



Hello parents and friends!

Camp sessions at The Painted Turtle are just around the corner and we are very excited to share yet another remarkable summer with all our campers. So that we may provide the best care possible, we want to know as much as we can about your child before he/she arrives at camp. This means asking you to completely fill out the enclosed forms to help us thoroughly understand your child's specific needs. Although we wish we could take every child who applies to camp, we may not have room for everyone to attend. We will contact you by email or phone when your child has been accepted for camp. We're looking forward to a magical summer!

Kathy Lou Reynolds, MD, FAAP
Medical Director

April Uyebara
Director of
Camp Programs and Initiatives

Michelle Melendez, CPNP-PC, CNS
Clinical Nursing Director

SIBLING SESSION APPLICATION CHECKLIST
Camp Session August 10-14, 2016
Application Deadline Date: July 13, 2016

Please note, Campers must be between the age of 7-16 and fulfill the following criteria:

- Sibling of a camper with an eligible medical condition that applied for a session this year.
- **Must not have a chronic medical condition.**

Please note: Brothers and sisters will attend this session separately from their sibling with the chronic medical condition.

Applications are considered on a first come first served basis.

Please be advised that it is your responsibility to follow up with The Painted Turtle to ensure that all application materials are received and complete.

Immunization Requirement

For the safety of all our campers, we require that all your child's immunizations are up to date. Please review the attached Immunization Requirements and arrange to have any necessary vaccines given and completed prior to camp session.

When all forms are complete, please return to The Painted Turtle by one of the methods listed below:

Email: DonnaPayne@thepaintedturtle.org

Fax: 661-724-1566

**Mail: Attn: Camper Admissions
PO Box 455
Lake Hughes, CA 93532**

Application Checklist

	Form	Description	Filled Out By
<input type="checkbox"/>	Painted Turtle Camper Application	Contact/emergency information/medical information	Parent
<input type="checkbox"/>	Authorization and Release Form	Safety/Liability-Signature required	Parent
<input type="checkbox"/>	Copy of Immunization Record	See Immunization Requirements	Parent
<input type="checkbox"/>	Physical Exam Form	Physical exam by medical provider (exam date must be within 1 year of camp session)	Physician
<input type="checkbox"/>	Severe Allergy Action Plan Form	For campers with severe allergies requiring Epi-pens	Allergiest
<input type="checkbox"/>	Teacher Questionnaire	Child's profile	Teacher

If you have any questions please contact our admissions team :

Donna Payne- Admissions Manager 661-724-1768 x 202 or donnapayne@thepaintedturtle.org
Terri Izquierdo- Admission Coordinator 661-724-1768 x 203 or terrii@thepaintedturtle.org
Gloria Lopez- Admissions Assistant (espanol) 661-724-1768 x214 or glorial@thepaintedturtle.org

The Painted Turtle 2016 Camper Application

Sibling Session: August 10-14, 2016

TO BE COMPLETED BY PARENT OR GUARDIAN (Please print legibly.)

Camper information

Camper's Name DOB Gender: Male Female

Preferred Name: Preferred Pronoun: Male Female Gender Neutral

School Grade next year ('16-'17) Camper's T-shirt Size Youth S M L XL XXL
 Adult S M L

Address

City State Zip Code County

Phone Phone Type: Home Mobile Work

Name of sibling(s) with Medical Condition: Sibling's Medical Condition:

Parent/Legal Guardian (If you provide us with an e-mail address then this will be our primary method of communication)

Full Name: Relationship to Camper: E-mail

Home Phone: Work Phone: Cell Phone:

The Parent/Guardian listed above is: Primary Contact Emergency Contact Authorized to transport Camper
(Select all that Apply)

Full Name: Relationship to Camper: E-mail

Home Phone: Work Phone: Cell Phone:

The Parent/Guardian listed above is: Primary Contact Emergency Contact Authorized to transport Camper
(Select all that Apply)

Emergency Contacts

Please list TWO adults (**other than the child's parents or guardian**) who, in case of an emergency, The Painted Turtle may contact and/or release your child to if you are not available. Please ensure that contacts are aware of The Painted Turtle camp name and session dates.

