

Elks Camp Grassick
PO Box F
Dawson, ND 58428
701-327-4251

3 Week Therapy Camp Application

Date of Application: _____

Permission

I, as parent/guardian of this child, request that my child be admitted to Elks Camp Grassick for the Three Week Camping Session. I give permission for Elks Camp Grassick to obtain information from my child's school, teachers, therapists or other persons/organizations to help determine eligibility for this camping session. I understand that failure to provide honest and accurate information about my child could result in non-acceptance or early dismissal from Camp Grassick.

Parent/Guardian Signature: _____

Identifying Information

Name of Child: _____ Gender: Male Female

Nickname or Preferred Name: _____

Date of Birth: _____ Age: _____

Name of Parent(s) or Guardian(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: Home: _____ Cell: _____ Cell: _____

Mother's Place of Work: _____ Telephone: _____

Father's Place of Work: _____ Telephone: _____

Emergency Contact: (must be someone other than parent or guardian)

Contact Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Agreement to Sponsor

Sponsor/Parent/Guardian:

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 child or children listed below to 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 1st of this camping year.

Name(s) of Child/Children: _____

Date: _____

Person or Organization Sponsoring: _____

Complete Mailing Address: _____

Signature: _____

Parents or Guardians: If you are paying all of 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 Camp Grassick at 701-327-4251.

Referral Information

Name of School Child is Attending: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Child's Teacher: _____ Summer Telephone #: _____

Type of Classroom: _____ Grade: _____

This Child is Referred to Camp Grassick by: _____

Title/Phone #: _____

This child could benefit from: (if more than one, please rank with number 1 being greatest need)

- Speech/Language Therapy Occupational Therapy
 Remedial Reading General Camping Experience

General Information

Name of Child: _____ Age: _____

Name of Father: _____ Occupation: _____

Name of Mother: _____ Occupation: _____

Child Lives with: Mother Father Both Guardian(s) Other: _____

Number of siblings: _____ Number of children living in home: _____

Child's Diagnosis: _____

Activities of Daily Living:

Please give an evaluation of the child's ability in the area of daily living skills. (How independent is he/she?)

General Information Continued

Does this child use any of the following:

Glasses Hearing Aids Walker Wheelchair Orthotics

Does this child use any other type of adaptive equipment? _____ If yes, please explain:

Level of Supervision Needed for Each:

	Total Assist	Minimal Assist	Supervision	Independent
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does this child have bowel/bladder control? _____

Does he/she wear an incontinence product at any time? _____

Does this child have any special dietary needs? _____

Describe this child's swimming abilities: _____

Does he/she need to wear: lifejacket earplugs

(All children will wear lifejackets on boats and in deep water)

Social Study

1. Personal Traits: Please describe this child's maturity level, self-esteem and level of independence in the home environment.
2. Social Adjustment: How does this child get along in the home? (Relationship to parents, siblings?)
3. How does the child get along at school and with peers?
4. 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 yes, please explain.
5. Does this child have any repetitive behaviors, stims or tics? If yes, please describe.

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Does this child have any behavior problems or physical outbursts? If yes, please answer the following questions.

- a. What sets off his or her behavior? Is there anything that escalates the behavior?
 - b. What does the behavior look like?
 - c. How long does a behavior typically last?
 - d. How often does the child exhibit these behaviors?
 - e. Is there anything that deescalates the behavior? What calms him or her down?
6. Are there any behavior plans or therapeutic practices that work with the child that we should continue at camp? If a behavior plan is in place, please attach.
7. Please list a few interests or hobbies of this child.
8. Is your child afraid of anything? Does your child have nightmares? Please describe. Is there anything that comforts him or her?
9. Has this child ever attended a summer camp before? Yes No
 Has attended Elks Camp Grassick Has attended _____
If not, do you feel that this child could adjust to being away from home and in a camp environment?

Please attach any additional, pertinent information about this child.

School Report

Please send this form to the appropriate school/teacher to complete. Return the completed form along with the rest of the application. This report is for Elks Camp Grassick use only.

Identifying Information:

Name of Child: _____ Age: _____

Present School Attending: _____

Will child attend this school next year? _____ If no, where will they attend? _____

Name/Title of Person Completing School Report: _____

Address of School: _____

City: _____ State: _____ Zip: _____

Type of Classroom: _____ Grade: _____

Principal: _____ School's Telephone #: _____

Child's Teacher: _____ Home Telephone #: _____

Please define and describe this child's disability or special need:

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

1. Motivation: (For instance, what motivates child to complete work or change behavior?)

2. Is there a social curriculum that the child is receptive to? Is a reward system or consequence used?

School Report Continued

9. Does this child have any repetitive behaviors, stims or tics? If yes, please describe.
10. Does this child have any behavior problems or physical outbursts? If yes, please answer the following questions.
- What sets off his or her behavior? Is there anything that escalates the behavior?
 - What does the behavior look like?
 - How long does a behavior typically last?
 - How often does the child exhibit these behaviors?
 - Is there anything that deescalates the behavior? What calms him or her down?
11. Are there any behavior plans or therapeutic practices that work with the child that we should continue at camp? If a behavior plan is in place, please attach.

School Report Continued

12. Level of Supervision Needed for Each:

	Total Assist	Minimal Assist	Supervision	Independent
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing Hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How would you describe the student's general hygiene and grooming?

14. Is this child receiving any of the following special services in school or in the community?

Speech/Language Therapy OT PT Remedial Reading Counseling Other

15. Is the child currently receiving professional attention for any special problems?

Yes No If so, please describe or explain.

16. Does this child exhibit any special problems which you think need professional attention?

Yes No If so, please describe or explain.

