



Christian Camp & Retreat Center

435 Jiggs Unit 4, Spring Creek, NV 89815 ♦ cowboysrest.org ♦ (775) 934-9806

Special Needs Summer Camp Camper Registration Form

Please complete this form and mail with a \$30 deposit (Checks to "Cowboy's Rest") to reserve your camper's spot to: Cowboy's Rest 435 Jiggs Unit 4, Spring Creek, NV 89815

Camper's Name: _____ Gender: ____ Age: ____ Birth date: ____/____/____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Parent/Guardian Names: _____ Phone: _____

In order to appropriately care for each camper we need to have a clear picture of their social behaviors or concerns. Please check any of the items below that apply to your child's behaviors. We serve a special needs population and therefore expect there will be areas of concern, be as honest as you can to help us in caring for your child.

_____ Physical abuse _____ Emotional abuse _____ Sexual abuse _____ Drug and alcohol abuse

_____ Self mutilating _____ Anxiety _____ Depression _____ Suicidal tendencies

_____ None of these apply

For each item you selected above please explain:

Has your camper ever been hospitalized for a psychiatric disorder? _____.

If yes please explain:

My camper's Mental age is: (This maybe different than actual age, and that is ok! This information will help us group each camper in a cabin with like peers.) _____.

My camper's SOCIAL(peer-to-peer) age is: (This maybe different than actual or mental age, and that is ok! This information will help us group each camper in a cabin with like peers.) _____.

My camper's eye sight: (Check the appropriate option below)

_____ Near typical _____ Legally blind _____ Corrects with device _____ Blind

Does your camper wet the bed?

(Please know this is NOT an issue -
we only wish to best take care of your camper)

_____ **Yes** _____ **No**

Does your camper wear a diaper or brief?

_____ **Yes** _____ **No**

Use this space to list ANY special instructions to help us better care for your camper:

Use this space to describe any daily routines that would be helpful for us to know:

Does your camper have any negative behaviors we might experience at camp? (i.e. biting, hitting)

Use this space to describe any aggressions and how to avoid or negate them? If applicable please briefly describe any behavior plans your child utilizes at school or home.

Is your camper non-verbal?

_____ **Yes** _____ **No**

Does your camper use ASL to communicate?

_____ **Yes** _____ **No**

Does your camper need assistance with bathing?

_____ **Yes** _____ **No**

Camper's t-shirt size:

Youth

Adult

_____ Small _____ Medium

_____ Small _____ Medium

_____ Large _____ Extra Large

_____ Large _____ Extra Large

Use this space to request any cabin friends your camper wishes to request to be placed with. (Please know, as much as we would love to honor ALL requests we simply may not be able to. We will place your camper in a cabin we see as the best, and most appropriate, cabin group possible.)

RELEASE OF LIABILITY:

I acknowledge that the information included on this application is accurate and truthful to the best of my knowledge. I acknowledge that Cowboy's Rest Christian Camp is not responsible for any lost clothing or other personal property while I or my camper are at camp and I agree to clearly mark my name or my camper's name on all belongings. If for some reason I or my camper will be unable to attend, I will notify Cowboy's Rest Christian Camp as soon as possible.

I understand that activities such as horseback riding, swimming, climbing, canoeing and other outdoor activities will be part of the program and the camper will have the opportunity to participate in such activities. I hereby, and for my heirs, executors, and administrators, assigns and all legal guardians, waive and release any and all rights and claims of any nature I may have against Cowboy's Rest Christian Camp, its directors, employees, board of directors, volunteers, campers, and cooperating entities for and against any and all injuries and damages of any nature, including death, which my camper may suffer while taking part in Cowboy's Rest Christian Camp or other activities associated with Cowboy's Rest Christian Camp.

MEDIA RELEASE:

Cowboy's Rest Christian Camp has my permission to use pictures taken of myself or my child and/or verbal quotes for fundraising and publicity purposes. Consent is given to Cowboy's Rest Christian Camp, its Directors, employees, agents, and cooperating entities to use my or my child's, name, picture, likeness, writings, biographical information, audio or videotape recordings for use in any media for educational, promotional, or advertising purposes in furtherance of the purposes and objectives of Cowboy's Rest Christian Camp without compensation for such usage. This release and consent shall be binding upon my or my child's heirs, executors, administrator, assigns, and all legal guardians of my child.

Parent Signature

Date

Health History Form

What is your camper's primary diagnosis? _____.

What is the current weight of your camper? _____.

This camper has a history of: (select all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma (even if only occasionally uses an inhaler) | <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Asperger Syndrome |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Blind- Legally Blind |
| <input type="checkbox"/> Bi-Polar (Psycho-social Disorder) | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Bladder/Kidney |
| <input type="checkbox"/> Back or neck injury (previous) | <input type="checkbox"/> Eczema | <input type="checkbox"/> Cardiac Issues (Hypertension) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hard of hearing/Deaf | <input type="checkbox"/> Brain tumor |
| <input type="checkbox"/> Enuresis (bed wetting) | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Tourette Syndrome |
| <input type="checkbox"/> Physical Disability (muscular-coordination) | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Immune Disorders |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Migraines | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Leukemia | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Williams Syndrome |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Static Encephalopathy | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Neurofibromatosis | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Developmentally Delayed |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Pervasive Development Disorder | <input type="checkbox"/> ODD |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Hydrocephalus | <input type="checkbox"/> CHARGE Syndrome |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> AIDS | <input type="checkbox"/> HIV Positive | <input type="checkbox"/> Emotional behavioral disorder |
| <input type="checkbox"/> PANDAS | <input type="checkbox"/> None of these apply | |

Has your camper required hospitalization within the last year?