Full Name: Relationship to Camper:

Home Phone: Work Phone: Cell Phone:

Full Name: Relationship to Camper:

Home Phone: Work Phone: Cell Phone:

Custody Information

Is your child involved with DCFS (Department of Child and Family Services)? Yes No If yes, is it an open case? Yes No

If parents are divorced, who has legal custody?

Significant custody notes:

Camper Name: Date of Birth:

*****If additional space is needed to answer questions, please attach a separate sheet of paper.*****

Please reference the page number and question before each answer.

Confidential Campership Information (Optional)

The Painted Turtle is made possible through generous donations and grants from public and private organizations. Without these generous gifts, the cost for each camper to attend a week at camp would be approximately \$2,500. Please complete the following information, which helps our prospective donors evaluate our programs. This information is for demographic purposes only and will remain anonymous and confidential.

Primary Camper's Ethnicity

African-American American Indian Asian/Pacific Islander Caucasian Latino Other Decline to State

What is the **TOTAL** number of persons residing in the home?

Annual Family Income: Please check the amount closest to your family income:

- \$0 - \$5,000 \$12,001 - \$16,000 \$31,001 - \$36,000 \$53,001 - \$55,000 Decline to State
- \$5,001 - \$8,000 \$16,001 - \$20,000 \$36,001 - \$42,000 \$55,001 - \$60,000
- \$8,001 - \$10,000 \$20,001 - \$26,000 \$42,001 - \$47,000 \$60,001 - \$65,000
- \$10,001 - \$12,000 \$26,001 - \$31,000 \$47,001 - \$53,000 over \$65,001

California County and Governmental Assistance: If you and your child(ren) receive assistance, please indicate below:

TANF (Temporary Assistance for Needy Families) SSI (Supplemental Security Income)

How did you hear about The Painted Turtle?

- Clinic visit from Painted Turtle staff Former Camper Internet Medical Provider The Painted Turtle Hospital Outreach
- Partner Organization Person
- Word of Mouth Other

Language

Camper's Primary Language English Spanish Other

If primary language is not English, does the camper speak English? Yes No Does the camper use Sign Language? Yes No

Camper Profile

Behavioral/Emotional:

Mental Health Services:

Is your child currently being seen by a mental health professional (within the past 12 months)? Yes No Date:

Circumstance:

Outcome:

Has your child ever been hospitalized for mental health services? Yes No Date:

Circumstance:

Outcome:

Camper Name: Date of Birth:

*****If additional space is needed to answer questions, please attach a separate sheet of paper.***
Please reference the page number and question before each answer.**

Behavioral/Emotional: Continued

Behavioral/Emotional Conditions: Check any behavioral or emotional conditions that your child has been diagnosed with.

- Anxiety Depression ADD/ADHD Aspergers PDD/autism Bipolar Disorder OCD/OC Behaviors PTSD
- Tics/Tourette's Eating Disorder Other

Has your child been **prescribed** any medication for the above-checked items? Yes No

Is your child currently taking those medications as prescribed? Yes No

If not, why?

Does your child have a history of any self-harming thoughts or behaviors? Yes No

If yes, please explain:

Camp/Sleep Away Experience

Has your child previously attended a camp session at The Painted Turtle? Yes No

If yes, name of session(s) and year

If no, have you previously applied? Yes No

Sleep-away Experience: Please tell us your child's sleep-away experience.

- Little to no sleep-away experience Has been away from home without parents for 5 days Has attended a sleep-away camp

How does your child feel about going to camp? (hopes, fears, concerns, etc.)

Communication and Support

Development/Education Services: While at camp, our counselors will support your child to be successful in every way. Since your child will be independent of parents/caregivers, please provide us insight into the following questions.