Please attach/include any additional, pertinent information about this child that camp staff should be aware of.

Reading Report

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 individual reading instruction, they will still benefit from reading activities promoted within their cabin and cabin group.

Name of Child: _____ Date of Birth: _____

Type of Classroom: _____ Grade: _____

Present Reading Level (or BAS level): _____

Name of Reading Instructor: _____

If permissible, please include the reading instructor's summer telephone number. If for any reason our reading personnel would have specific questions during the summer, they could contact the child's teacher. Home Phone: _____ Cell Phone: _____

Does this child receive special reading instruction 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?

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 Other _____

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.

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.

Speech and Language Report

To be completed if the child is receiving or could benefit from speech therapy.

Name of Child: _____ Date of Birth: _____

Type of Classroom: _____ Grade: _____

Name of Child's Speech Language Pathologist: _____

School System: _____ Telephone Number: _____

If permissible, please include the speech therapist's summer 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.

Home Phone: _____ Cell Phone: _____

Speech/Language Information:

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

If so, how many times per week: _____ Length of time per session: _____

Speech Problems Include: Minor Articulation Major Articulation Language

Cleft Palate Fluency Hearing Loss Cerebral Palsy Down Syndrome

Pragmatics/Social Language Other: _____

Does this child wear hearing aids? Yes No Is this child Verbal Non Verbal

This child's speech is: intelligible barely intelligible unintelligible

Does this child use a communication device: Yes No If so, what _____

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

Speech and Language Report Continued

What materials, programs, special equipment, etc. are being used with this 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? Thank you.

Occupational Therapy Report

To be completed if the child is receiving or could benefit from occupational therapy.

Name of Child: _____ Date of Birth: _____

Type of Classroom: _____ Grade: _____

Name of Child's Occupational Therapist: _____

School System: _____ Telephone Number: _____

If permissible, please include the occupational therapist's summer telephone number. If for any reason our occupational therapy personnel would have specific questions during the summer, they could contact the child's school clinician.

Home Phone: _____ Cell Phone: _____

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 orthotic devices? Yes No If so, what type? _____

full time part time night

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

Is the child presently receiving Occupational Therapy? Yes No

If so, how many times per 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.

Occupational Therapy Report Continued

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? _____

Name of child's Physical therapist _____

Work phone number: _____

Please Note: Please include the most recent Occupational and Physical therapy evaluation and reports concerning this child. 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 helpful to know about. If there is any indication of tactile defensiveness with this child, please let us know.

Medical Report

Name of Child: _____ Gender: Male Female

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Child's Physician: _____

Clinic where Physician Works: _____ Phone#: _____

Family's Insurance Company: _____

Insurance #: _____

Medical Assistance # (If Applicable): _____

Are Immunizations up to date: Yes No Date Issued (If Available): _____

Food Allergies: _____

Drug/Medication Allergies: _____

Seasonal/Environmental Allergies: _____

Primary Medical Diagnosis: _____

Secondary Medical Diagnosis: _____

Health History: (Give Approximate Age of Child when illness occurred)

_____ Asthma	_____ Bedwetting	_____ Bleeding/Clotting Disorders
_____ Chicken Pox	_____ Diabetes	_____ Encephalitis
_____ Epilepsy	_____ Fainting	_____ Frequent Ear Infections
_____ Hearing Problems	_____ Heart Defect/Disease	_____ Hypertension
_____ Incontinence	_____ Measles	_____ Mononucleosis
_____ Mumps	_____ Nightmares	_____ Pneumonia
_____ Seizure Disorder	_____ Sinus	_____ Sleepwalking

Please elaborate on any of the checked boxes if necessary:

Medical Report Continued

Does this child have any history of seizures? Yes No Are they controlled? Yes No

What kind or type, etc? _____

Is this child's physical activity to be restricted for any reason? Yes No

If yes, please explain: _____

Please attach a list of medications this child will be taking while at Camp Grassick:

NOTE: Please bring the child's medication to camp in their original containers with legible prescription labels.

Please check any medications this child may take if needed while at Camp Grassick:

- Tylenol/Acetaminophen Advil/Ibuprofen Benadryl Allergy medicine
 Cough Drops Cough/Cold medicine Pepto Bismol Any of the Above

Is there any OTC medicine that this child should **NOT** take? _____

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 should be filled out completely by a physician and sent to camp prior to the child's arrival at 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.

Report of Physical Examination for Elks Camp Grassick

To be completed by a Physician

Name of Child: _____ Gender: Male Female

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Temperature _____ Lungs _____ Pulse _____ Eyes _____

Nose _____ Throat _____ Tonsils _____ Ears _____

Skin _____ Heart _____ Hernia _____ Feet _____

Genitals _____ Nits/Lice _____

Other Concerns:

Describe any abnormal findings:

Has this child recently had a surgery or major illness? Yes No

If yes, please explain.

Are all immunizations up to date? Yes No

Should this child's physical activity be restricted in any way? Yes No

If yes, please explain:

Does this child have any history of seizures? Yes No If yes, what type? _____

If yes, are they controlled? Yes No Medication for seizures? _____

Report of Physical Examination for Elks Camp Grassick Continued

Please describe any restrictions or specific concerns:

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

Please inform us of any medication which will be taken by this child during his/her stay at Elks Camp Grassick. (This camp employs a camp nurse during the summer.) Please attach a list of medication if necessary:

I have examined _____ and find him/her free of communicable diseases, free of nits and lice, and fit to attend Elks Camp Grassick if he/she is accepted.

Physician's Name: _____ (print)

Clinic: _____ Phone #: _____

Address: _____

Signed: _____ Date: _____