

**Summer 2018**  
**Achieve Camps**  
**Camp is limited to 40 campers**  
**July 24-28 for campers ages 8-102**



**Registration Information**

**Camper Name** \_\_\_\_\_ **Nickname?** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Gender: Male / Female**

**Disability Type(s)** \_\_\_\_\_

**T Shirt size** \_\_\_\_\_

**Who will be paying for camp? (ie cash, cdc)** \_\_\_\_\_

**Legal Guardian(s) Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Preferred Contact Method: Phone or Email** (please circle)

**Who will be paying for camp?-** \_\_\_\_\_

**Camper Information**

Please help us understand the needs of your camper by describing level of assistance needed and other helpful information:

1. Dressing: \_\_\_\_\_

2. Eating: \_\_\_\_\_

3. Toileting: (indicate if and when diapers are used)  
\_\_\_\_\_

4. Walking? (indicate if unsteady or if special equipment is used)  
\_\_\_\_\_

5. Does the camper have difficulty sleeping?  
\_\_\_\_\_

6. Does the camper have difficulty hearing? (indicate if hearing aids are used)  
\_\_\_\_\_

7. Does the camper have seizures? **Y** or **N** if yes, how frequently \_\_\_\_\_  
number in last 12 months \_\_\_\_\_ type of seizure \_\_\_\_\_ date of last seizure \_\_\_\_\_  
seizure protocol?: \_\_\_\_\_

## Camper History

Does your camper have any history of:

1. Emotional or behavioral problems? (list possible causes/methods to improve behavior)

2. Admission to a facility due to emotional/behavioral problems in the last 12 months?

3. Hurting themselves, others or property destruction?

4. Being extremely active, nervous or anxious?

5. Non-compliance?

6. Temper tantrums?

7. Wandering away from a group?

8. Treatment for ADD or ADHD?

10. How does the camper communicate?  Talking  Signing  Gestures  Other \_\_\_\_\_

## Health Information

**Medical Insurance:** please attach a copy of the insurance card(s) with front and back views.

Is camper covered by medical/hospital insurance? No / Yes (if yes, fill out information below)

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Phone \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Relationship \_\_\_\_\_

**Emergency Contact Information:** if legal guardian listed above cannot be reached or is not the primary emergency contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

# Health History

## Assessment of Abilities

No	Yes	Can the camper:	No	Yes	Does the camper:
<input type="radio"/>	<input type="radio"/>	1. Run?	<input type="radio"/>	<input type="radio"/>	9. Usually express needs verbally?
<input type="radio"/>	<input type="radio"/>	2. Walk three blocks without tiring?	<input type="radio"/>	<input type="radio"/>	10. Only use single word utterances?
<input type="radio"/>	<input type="radio"/>	3. Swim?	<input type="radio"/>	<input type="radio"/>	11. Smoke cigarettes, cigars or a pipe?
<input type="radio"/>	<input type="radio"/>	4. Follow simple directions?			
<input type="radio"/>	<input type="radio"/>	5. Bathe without direction?	<b>No</b>	<b>Yes</b>	<i>Is the camper:</i>
<input type="radio"/>	<input type="radio"/>	6. Dress self and tie shoes?	<input type="radio"/>	<input type="radio"/>	12. Responsive to people?
<input type="radio"/>	<input type="radio"/>	7. Use the toilet without reminder or assistance?	<input type="radio"/>	<input type="radio"/>	13. Continent during the day?
<input type="radio"/>	<input type="radio"/>	8. Feed self without assistance?	<input type="radio"/>	<input type="radio"/>	14. Continent at night?

Explain any restrictions to activity (e.g., what can't be done, what adaptations or limitations are necessary, etc.)