Compared to their same-age peers, does your child:

Require additional social or emotional support to make and keep friends? Yes No

Have a developmental delay? Yes No If yes, please check the most accurate and explain:

- 1-2 years below grade level 2-3 years below grade level more than 3 years below grade level Speech/Communication delay

Does your child interact best with children his/her own age, older or younger?

Does your child receive additional education support? (IEP, resource, speech, specialized aide, etc.) Yes No

If yes, please explain

1:1 Support: Are there circumstances where your child requires additional 1:1 support? (transitions, meals, getting ready for the day, large groups, etc.)

Communication: Campers must be able to communicate their needs while at camp. Does your child have any special communication needs (sign language, spelling boards, communication assistive technology, etc)?

Camper Name: Date of Birth:

*****If additional space is needed to answer questions, please attach a separate sheet of paper.*****

Please reference the page number and question before each answer.

Camper Conduct

Has your child been convicted of a crime, been on probation, or in rehabilitation for any reason? Yes No If yes, please explain.

Date: Circumstance: Outcome:

Has your child ever tried to run away from home or a group event or trip? Yes No If yes, please explain.

Date: Circumstance: Outcome:

Has your child ever been in a physical fight or suspended from school? Yes No If yes, please explain.

Date: Circumstance: Outcome:

Supplemental Information:

Personality: Please give us a brief description of your child's personality. (Check all that apply)

- Outgoing Shy Leader Mature for age Playful Slow to warm up
- Follower Aggressive Makes friends easily Sensitive Competitive Especially active
- Helpful Patient Cooperative Assertive Easily Frustrated
- Participates well with others Other

Bedtime: Please check any sleep concerns your child may have. bedwetting fear of dark sleepwalking nightmares

night terrors difficulty waking snoring talks in sleep difficulty falling a sleep other: explain below

Comments: Are there any bedtime routines that help your child at night? (reading, listening to music, etc.)

Support:

At times, all children can feel frustrated or angry. When you child is angry, how does he/she handle his/her anger? Any suggestions for helping your child in such situations? Please explain below:

Does your child have any unusual behaviors or fears? Yes No

If yes, please explain:

Significant Life Changes: Have there been any changes in your child's life, family, or living arrangements, or significant past history?

- Death Divorce Remarriage of Parent Foster Care Moving Change schools Other

Is there any additional information you would like to share about your child?

Camper Name:

Date of Birth:

*****If additional space is needed to answer questions, please attach a separate sheet of paper.*******Please reference the page number and question before each answer.****Medical History**Does your child have any medical conditions? Yes No If Yes, please explain belowDoes your child have any medications? Yes No If Yes, please list medications and times givenDo you give medications at any other times of the day or night? Yes No

Childs Weight (lbs)

If Yes, can these times be changed to coincide with camp meals and bed time? Yes NoDoes your child require anything besides water to take medication? Yes No If Yes, please explain below**Allergies**Does your child have any allergies other than environmental allergies? Yes NoDoes your child have any allergies which an EpiPen has been prescribed? Yes NoIf Yes to either of these two questions, please provide details, including **Allergen, reactions** and if an Epi-Pen is prescribed. **Severe Allergy Action Plan is required if camper uses an Epi-Pen.*******Peanut and Tree Nut Policy*****

The Painted Turtle has a peanut and tree nut policy. We have some campers or family members who have an anaphylactic reaction to nuts. This means they could stop breathing if they eat or come in contact with these products. **Food that contains peanuts or tree nuts as ingredients will not be served and is not allowed at camp.**

Please be advised that The Painted Turtle does serve some packaged foods that have warning labels stating:

- 1) they may be processed in a facility that also has nuts, or
- 2) are processed on shared equipment which also processes nuts

If your camper or family member makes it a practice to avoid foods that contain these labels, you may need to bring your own food substitutions to camp. Please call our Director of Food Services at 661-724-1768 ext. 420.

