CAMP ABLE AT CORONADO- CAMPER APPLICATION

Agency Name:_____

Contact Person's Name:_____Phone:_____

Camper's Name:_____Phone:_____

Address:_____

Birth Date: _____/_____/_____ Dates Attending Camp: ___/___/___ to ___/___/___

Email_____

In case of emergency, contact:

1. Name:_____

   Phone:_____ Cell:_____ Relation:_____

2. Name:_____

   Phone:_____ Cell:_____ Relation:_____

HEALTH HISTORY

Conditions and limitations, which may effect the camper's participation, must be reported on this application.

1. Has the camper had a health examination within 24 months prior to camp? Yes___ No___
2. Has the camper had the required immunizations? Yes___ No___
   Polio: Date_____ DPT: Date_____ MMR: Date_____
3. Does the camper have allergies: Yes___ No___ Describe: _____
   _____
4. Does the camper have a disability or health problem? Yes___ No___
   If "yes", what is the diagnosis?_____
   _____
5. Does the camper have seizures? Yes___ No___
   If "yes", describe:_____
6. Does the camper take medication? Yes___ No___
   If "yes", what medication?_____
   _____
7. Are there any other conditions or limitations which may effect the camper's participation at Camp Able (wheelchair, walker, braces, etc.)? Yes___ No___
   If "yes", describe:_____
8. Does the camper need special attention for feeding/toileting/dressing? Yes___ No___
   If "yes", describe:_____
9. Will the camper require the services of the Camp Able Nurse for medical treatment or for administering medication? Yes___ No___
   IF "YES", A SEPARATE MEDICAL FORM MUST BE SUBMITTED.
10. Summarize past medical treatments:_____
    _____
11. Primary Health Care Provider/Physician:_____Phone:_____

PARENTAL/GUARDIAN PERMISSION

I give my permission for the above named camper to participate in the Camp Able Program. I authorize emergency medical treatment at the hospital designated by the emergency medical personnel. I authorize emergency first aid by the Camp Able registered Nurse or the Camp Able Certified Staff. Yes_____ No_____

SIGNATURE:_____ NAME (PRINT):_____

RELATION:_____ E-MAIL _____

I consent that Camp Able may use photographs or videos of my son/daughter, taken while at Camp Able, on their social media tools which includes but is not limited to their website, Facebook, Instagram, or Twitter accounts. I understand that these images and/or videos will not be used for any other commercial purposes.

Yes___ No___ SIGNATURE:_____ NAME (PRINT):_____

Relation:_____