect. \_\_\_\_\_

Are they controlled? \_\_\_\_\_ Medications for seizures \_\_\_\_\_

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Is this child's physical activity to be restricted? Yes No If so, please explain. \_\_\_\_\_

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If and when this child is swimming does he/she need: To wear a life jacket \_\_\_\_\_  
To wear earplugs \_\_\_\_\_

Medication(s) this child is now on or will be taking while attending Elks Camp Grassick \_\_\_\_\_

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Does this child use: a walker \_\_\_\_\_ a wheelchair \_\_\_\_\_ crutches \_\_\_\_\_ braces \_\_\_\_\_  
special apparatus \_\_\_\_\_

Any other specific concerns or pertinent information concerning this child's health that the staff of Elks Camp Grassick should be aware of: \_\_\_\_\_

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**PLEASE NOTE:**

All children accepted for attendance at Elks Camp Grassick **must** receive a physical examination by a doctor before coming to camp. The "Report of Physical Examination" form (the next page) should be filled out completely by a physician and sent to camp prior to the child's arrival at the camp. Attachment of the physical examination report would be very beneficial during the screening and selection process, but if the cost of such a physical examination is a concern, this form does not have to be filled out until after you know that this child has been accepted.

ELKS CAMP GRASSICK  
NORTH DAKOTA ELKS ASSOCIATION  
DAWSON, NORTH DAKOTA 58428

**REPORT OF PHYSICAL EXAMINATION FOR ELKS CAMP GRASSICK**  
(To be completed by a Physician)

Name of Child \_\_\_\_\_ Gender \_\_\_\_\_

Birth date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Temperature _____	Lungs _____	Pulse _____
Eyes _____	Nose _____	Throat _____
Tonsils _____	Ears _____	Skin _____
Heart _____	Hernia _____	Feet _____
Genitals _____	Nits _____	

Others Concerns \_\_\_\_\_

Describe any abnormal findings \_\_\_\_\_

Has this child recently had surgery? \_\_\_\_\_

Are all immunizations up to date? \_\_\_\_\_

Is this child's physical activity to be restricted in any way? Yes \_\_\_\_ No \_\_\_\_ If so, please explain. \_\_\_\_\_

Does this child have any history of seizures? \_\_\_\_\_ If so, please explain.

What type or kind, ect. \_\_\_\_\_

Are they controlled? \_\_\_\_\_ Medication for seizures \_\_\_\_\_

Does this child have any special allergies to food, medication, ect. Which we should be aware of? Yes \_\_\_\_ No \_\_\_\_ If so, what are they? \_\_\_\_\_

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Are they controlled? \_\_\_\_\_ How? \_\_\_\_\_

Please inform us of any medication now being taken or which will be needed by this child during his/her stay at Elks Camp Grassick, if he/she should be accepted. (The camp employs a camp nurse during the summer.)

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Please give special recommendations on the following: (If not stated previously)

1. Special Apparatus: \_\_\_\_\_

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2. Medications: \_\_\_\_\_

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3. Restrictions: \_\_\_\_\_

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4. Specific Concerns: \_\_\_\_\_

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Any other pertinent information concerning this child's health that we should be aware of: \_\_\_\_\_

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**(PLEASE RETURN THIS FORM TO PERSON TAKING THE APPLICATION OR SEND IT TO ELKS CAMP GRASSICK, BOX F, DAWSON, ND 58428)**

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I have examined \_\_\_\_\_ and find him/her free from communicable diseases.

Physician's Name: \_\_\_\_\_ Clinic \_\_\_\_\_

(print)

Signed \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Physician)

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_