Please check all labels prior to bringing snacks to camp. If the label states any of the below, then this product should not be brought to The Painted Turtle:

- Contains peanuts

- Contains tree nuts

Note: Coconut is allowed.

Camper Name: Date of Birth:

*****If additional space is needed to answer questions, please attach a separate sheet of paper.***
Please reference the page number and question before each answer.**

Dietary Considerations/Restrictions

Does your child have any special dietary restrictions/considerations? (Not Allergies) Yes No

If yes, please list your child's restrictions:

Can your child self-manage these dietary restrictions? Yes No

Does your child have a specific medically-prescribed diet? (i.e., pureed foods only, thickened liquids, etc.) Yes No

If yes, please explain:

Does your child take dietary supplements? (i.e. nutritional formula) Yes No

If yes, please explain:

Does your child have any physical disabilities and/or conditions that make eating and/or drinking difficult? (i.e. swallowing difficulties, poor muscle tone, spasticity, etc) Yes No

If yes, please explain, including accommodations that need to be made while your child is at camp:

Are there any other special considerations or insights we should know about your child and his/her dietary restrictions/concerns? Yes No

If yes, please explain:

Immunization Record

You **MUST include** a copy of your child's **current official immunization record** for your child's application to be reviewed.
Please see the [immunization policy](#) for a list of required immunizations.

Forms of official immunization records that will be accepted are as follows:

- (1) A copy of your official immunization record. Official immunization records vary and TPT reserves the right to determine acceptable immunization records. TPT strongly recommends documentation directly from your doctor's office or with physician signature or verification.
- (2) School records with dates of the specific vaccines.
- (3) Lab results for blood titers showing immunity to Measles, Mumps, Rubella and/or Varicella.
- (4) A healthcare provider-signed prescription pad note listing dates of the specific vaccines.

NOTE: Exceptions to receiving any of the required vaccines, including campers who are unable to receive live vaccines, must be documented by a medical provider.

Thank you for helping us to follow the CDC recommendations to keep camp safe for everyone.

Insurance

Insurance Information: Camper MUST provide proof of medical insurance coverage.
You **MUST include a TWO-sided copy** of your insurance card (and a pharmacy card, if applicable).

TB Risk Questionnaire

If you answer yes to any of the questions, please provide an explanation as to why. If possible, please provide the most recent TB skin test results to assist in the review of the application.

- 1. Has your child ever had a positive TB skin test? Any other positive TB test? Yes No
- 2. Has your child ever been diagnosed with TB or told that he/she has been exposed to TB? Yes No
- 3. Has your child ever been treated for TB or possible exposure? Yes No
- 4. Has your child had any of the following symptoms for greater than 2 weeks that would lead you to believe he/she might have TB: chronic fatigue, bloody sputum, weight loss, persistent cough, and/or night sweats? Yes No
- 5. Does your child have HIV infection, organ transplant, cancer or other condition that puts him/her at high risk for TB disease? Yes No
- 6. Does your child inject drugs not prescribed by a doctor? Yes No

Camper Name:

Date of Birth:

*****If additional space is needed to answer questions, please attach a separate sheet of paper.*****

Please reference the page number and question before each answer.

TB Risk Questionnaire (continued)

If you answer yes to any of the questions, please provide an explanation as to why. If possible, please provide the most recent TB skin test results to assist in the review of the application.

7. Has your child ever spent time with a person with TB or someone with a prolonged productive cough (>2weeks)? Yes No

8. Is your child from a country or has your child done extensive (>2 weeks) travel to a country where TB disease is very common? (This includes Mexico, countries in Latin America and the Caribbean, Russia and Eastern Europe, Africa, and Asia, except for Japan) Yes No

9. Does your child live or work somewhere in the U.S. where TB disease is common? (homeless shelters, migrant farm camps, prisons and jails, hospitals and clinics, some nursing homes) Yes No

If you answered yes to any of the above questions, please provide an explanation in the box below.

