



Camp Courage

Epilepsy Foundation of Connecticut



July 22 - 27, 2012

Easter Seals Camp Hemlocks

Sponsored by: Epilepsy Foundation of CT

386 Main Street • Middletown, Connecticut 06457

800.899.3745 • www.epilepsyct.com

Epilepsy Foundation of Connecticut, Inc.
386 Main Street
Middletown, Connecticut 06457-3360



Fast Facts

The Application Process:

- ☺ Children and teens ages 8 - 18 years at the time of camp with a primary diagnosis of epilepsy **AND** on anticonvulsant medication or receiving other treatment for seizures are eligible to apply.
- ☺ Campers will be considered for admission by the Camp Advisory Committee after completion of application and receipt of application fee. Prior attendance **does not** guarantee acceptance this year.
- ☺ Applications will be reviewed in the order they are received.

The Camp: Camp Courage is held at Easter Seals Camp Hemlocks in Hebron, CT, just 25 miles east of Hartford. The camp is accredited by the American Camping Assoc. The camp, which is surrounded by 160 acres of unspoiled woodland, includes a dining hall, health center, auditorium, indoor heated pool, cabins, an Arts & Crafts center, a Nature Center, and a Challenge & Group Initiative course.



Camp Counselors: Counselors are employed by Easter Seals Camp Hemlocks and are chosen for their experience and enthusiasm in working with children. All counselors receive specialized training in seizure recognition and first aid. Camper to counselor ratio is 3:1. A licensed nurse will be in residence at all times, and the Camp Physician is on call.

The Cost to You: \$270 per camper (does not include application fee)
(Cost to EFCT: \$1000.00 per Camper)
Any scholarship money received should be sent to the Epilepsy Foundation of Connecticut NOT Easter Seals Camp Hemlocks.

Limited scholarships may be available. Please call 800.899.3745 for details

A \$25 non-refundable application fee is due with completed application and statement postmarked by April 27, 2012 to:
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Middletown, Connecticut 06457-3360

Camp Activities

These campers enjoy the same activities as all campers do. They have a full day of activities planned everyday. You may hear your camper talk about the challenge course wall they get to climb, swimming in the heated indoor pool, arts & crafts, drama, sports and many, many other activities.



During the day you will often find the girls doing one activity while the boys are doing another. Then at night the groups come together to sit around the camp fire, participate in a dance, karaoke or going swimming during the pool party.

This summer we have Rocky the Rock Cat from the minor league baseball team the New Britain Rock Cats joining us. Rocky will bring one of his baseball player friends too!

Camp Hemlocks Tour

Join us on **Saturday April 14, 2012** at **10:30 a.m.** for a guided tour of Camp Hemlocks with the Camp Director and Epilepsy Foundation staff.

You will have a chance to see the camp grounds, meet the camp director and staff from the Epilepsy Foundation of Connecticut. You will have an opportunity to have all your questions answered before you decide to send your child to camp.



Please call the Epilepsy Foundation of Connecticut @ 800.899.3745 by April 13th, 2012 to confirm your attendance.

Camper Assistant Program (CAP)

The CAP offers campers ages 15 - 18 educational and leadership opportunities. CAP participants will be selected by EFCT's Camp Advisory Committee. There is an additional application form that will be sent to you.

Please check "Yes" on the application form if you're interested. Questions? Call EFCT at 800-899-3745.

Camp Goals

- ☺ To provide a safe, enjoyable residential camping experience for children and teens with epilepsy.
- ☺ To build self esteem by promoting self-confidence, competency and social interaction.
- ☺ To foster independence in a safe environment away from home.
- ☺ To provide parents with much needed respite.
- ☺ To have a GREAT TIME!



Our Sponsors

We are grateful to all the people who sponsor our camp. Their generosity allows us to offer you a camping experience at an affordable cost.

**Bob's Discount Furniture Foundation
Parent's Against Childhood Epilepsy
Questcor**



A special THANK YOU to Joanne & John Delponte for donating the Camp Courage T-Shirts.

A Message from EFCT

Dear Parents:

Most parents want the same things for their children... friendships, a sense of belonging, a sense of motivation to do the best they can do regardless of any challenges they encounter along this journey called life. I think Heather first experienced all these things the summer of 2008 when she attended Camp Courage for her first time. The camp counselors were trained to deal with any health issues regarding epilepsy so that put me at ease as this was a first experience for the both of us. The activities planned included arts and crafts, one of her favorite things to do as well as Rock wall Climbing, not something she would normally attempt. With the aide of the counselors she was able to not only attempt the rock wall but come home with a sense of accomplishment. Every year when I pick Heather up at the end of camp I see her self esteem grow more and more. Camp is a place she gets to "feel just like everyone else" & "feel motivated to try things I might not try anywhere else." The other sure thing I can count on is sometime as we are driving home, the countdown begins until the next years drop off date when Camp Courage begins again!!

Paula Saunders (Heather's mom)

Camp Courage —Application Form

This form is to be completed by a parent or guardian and postmarked by April 27, 2012
(*This form must be completed in its entirety or it will be returned*)

C A M P E R I N F O R M A T I O N

Camper's Name _____ Nickname _____

Address _____ City _____ State _____ Zip Code _____

Phone: _____ Age _____ Date of Birth _____ Sex _____

T-Shirt Size:(Adult) S _____ M _____ L _____ XL _____

***** I would like to apply to the Camper Assistant Program (CAP) _____ YES _____ NO *****

S C H O O L I N F O R M A T I O N

School Name _____ Phone _____ Grade in School (fall) _____

M E D I C A L I N F O R M A T I O N

Type of Seizure (s) _____

Medications _____

Other Medical Conditions _____

Emotional/Behavioral Problems (please explain) _____

Does your child have a behavior plan at school? _____ Yes _____ No If **yes**, please explain on separate sheet of paper

Cognitive Impairments (please explain) _____

Physical Impairments (please explain) _____

Vagus Nerve Stimulator _____ Yes _____ No If **yes**, date of implantation _____ Can the camper use magnet on self? _____

Ketogenic Diet _____ Yes _____ No (if **yes**, please attach a copy of your child's menu)

Neurologist or Physician Name _____ Phone _____

One-on-one personal assistant needed for all daily activities? _____ Yes _____ No If **yes**, please explain on separate sheet of paper.

P A R E N T / G U A R D I A N I N F O R M A T I O N

Mother's/Guardian Name _____ Address _____

City _____ State _____ Zip _____ Phone (h) _____ phone (w) _____

Email: _____

Father's/Guardian Name _____ Address _____

City _____ State _____ Zip _____ Phone (h) _____ phone (w) _____

Email: _____

I heard about this camp from: _____ How many times have you attended this camp? _____

***On a separate sheet of paper please write a brief statement stating why you would like your child to attend this summer camp.**

I do hereby authorize any school or medical personnel having record or confidential information pertaining to the above applicant to disclose such information to the Epilepsy Foundation of Connecticut, Inc.

Parent or Guardian Signature _____ Date _____

Application, \$25 non-refundable application fee, & statement* postmarked by April 27th