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

Adult Camp Application

Date of Application: _____

Note: All applicants will be screened and applicants will be notified if they are accepted or not accepted for this year's session (even if he or she has attended before). Screening for the adult camp session typically occurs in July, so acceptance will be sent out at that time. Please do not send payment to camp until you have received notification of acceptance.

Identifying Information

Name: _____ Gender: ☐Male ☐Female

Nickname or Preferred Name: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip:_____

Telephone: Home: _____ Cell: _____

Name of Parent(s) or Guardian(s), if applicable: _____

Emergency Contact:

Contact Name: _____ Relationship to Applicant: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name and Address of Agency or Case Manager, if Applicable:

Agency and/or Contact Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

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Adult Camp Application

General Information

Name: _____ Age: _____

Diagnosis: _____

Applicant Lives: ☐ Independently ☐ with Family ☐ Group Home ☐ Nursing Home

☐ Other: _____

Activities of Daily Living:

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

Does this person use any of the following:

Glasses ☐ Hearing Aids ☐ Walker ☐ Wheelchair ☐ Orthotics ☐

Does he/she use any other type of adaptive equipment? _____ If yes, please explain:

Level of Supervision Needed for Each:

	Total Assist	Minimal Assist	Supervision	Independent
Dressing	☐	☐	☐	☐
Eating	☐	☐	☐	☐
Mobility	☐	☐	☐	☐
Toileting	☐	☐	☐	☐
Bathing	☐	☐	☐	☐

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General Information Continued

Does he/she have bowel/bladder control? _____

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

Does he/she have any special dietary needs? _____

Social Study

1. Personal Traits: Please describe this person's maturity level, self-esteem and level of independence in the home environment.

2. Social Adjustment: How does this person get along with others in the home and community?

3. Does this person have any repetitive behaviors, stims or tics? If yes, please describe.

4. Does this person 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 he/she exhibit these behaviors?

e. Is there anything that deescalates the behavior? What calms him or her down?

5. Are there any behavior plans or therapeutic practices that work with this individual that we should continue at camp? If a behavior plan is in place, please attach.

6. Please list a few interests or hobbies of this person.

7. Is this person afraid of anything? Does he/she have nightmares? Please describe. Is there anything that comforts him or her?

8. Has this person ever attended a summer camp before? ☐Yes ☐No
☐ Has attended Elks Camp Grassick ☐ Has attended _____
If not, do you feel that he/she could adjust to being away from home and in a camp environment?

Please attach any additional, pertinent information about this individual.

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Medical Report

Name: _____ Gender: ☐Male ☐Female

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

Physician: _____

Clinic where Physician Works: _____ Phone#: _____

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 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:

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Medical Report Continued

Does this person have any history of seizures? ☐ Yes ☐ No

Are they controlled? ☐Yes ☐No

What kind or type, etc? _____

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

If yes, please explain: _____

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

NOTE: Please bring medication to camp in their original containers with legible prescription labels or pre-packaged by a pharmacy. If medications are packed in med planners, please bring a list of medications, dosage and times.

Please check any medications that may be taken 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 person should **NOT** take? _____

Any other specific concerns or pertinent information concerning this individual's health that the staff of Elks Camp Grassick should be aware of?

Please Note: All individuals 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 individual'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 individual has been accepted.

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Report of Physical Examination for Elks Camp Grassick

To be completed by a Physician

Name: _____ 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 individual recently had a surgery or major illness? ☐ Yes ☐ No

If yes, please explain.

Are all immunizations up to date? ☐ Yes ☐ No

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

If yes, please explain:

Does this individual have any history of seizures? ☐ Yes ☐ No

If yes, what type? _____ Are they controlled? ☐ Yes ☐ No

Medication for seizures?_____

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Report of Physical Examination for Elks Camp Grassick Continued

Please describe any restrictions or specific concerns:

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

Please inform us of any medication which will be taken by this individual 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: _____