Independence

Activities

All activities are supervised and include but are not limited to : 1. archery, 2. arts & crafts, 3. baking/cooking, 4. boating, 5. creative arts (theater), 6. discovery (science & nature), 7. fishing, 8. gardening, 9. horseback riding, 10. outdoor camping and cooking, 11. ropes course, 12. sports & recreation, 13. swimming, 14. woodworking. *Please complete the attached **Authorization and Release for consent/restrictions** for you child to be able to participate in these activities.

What is your child's swimming level? Doesn't know how Beginner Intermediate Advanced

Application Release and Authorization

Before submitting your child's application, please review all pages, and verify that everything has been completed

Once The Painted Turtle has received your child's application we will begin to process it. Please provide us with the best email address and/or phone number to contact you if any addition information is needed to complete your child's application.

Email:

Phone Number:

I have reviewed and completed all the requirements for this application.

Signature:

Date:

Relationship to Camper:

THE PAINTED TURTLE - IMMUNIZATION REQUIREMENTS

We are committed to the safety and health of all our campers, camper family members, staff and volunteers.

If you have any questions regarding immunizations, please call to speak with our camp medical staff at **661-724-1768**.

APPLICATIONS WILL NOT BE CONSIDERED COMPLETE, AND WILL NOT BE REVIEWED, UNTIL ALL OFFICIAL IMMUNIZATION RECORDS HAVE BEEN RECEIVED.
THANK YOU!

The following vaccines are **REQUIRED**:

REQUIRED Vaccine	Amount Required	Important Notes	Exceptions (If Applicable)
Measles, Mumps, Rubella (MMR)	2 doses for all campers (both must be given ON or AFTER the first birthday)	Vaccination must be administered no later than 2 weeks prior to attending the session.	<p>For MMR & Varicella Vaccines: Campers who are unable to receive live vaccines, including: transplant recipients, children receiving chemotherapy within the last year, children with a CD4 count less than 15%, children on immunosuppressant medications are exempt from receiving the MMR and Varicella vaccines. (Healthcare provider MUST indicate child is exempt on medical form provided).</p> <p>Positive titers (blood test indicating immunity) to Varicella, Measles, Mumps, & Rubella are also acceptable</p>
Chicken Pox (Varicella)	2 doses OR documented history of chicken pox disease or zoster (shingles) infections	<p>Vaccination must be administered no later than 2 weeks prior to attending the session</p> <p>DO NOT ATTEND CAMP IF: -If your child has had an outbreak of chicken pox or shingles or has been exposed to someone who has, IN THE 3 WEEKS PRIOR TO CAMP OR -A RASH IS ACTIVELY PRESENT AT THE SITE OF RECENT VACCINATION</p>	
Tetanus/Pertussis	Initial series of 5 DTaP doses AND Tdap at age 11	Adacel or Boostrix vaccine is <i>now required</i> for children 11 years of age or older	
Polio	4 doses	If receiving the live vaccine, must be administered no later than 2 weeks prior to attending camp.	
Hepatitis B	3 doses	2 dose series of Recombivax HB® is acceptable for children ages 11-15 years, but this must be clearly noted on the vaccine record	
Seasonal Flu (Influenza)	<p>Required for primary camper only.</p> <p>All sessions from Oct. 1 through March 30.</p>	If receiving the live vaccine, must be administered no later than 2 weeks prior to attending camp.	Only with written exception from your child's specialist.

The following vaccines are **STRONGLY RECOMMENDED**:

Recommended Vaccine	Amount Recommended	
Hepatitis A	2 dose series for all children over 1 year of age	
Meningococcal (Menactra)	For all children ages 11-18 years as well as for younger children with immunodeficiencies (e.g. functional asplenia, complement deficiency)	
Pneumococcal (PCV-13)	1 dose age 6-18 years	

The Painted Turtle

Authorization and Release Form 2016

Name of child who will be a camper at The Painted Turtle Camp:
(hereinafter referred to as the "Applicant:)

Note: Please read the following information carefully. Every item on this page must be understood before signing. If there are any questions, please call The Painted Turtle at (661)724-1768 for clarification.