---

---

## General Health Information

No	Yes	Has the camper ever:	No	Yes	Does the camper:
<input type="radio"/>	<input type="radio"/>	1. Had any recent surgery, illness or infectious disease?	<input type="radio"/>	<input type="radio"/>	16. Have a chronic or recurring illness/condition?
<input type="radio"/>	<input type="radio"/>	2. Been hospitalized?	<input type="radio"/>	<input type="radio"/>	17. Have frequent headaches?
<input type="radio"/>	<input type="radio"/>	3. Had surgery?	<input type="radio"/>	<input type="radio"/>	18. Wear glasses, contacts or protective eye wear?
<input type="radio"/>	<input type="radio"/>	4. Had a head injury?	<input type="radio"/>	<input type="radio"/>	19. Have orthodontic appliances he or she is bringing to camp?
<input type="radio"/>	<input type="radio"/>	5. Been knocked unconscious?	<input type="radio"/>	<input type="radio"/>	20. Have any skin problems (e.g., itching, rash, acne)?
<input type="radio"/>	<input type="radio"/>	6. Had frequent ear infections?	<input type="radio"/>	<input type="radio"/>	21. Have diabetes?
<input type="radio"/>	<input type="radio"/>	7. Passed out during/after exercise?	<input type="radio"/>	<input type="radio"/>	22. Require Accu-Checks?
<input type="radio"/>	<input type="radio"/>	8. Been dizzy during/after exercise?	<input type="radio"/>	<input type="radio"/>	23. Have asthma?
<input type="radio"/>	<input type="radio"/>	9. Had chest pain during/after exercise?	<input type="radio"/>	<input type="radio"/>	24. Require a nebulizer?
<input type="radio"/>	<input type="radio"/>	10. Had seizures?	<input type="radio"/>	<input type="radio"/>	25. Have back problems?
<input type="radio"/>	<input type="radio"/>	11. Had high blood pressure?	<input type="radio"/>	<input type="radio"/>	26. Have problems with joints (e.g., knees, ankles)?
<input type="radio"/>	<input type="radio"/>	12. Been diagnosed with a heart murmur?	<input type="radio"/>	<input type="radio"/>	27. Have problems with sleepwalking?
<input type="radio"/>	<input type="radio"/>	13. Had mononucleosis in the past 12 months?	<input type="radio"/>	<input type="radio"/>	28. Have an abnormal menstruation history?
<input type="radio"/>	<input type="radio"/>	14. Had an eating disorder?	<input type="radio"/>	<input type="radio"/>	29. Have problems with diarrhea or constipation?
<input type="radio"/>	<input type="radio"/>	15. Had emotional difficulties for which professional help was sought?	<input type="radio"/>	<input type="radio"/>	30. Have a history of bed-wetting?

In this section, please **explain any "yes" answer(s)** on a separate sheet of paper, noting the question number.

## Allergies

Does the camper have any known allergies?  No  Yes (if yes, fill out information below)

List of known allergies

Describe reaction and management of reaction

---

---

---

---

---

---

## Special Dietary Needs

**Food Restrictions:** types of food, dairy, food allergies

**Food Aversions:**

**Food Preferences:**

**Food Constancy:**

Solid

Puree

Soft Mechanical

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

We make every effort to meet each specific dietary needs of your camper. We will contact you if we have any questions or can not accommodate a certain need. Please contact us with any questions.

## Medications / Vaccinations

### Medications:

Please complete the **"Medication Report"**. List any additional information on back of report. All medications are administered by a registered nurse and must come in their original containers.

### Vaccinations:

Please give **all dates** of immunization for each vaccine listed below.

- |                       |                       |                            |
|-----------------------|-----------------------|----------------------------|
| <b>No</b>             | <b>Yes</b>            | <i>Has the camper had:</i> |
| <input type="radio"/> | <input type="radio"/> | Measles?                   |
| <input type="radio"/> | <input type="radio"/> | Chicken Pox?               |
| <input type="radio"/> | <input type="radio"/> | German Measles?            |
| <input type="radio"/> | <input type="radio"/> | Mumps?                     |
| <input type="radio"/> | <input type="radio"/> | Hepatitis A?               |
| <input type="radio"/> | <input type="radio"/> | Hepatitis B?               |
| <input type="radio"/> | <input type="radio"/> | Hepatitis C?               |

Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DPT					
TD (tetanus/diphtheria)					
Tetanus					
Polio					
MMR					
or Measles					
or Mumps					
or Rubella					
Haemophilus influenza B					
Hepatitis B					
Varicella (chicken pox)					

PPD Test

Date of last test \_\_\_\_\_

Result  Positive  Negative

## Authorization

I have read this application and give permission for \_\_\_\_\_  
to attend Camp Bighorn's Achieve Camps and engage in all activities except as noted. This health history, medication report is complete and correct to the best of my knowledge. I give Camp Bighorn permission to administer prescribed medication(s), over-the-counter medications and first aid; to seek medical treatment, including x-rays, hospitalization, or tests as needed; and to provide nursing care while camper is at camp. I agree that Camp Bighorn can arrange for necessary transportation related to medical needs. I understand and agree to abide by any restrictions placed on participations of camp ac activities.

Legal Guardians Signature \_\_\_\_\_

Relation to camper \_\_\_\_\_

Date \_\_\_\_\_

### Camp Cost \$295

5% off if they register (paperwork and deposit) by March 1st.

An additional 5% if they also pay in full by March 1st.

An additional 5% off for family members

**Please return registration by July 1 Thank you**

### Mail Registrations:

Make checks payable to Camp Bighorn

1850 MT HWY 135

Plains, MT 59859



Camp Bighorn Liability Release

BY SIGNING THIS FORM, I hereby acknowledge the inherent risks involved with outdoor adventure and ropes course activities. I do hereby voluntarily participate in the programs offered. I and the participant signed below release and discharge Camp Bighorn from all action that they as a participant, their heirs, guardians, and legal representatives now have or may hereafter have for injury or damages sustained. I acknowledge that I have carefully read this agreement and I give Camp Bighorn permission to use any photo or video of myself or my child for Camp Bighorn publications or promotional advertising, unless otherwise requested. I release my right to any kind of remuneration for said photos or videos.

---

Participant's Name

---

Adult Participant OR Signature of Parent or Guardian (if participant is a minor)

---

Name Printed

---

Date



# Achieve Camps Medication Report

**BRING THIS FORM TO CAMP enclosed in a GALLON SIZE zip-lock bag with all MEDICATION**

**Camper Name**

**Camp Dates**

**Page**

**of**

**SIGNATURE REQUIRED**

**Medication Report must match dosage sent.** All over the counter medication must be sent for your child. This includes, tylenol, etc. NO medications are provided.

**For Nurse Only  
Do Not Write In Area Below**

Medication 1	Dosage	√	Time	Day 1	Day 2	Day 3	Day 4	Day 5
	_____ mg		8:00 AM					
			12:00 PM					
			3:00 PM					
			6:00 PM					
PARENTS Please VERIFY the number of pills sent	___ PILLS		9:00 PM					
			<b>PRN</b>					
Medication 2	Dosage	√	Time	Day 1	Day 2	Day 3	Day 4	Day 5
	_____ mg		8:00 AM					
			12:00 PM					
			3:00 PM					
			6:00 PM					
PARENTS Please VERIFY the number of pills sent	___ PILLS		9:00 PM					
			<b>PRN</b>					
Medication 3	Dosage	√	Time	Day 1	Day 2	Day 3	Day 4	Day 5
	_____ mg		8:00 AM					
			12:00 PM					
			3:00 PM					
			6:00 PM					
PARENTS Please VERIFY the number of pills sent	___ PILLS		9:00 PM					
			<b>PRN</b>					
Medication 4	Dosage	√	Time	Day 1	Day 2	Day 3	Day 4	Day 5
	_____ mg		8:00 AM					
			12:00 PM					
			3:00 PM					
			6:00 PM					
PARENTS Please VERIFY the number of pills sent	___ PILLS		9:00 PM					
			<b>PRN</b>					
Medication 5	Dosage	√	Time	Day 1	Day 2	Day 3	Day 4	Day 5
	_____ mg		8:00 AM					
			12:00 PM					
			3:00 PM					
			6:00 PM					
PARENTS Please VERIFY the number of pills sent	___ PILLS		9:00 PM					
			<b>PRN</b>					

**ALL MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINERS**