

### Sibling Camp Application

Date of Application: \_\_\_\_\_ Received at ECG: \_\_\_\_\_

#### PERMISSION

I, as parent/guardian of this individual, request that they be considered an applicant to Elks Camp Grassick for a camp session. I give permission for Elks Camp Grassick to obtain information from this individual's school, teachers, therapists, or other persons/organizations to help determine eligibility for a camping session. I understand that failure to provide honest and accurate information about this individual could result in non-acceptance or early dismissal from Camp Grassick.

I understand that each application will be reviewed by a screening committee who will determine if this applicant is a good fit for Camp Grassick and if so, which camp session would be the best fit. I understand that they may not be accepted or may not be accepted to the session I chose.

Parent/Guardian Signature: \_\_\_\_\_

#### IDENTIFYING INFORMATION

Name of Applicant: \_\_\_\_\_ Gender: \_\_\_\_\_

Preferred Name or Nickname: \_\_\_\_\_

T-Shirt Size:  Youth Medium  Youth Large  Youth XL  Adult XS

Adult S  Adult M  Adult L  Adult XL  Adult XXL  Adult XXL

Date of Birth: \_\_\_\_\_ Age as of camp start date: \_\_\_\_\_

Name of Parent/Guardian #1: (Primary Contact) \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

**Elks Camp Grassick**  
**PO Box F, Dawson, ND 58428**

**701-327-4251**  
**campgrassick@gmail.com**

Name of Parent/Guardian #2: (Secondary Contact) \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: \_\_\_\_\_

### **INFORMATION FROM CAMP**

Contact: How would you as Parents/Guardians like to receive information from camp?  
(acceptance or non-acceptance, pre-camp information, reports, etc.).

- I would like to receive paper copies in the mail.
- I would like to receive digital copies by email.
- I would like to receive paper and digital copies.

### **SCHOOL INFORMATION**

Name of School Individual is Attending: \_\_\_\_\_

Grade: \_\_\_\_\_

Does this individual have a diagnosis or support need? (i.e. ADHD, SLD, etc.) If so, please describe:

### SIBLING/FAMILY INFORMATION

Name of the Sibling with a Disability or Significant Support Need: \_\_\_\_\_

Diagnoses or Description of Disability: \_\_\_\_\_

Please list the adults living in the home and their relationship to this individual.

Number of siblings: \_\_\_\_\_ Number of children living in home: \_\_\_\_\_

Please describe this applicant's relationship with their sibling with a disability. (How do they interact? Does this applicant help with cares? Are they ever responsible for their sibling in a parent/guardian's absence? Etc.)

### SOCIAL STUDY

Please describe a little about this applicant's independence. Is it average for age or higher or lower than average for age?

Please describe this applicant's maturity level. Is it average for age or higher or lower than average for age?

Please describe how this applicant relates to others in the home, school, and community environments?

Please list a few interests or hobbies of this individual.

Is this individual afraid of anything? Do they have nightmares? Please describe. Is there anything that comforts him or her?

Has this individual ever attended a summer camp before? How do you feel that this individual would adjust to being away from home and in a camp environment?

Is there any other information that you feel we should know about this individual?

### MEDICAL FORM/HEALTH HISTORY

To be completed by the parent/guardian or caregiver. This portion must be sent to Camp Grassick with the application. **Please note: A doctor's physical form is no longer required for camp.**

Name of Individual: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Individual's Physician: \_\_\_\_\_

Clinic where Physician Works: \_\_\_\_\_ Phone: \_\_\_\_\_

Individual's Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Medical Assistance # (If Applicable): \_\_\_\_\_

### **EPILEPSY AND/OR SEIZURE HISTORY**

Epilepsy or any history of seizure disorder  Yes  No

If yes, list seizure type: \_\_\_\_\_

Date of last seizure: \_\_\_\_\_

Controlled by medication  Yes  No

### **ALLERGIES & DIETARY RESTRICTIONS**

(Check all that Apply)

No Known Allergies  Latex Allergies  Epi Pen Required

Allergies to Medications: \_\_\_\_\_

Allergies to Food: \_\_\_\_\_

Seasonal or Environmental Allergies: \_\_\_\_\_

Allergies to Insect Bites or Stings: \_\_\_\_\_

Does this individual have any special dietary needs? Is there anything this individual is not allowed to eat due to medical or religious reasons? Do they have restrictive eating habits? If so, what are their safe foods?