The Painted Turtle Camp is located at 17000 Elizabeth Lake Road, City of Lake Hughes, State of California (hereinafter referred to as the "Camp").

I certify that I am the parent or legal guardian of the above named Applicant.

I understand that Applicant will be participating in many physical activities at The Painted Turtle Camp. All Camp activities are supervised.

Equestrian activities are conducted in controlled riding arena. Our equestrian staff members are trained professionals, and the safety of the child is always paramount. Supervised, led trail rides may also be offered to children with parental/medical approval.

The Camp also provides a high and low ropes program that offers an adventurous opportunity and is supervised by professionally trained program staff. All participants wear the safety equipment provided, including helmets and harnesses.

The Camp's swimming program is supervised by professionally trained and certified life guard staff. The chlorinated and heated swimming pool has wheelchair accessible water entry and is universally accessible.

The Camp is in development of an organic gardening program that will involve campers digging in the soil and planting/harvesting flowers, fruit and vegetables at camp. Garden gloves are used for all gardening activities and edibles are washed thoroughly before cooking or consumption.

I authorize the Camp medical staff to provide the Applicant with medical care which is deemed necessary by the Camp medical staff.

I authorize the Camp medical staff to consent to any emergency medical care or treatment, including the dispensing of medicine, examinations, immunizations, x-rays, tests, dental care, anesthetics, medical or surgical diagnosis or treatments, and hospital care, to be rendered to the Applicant as deemed necessary by the Camp medical staff.

I also give consent for any transportation deemed necessary or appropriate, at the discretion of the Camp, in connection with the medical treatment of the Applicant.

I assume financial responsibility for any and all medical and other expenses incurred for or on behalf of the Applicant while at the Camp or offsite.

I authorize Camp medical staff to release Applicant's medical records to Camp medical and non-medical staff and to third parties, for the purpose of Applicant's medical treatment, the non-medical care of Applicant, referral, billing, or insurance purposes, as deemed necessary by Camp medical staff.

I authorize individuals(s) listed as "emergency contacts" to pick up my child from camp or its bus stop and to authorize medical care.

I authorize Camp staff to provide transportation to the Applicant, as needed, while the Applicant attends the Camp. I release the Camp from all claims, damages and liabilities that may result, directly or indirectly, from any injury that Applicant may suffer during such transportation.

I authorize the Camp Director to return the Applicant to his/her home for any serious violation of the Camp rules. I agree that the Camp Director shall be the sole judge of what constitutes a serious violation.

I authorize The Painted Turtle to share the Applicant's name, contact information and diagnosis with diagnosis-specific organizations and agencies with whom The Painted Turtle works. The sharing of this information will be for marketing purposes for both Camp and non-Camp events as well as to help facilitate Camp transitional matters. Such organizations include Crohn's and Colitis Foundation of America, Hemophilia Foundation of Southern California, Arthritis Foundation, Comprehensive Health Education Services, Lopez Foundation, Asthma and Allergy Foundation of America, Little People of America, and may include other similar organizations in the future. The Painted Turtle is not responsible for the privacy practices of those organizations. If you would like to learn about the privacy practices of these organizations, please contact them directly.

I understand that, in order for Applicant to attend the Camp, I must give up any rights to hold the Camp liable for any injury or damage, which the Applicant may suffer while attending the Camp or participating in the activities offered at the camp.

I voluntarily release the Camp, its officers, agents, and employees from any and all liability resulting from or arising out of the Applicant attending the Camp or participating in the activities offered by the camp.

I understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known, or unknown, and whether anticipated or unanticipated by me, arising out of the Applicant attending the Camp and/or participating in the activities offered by the Camp. This Release constitutes a complete release, discharge and waiver of any and all actions or cause of action against the Camp, its officers, agents, or employees.