Yes No

If yes please explain:

Are there any activities the camper is restricted from participating in due to medically related issues?

Is the camper allergic to Poison Ivy, Poison Oak, Sumac or any other plant(s)?

_____ Yes _____ No What plants?

Is the camper allergic to insect stings?

_____ Yes _____ No

Does your camper have a special Diet? (i.e. gluten free, etc.)

_____ Yes _____ No

If yes please explain:

Is the camper allergic to any foods?

_____ Yes _____ No

If yes please explain:

Does your camper have any special equipment they will be bringing to camp? Please check all that apply to your camper

_____ Uses a catheter

_____ Self-caths

_____ Needs help cath-ing

_____ Has a trach

_____ Uses a ventilator

_____ Uses a bipap

_____ Uses a cpap

_____ Has a feeding tube

_____ Utilizes a MACE program

_____ Has a Bowel Program

_____ Wears AFO Braces

_____ Wears a percussion vest

_____ Has a colostomy

_____ Has an ileostomy

_____ None apply to my camper

Please tell us the camper's routine for the above areas in which they need assistance. If the camper uses a ventilator, bipap or cpap include the time of day and duration it is to be used for.

Medical Form

Emergency Information

Camper's Name: _____ Gender: _____ Age: _____ Birth date: ____/____/____

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

Parent/Guardian Names: _____

In case of emergency, please first attempt to contact:

Name: _____ Phone: (____) _____ relation to camper: _____

Other emergency contacts:

Name: _____ Phone: (____) _____ relation to camper: _____

Name: _____ Phone: (____) _____ relation to camper: _____

Name: _____ Phone: (____) _____ relation to camper: _____

Insurance Information

The camper's family insurance plan is the primary source of coverage for accidents.

Insurance Carrier: _____ Phone: _____

Holder's Name: _____ Policy Number: _____

Medical Information

Family Physician: _____ Phone: _____

Is your camper allergic to any medication?

_____ **Yes** _____ **No**

If yes please explain:

Is your Camper an insulin dependent diabetic?

_____ **Yes** _____ **No**

In the event of a medical emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the registered camper named on this form. I also agree to pay for any fees incurred, and I understand that Cowboy's Rest and its staff will not be held responsible or liable for any related expenses.

Parent Signature

Date

Medical Emergency:

If a medical emergency occurs, the camp will notify the parent as soon as possible. When a situation requires that a camper be taken to the emergency room of the hospital, the hospital staff will often contact the parent for information. Every effort is made to contact the parent prior to the emergency personnel contacting the family. Please be SURE we have the necessary information on how to contact you while your child is attending camp. If you have special information or routines for your child that absolutely must be adhered to, please email **Brian at bstarkey@cowboysrest.org** to discuss this prior to your child coming to camp. We will make every effort to accommodate each child as an individual, but we must have the appropriate time for setting up special requests. **I have carefully read and understand the above Cowboy’s Rest policies. I agree with the policies and will inform my camper (s) of the rules and policies of camp.**

EXTRA SPECIAL MEDICAL NEEDS

To help us provide the best care for your child, please bring written instructions for any special medical needs your child may have. For instance, if your child has a special bowel management program, please describe in detail how you accomplish this routine. We can provide the best care by trying to emulate the procedure that you provide at home. The more detail you can give us, the better care we will be able to provide.

I have read and agree to the terms above.

Signature: _____ . Date: _____ .

Authorization for Treatment

Please read carefully and sign below to agree to the terms.

Cowboy’s Rest Medical Authorization and Privacy Agreement:

I hereby give permission to the physician selected by the Camp Director to order routine medical tests, X-rays, and treatment for the health of my child, named above. In the event that I cannot be reached in an emergency, I give permission to the selected physician to hospitalize, secure proper treatment and to order injections, IV's, anesthesia or surgery for my child.

I give the members of the camp medical team permission to administer over the counter medications as needed and to give scheduled medication as ordered on the medication form. **I realize the camp has a limited liability medical policy for campers and that my camper’s insurance is the primary coverage. Any medical expenses will be my responsibility.**

As the parent or guardian of the above named person, I authorize any physician, nurse or other health care provider, to communicate with the medical staff and any Director of Cowboy’s Rest, or his/her designee, concerning my child's medical condition, treatment, and/or prognosis. I further authorize the camp medical staff to discuss any medical conditions, symptoms, and care needs concerning my child, with all persons involved in the care, and wellbeing of my camper while attending camp. I realize that this means the staff, counselors, and other personnel at camp will have direct access to the knowledge concerning my child's health while they are in attendance at camp.

I have read and agree to the above:

Signature: _____ . Date: _____ .

A MEDICATION FORM WILL BE REQUIRED:

Shortly before coming to camp you will receive a medication form or be required to download one from our website. This will allow you to provide us with specific details on how and when to administer medications. You will record all pertinent information and **BRING** the completed form with medications to camp. Please read this information if the camper is currently taking any medications or will be taking medications while at camp.

Medicine will not be dispensed unless the following guidelines are met:

- If you are bringing prescription medications they **MUST** be in the original pharmacy labeled container or the original manufacturer's container.
- Prescription medications **MUST** have your camper's name on the bottle.
- Any doctor's office samples **MUST** be accompanied by a signed physician prescription.
- Please limit the amount of medication to only what is required for your camper's term.
- Our Health Center provides most common over the counter medications. Please do not send these to Camp.

DO NOT SEND ANY MEDICATIONS IN 'BAGGIES' OR DAILY PILL BOXES*

This includes any herbs, vitamins, or any form of medication. The medical staff will not dispense any medications not in the original container.