### **VACCINES**

Are all vaccines up to date?  Yes  No

Date of last Tetanus vaccine: \_\_\_\_\_

## MEDICATIONS

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

Options for bringing meds to camp:

1. Pre-packaged by a pharmacy (blister packs, pill packs, etc.). These should have name of individual, medication and dosage clearly labeled.
2. Packed at home in a med planner box with a list of medications, doses, times, and a description of medication. (ex. Loratadine, 10 mg, 1x daily in AM, small white oval imprinted with L612)
3. In original containers with legible prescription labels. (Liquid medication should stay in original containers.)

Medication:	Time(s):	Dosage:	Special Instructions: (i.e., crushed)
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Please check any medications this person may take if needed while at Camp Grassick:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Any OTC medications | <input type="checkbox"/> Tylenol/Acetaminophen | <input type="checkbox"/> Advil/Ibuprofen  |
| <input type="checkbox"/> Aleve/Naproxen      | <input type="checkbox"/> Benadryl              | <input type="checkbox"/> Allergy medicine |
| <input type="checkbox"/> Cough Drops         | <input type="checkbox"/> Cough/Cold medicine   | <input type="checkbox"/> Pepto Bismol     |

Is there any OTC medicine that this person should **NOT** take? \_\_\_\_\_

Please list any recent surgeries, infections, or serious illnesses:

## HEALTH HISTORY

Has the individual ever been diagnosed with or experienced any of the following conditions?

(Check all that apply)

- ADHD       Anxiety       Arthritis       Asthma       BPD
- Broken Bones       Bleeding/Clotting Disorders       Chicken Pox
- Concussions       Depression       Diabetes       Dislocated Joints
- Epilepsy/Seizure Disorder       Frequent Ear Infections       Hepatitis
- Frequent Headaches/Migraines       Frequent Sinus Infections
- Hearing Impairment       Heart Defect/Disease       Measles
- High Blood Pressure       Heat Illnesses       Mononucleosis
- Loss of consciousness/Fainting       Mumps       OCD       ODD
- Pneumonia       PTSD       Sleep Talking       Sleepwalking
- Spina Bifida       Stroke/TIA       Vision Impairment

Other: \_\_\_\_\_

Please elaborate on any of the checked boxes if necessary:

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

## ELKS CAMP GRASSICK FEE AGREEMENT

**Please do NOT send payment until this individual has been accepted. Payment will be due at check-in unless other arrangements have been made.**

Camper's Name: \_\_\_\_\_

Name of party responsible for payment: \_\_\_\_\_

Parent/Guardian/Responsible Party: We ask that you pay what you can towards your camper's fee. We never turn down campers due to inability to pay, and we will not ask for any proof of income. Simply pay what you feel comfortable paying, and the rest will be covered by scholarships. Paying any amount towards camp fees helps us continue to provide services for all campers. Camp fees may also be paid in payments. For more information about paying for camp, please visit our website.

Please check which camp this individual is applying for:

Note: Fees will change if applicant is accepted to a session that is different from the session they initially applied to.

Therapy Camp - \$550

Skills Camp - \$425

Recreation Camp - \$175

Medical Respite Camp - \$250

Sibling Camp - \$150

Adult Camp - \$150

I hereby agree to pay \$\_\_\_\_\_ for this individual to attend Elks Camp Grassick.

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

If you have any questions, please feel free to call camp at 701-327-4251.