Authorization and Release Form 2016 (Continued)

I understand and agree that this Release will be binding on me, my spouse, the Applicant, my heirs, my personal representatives, my assigns, my children and any guardian ad litem for said children. I understand and agree that by signing this Release, I am agreeing to indemnify and hold the Camp, its officers, agents and employees harmless from any and all liability or cost, including attorneys fees associated with or arising from the Applicant attending the Camp and/or participating in the activities offered by the Camp.

I have read the above information carefully, and I have fully understood each item. I understand that if I have any question regarding anything contained in this Release, I may call The Painted Turtle at (661)724-1768 for an explanation.

I understand that as a condition of Applicant attending The Painted Turtle, the camp may use Applicant's name, photographs, other reproduction(s) and likenesses in connection with activities and publication's of the Camp. The Painted Turtle respects the privacy of its campers and their families and does not allow unauthorized visitors to photograph its campers.

**The Painted Turtle
Activity Permission Form & Release and Hold Harmless Agreement:
Equestrian, High/Low Ropes, and Rock Climbing Wall Programs**

The Painted Turtle Camp ("The Camp") provides a equestrian program, a high /low ropes program, and a rock climbing wall that offers adventurous opportunity and is supervised by professionally trained staff. All participants wear proper safety equipment provided by The Painted Turtle that is in compliance with the American Camping Association Standards. This includes helmets, harnesses and safety stirrups (horses).

All attendees may routinely participate and as common practice at The Painted Turtle Camp, all activities afforded to the attendees are optional.

In order to provide these programs, no liability can be accepted by The Camp, or any of the organizations or persons connected with The Camp. No camper will be allowed to participate in the horse, ropes, or rock climbing wall program until this form has been read, understood, and completed by the participant (if he/she is 18 years or older) or by the parent(s) or guardian(s) of a minor. Although participation in these programs is under strict supervision and every effort is made to avoid injury, accident, the undersigned acknowledged and understands the risks and potential risks associated with these programs. This includes but is not limited to: 1) The propensity of an equine to behave in a dangerous ways which may result in injury or death to the participant or damage to property; 2) The inability to predict an equine's reaction to sound, movements, objects, persons or animals; 3) Hazards of surface or subsurface conditions whether known or unknown; 4) Cuts and abrasions resulting for skin contact with the high ropes course, low ropes course, and rock climbing wall; 5) Failure to follow safety procedures set out by Equestrian Manager and equestrian staff, high/low ropes/rock climbing wall professionally trained staff and all other staff.

In consideration, for the privilege of participating in the equestrian program, high/low ropes program, and rock climbing wall the undersigned, as self, or as parent(s) or guardian(s) of the undersigned minor, jointly and severally, do hereby agree to release, defend, hold harmless and indemnify The Camp, it's officers, directors, trustees, agents, employees, representatives, successors and assigns, from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including but not limited to reasonable attorneys' fees, which any third party, the undersigned or said minor may now or in the future have against The Camp, its officers, directors, trustees, agents, employees, instructors, volunteers, representatives, successors and assigns, on account of any accident, damage, injury, or illness, physical or mental conditions, known or unknown, to the undersigned or said minor, or the treatment thereof, arising as a result of, or in any way connected to acts or incidents occurring at or and assigns, including but not limited to their negligence or gross negligence in operating the programs described above or in any way incidental thereto.

I am authorizing my child to participate in all activities at camp. If there are any exceptions, please list below.

Activity Exceptions:

This Release has been executed as of , 2016

Print Name

Signature

Relationship to Applicant

Camper Transportation information

This form must be completed by the camper's parent or legal guardian.

Name of Camper

Session

Detailed transportation information will be sent in your camper's Welcome Packet upon acceptance to camp.

For the safety of your child, please list the names of adults who are authorized to pick up and drop off your child.

Name Relationship to Camper: Phone Number:

Name Relationship to Camper: Phone Number:

Name Relationship to Camper: Phone Number:

Your child will not be released to anyone other than the person(s) listed on this form.

