

Application for Camp Robin Rogers 2012 Adult Weekend Camp

546 S. Collett Street, Lima, Ohio 45805 Phone:(419)225-6285

Camper=s Name Last	First	Middle	Date of Birth
Address			Sex
City	State	Zip	Phone No

In case of emergency, please contact:

Name	Address	Phone
Guardian	Address	Phone
Doctor	Address	Phone
Dentist	Address	Phone
Hospital Preferred		

Camper is his/her own guardian: Yes No

Medication must be in the container with physician's instructions on it. Please have pharmacist give you a spare bottle with full directions. Please bring **only** dosages of medication that you will need while at camp (7:00 p.m. Friday through 1:00 p.m. Sunday). Medicine will **not** be given if not in a correctly marked container. Properly labeled and sealed Medication envelopes from group homes are permissible. A Medication Authorization form has been included in this application. Page 2 of prescription form must be filled out and signed by your physician.

Are you on medication? Yes No

Medication	Dosage	Times

Can you have Tylenol or Pepto-Bismol if needed? Yes No

List any allergies that you may have (food, medication, drinks, environmental, etc.):

Have you ever been to camp? Yes No

Do you have any of the following needs? Please check all that apply.

Wears glasses _____ Wears hearing aid _____ Uses wheelchair _____
Wears Attends _____ Uses Crutches _____ Uses braces/supports _____
Has seizures _____ Uses communication devices _____ Special sleep needs _____
Uses other adaptive devices _____ Special dietary needs _____ Takes medicine a special way _____

If you checked any of the above, please explain:

Are there any special precautions we need to observe with you?

Can you swim with a lifeguard on duty? Yes No

Are you on a Behavior Support Plan? Yes No (If yes, please enclose)

Do you have any fears we should know about?

Please list any past surgeries, hospitalizations, or medical concerns.

***Camp is not responsible for lost or stolen articles. Please label all of your belongings (clothing, towels, etc.)**

I understand precaution is taken to safeguard the health and safety of campers under Camp Robin Rogers supervision. I agree to any emergency treatment by physician or hospital in the event that I may need it. I release The Arc of Allen County and its personnel from any liability in connection with the camp experience.

Signature

Date

I give permission to have my picture taken during camp activities for publicity.

Signature

Date

If you have any questions or need help with this form, please call The Arc of Allen County at 419-225-6285.