

2010 CAMP GRASSICK TRANSITION CAMP APPLICATION

Part A. Application for Admittance (To be completed by parent/guardian)

Name of Student _____ Date of Birth _____

Age: _____ Address _____

City _____ State _____ Zipcode _____

Parent(s)/Guardian(s) _____

Address: _____

city state zip

Telephone # of Parents/Guardian _____

Cell #: _____ Father's Work #: _____ Mother's Work # _____

Emergency Contact Name: (other than parent or guardian) _____

Address of Emergency Contact _____

Relationship to Student? _____ Telephone # _____

Name of School Student is Currently Attending _____

Complete Address _____

city state zip

School Telephone #: _____

Student's Teacher _____ Summer Telephone # _____

Student's Case Manager _____ Summer Telephone _____

Name of Student's VR Caseworker (if applicable) _____

Telephone of VR Caseworker: _____

Release of Information

I, the undersigned parent/guardian of said Student, do hereby agree to release information about said Student to Elks Camp Grassick staff or emergency medical personnel as deemed necessary during application or while attending the Transition Camp at Camp Grassick

Parent/Guardian Signature Date

Admittance –Request

I, parent/guardian of said Student, request that he/she be admitted to the Transition Camp to be held at Elks Camp Grassick during the Summer of 2009

Parent/Guardian Signature Date

SOCIAL STUDY

Name of Student: _____ Age: _____

Address _____

Name of Father: _____ Occupation _____

Name of Mother: _____ Occupation _____

Number of Siblings: _____

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 student get along in the home? In School? With Peers? (Relationship to parents, siblings, peers?)

3. Behavior: Does this student exhibit any unusual discipline problems/behaviors 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 student. _____

5. Do you feel this student could adjust to group living in a residential setting of a period of one week without any major problems? _____ Please explain.

6. Does the student still live at home with his/her family? ____ Yes, ____ No, If no, please describe their current living arrangement.

7. Briefly describe/define the student's disability, diagnosis, or special need(s) and explain why it would be important for him/her to receive assistance and direction with transition issues.

8. Does the student use: _____ Walker _____ Braces _____ A Wheelchair _____ Crutches
Any Special Apparatus _____ Yes, _____ No If Yes, please explain:

9. Are there any other specific concerns, instructions, or information concerning this student that the staff of Elks Camp Grassick should be aware of? Please explain.

Important note: All students accepted for attendance at Elks Camp Grassick MUST receive a physical examination by a doctor before coming to camp. Physical forms attached to this application.

Part B School Report-Special Needs Report
(To be filled out by student's Teacher or Case Manager)

Student's Name _____ Age _____

Name of Teacher or Case Manager filling this out _____

Referring source's telephone #: Home _____ School _____

Please define this student's disability or special need: _____

Please give an appropriate comment/summary on the following topics/characteristics listed below relating to this student.

Motivation:

Attitude Toward School:

Relationship to Authority Figures:

Relationship with Peers:

Behavior:

School Report Cont.

Personal Hygiene:

If possible, please provide some evaluation of the student's intelligence, maturity level, rate of progress, and quality of work:

Does this student exhibit any special problems that you think require professional attention? If so, please explain:

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

Is the student receiving any of the following special services? Speech/Lang.

OT PT Remedial Reading Counseling

Other (specify) _____

Note: Please attach the student's most recent IEP. Also, include any other pertinent information about this student that the camp should be aware of:

Signature of Person filling out this form Title Date

**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 _____

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

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 _____

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: _____

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? _____

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.)

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

1. Special Apparatus: _____

2. Medications: _____

3. Restrictions: _____

4. Specific Concerns: _____

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

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

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

Physician's Name: _____ Clinic _____

(print)

Signed _____ Date: _____

(Signature of Physician)

Address: _____ Telephone # _____