Identification of parents/guardians/authorized adult will be checked at camper drop off and pick up.

Please have an official form of picture identification when dropping off and picking up your child.

**If there are any changes regarding your child's arrival or departure, or the authorized adults you must contact Camper Admissions at 661-724-1768
If we are not notified of any changes, we will follow this sheet as scheduled.**

By signing this form, I acknowledge that I am a parent/legal guardian of the camper and that the adults listed on this form have authorization to transport my child to/from camp.

Signature of Parent/
Legal Guardian

Relationship to Camper:

Date:

Print Name:

Telephone Number:

Teacher Questionnaire

Child's Name: School:
Teacher Name: Phone number:
Class/Subject: E-mail Address:

If we have additional questions, what would be the best way to contact you over the summer?

*This child has applied to attend The Painted Turtle, a medical specialty summer camp. You supplying the following information will help us provide the most positive experience possible for the child. Teachers often have keen insight into how children interact with their peers, accept direction/discipline, express their frustrations, learn and understand, and most importantly, what they enjoy doing. Thanks for taking the time to help us! **Please return this form when complete directly to The Painted Turtle by fax or e-mail. Fax #661-724-1566 or donnapayne@thepaintedturtle.org***

1. Please give us a brief description of the child's personality: (check all that apply)

- | | | | | |
|--|--|--------------------------------------|--|--|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy | <input type="checkbox"/> Leader | <input type="checkbox"/> Mature for age | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Slow to warm up | <input type="checkbox"/> Follower | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Assertive |
| <input type="checkbox"/> Makes friends easily | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Competitive | <input type="checkbox"/> Especially active | <input type="checkbox"/> Easily Frustrated |
| <input type="checkbox"/> Helpful | <input type="checkbox"/> Patient | <input type="checkbox"/> Other | <input type="text"/> | |
| <input type="checkbox"/> Participates well with others | | | | |

2. **Outside of academics**, in what area of the child's life does he/she demonstrate the greatest sense of success?

3. What kinds of social challenges does the child encounter while in school?

4. What have you found to be the best way to help him/her resolve these challenges?

5. Has the child ever been suspended or expelled from school for any reason? Yes No

Date: Circumstance: Resolution:

6. What grade is this child currently in? Does he/she work at that grade level? Yes No

Does he/she have a developmental delay? Yes No

If yes, please explain.

Does this child have a 1:1 aide at school? Yes No

7. Describe how this child is perceived by peers:

8. Is there any information that has not been covered that you feel would be helpful to us? (i.e., recent changes in the child's world, life stressors, difficulty in school, difficulty with peers, etc.)

Teacher Signature: Date:

SEVERE Allergy Action Plan/ Plan de Acción de Alergias SEVERAS

For camp participants **with a severe allergy, requiring use of an Epi-pen**/para participantes Painted Turtle **que tienen alergias severas que requieren el uso de un "Epi-pen."**

This form must be filled out in its entirety by allergist/Este formulario deberá de ser completado por un alergólogo

Name Date of Birth Camp Session

Severe allergy to:

Yes No **Has Asthma?** (higher risk for a severe reaction)

Yes No Has this patient had a sudden and severe episode of anaphylaxis?

If yes, to what allergen

Yes No Hospitalized overnight?

Please choose an action plan:

Give epinephrine immediately at the **first sign** of **any** symptom.

Give epinephrine **immediately after a known exposure** to an allergen which has caused a severe reaction in the past,(i.e. food, bee sting) **even if no symptoms are noted.**

Give epinephrine **with signs or symptoms of anaphylaxis.**

Other action plan:

Special instructions or precautions:

Medications/Doses

Weight (kgs)

Epinephrine (brand and dose):

Antihistamine (brand and dose):

Other (i.e. bronchodilator, if asthmatic):

Parent/Guardian Signature Date

Physician (Allergist) Signature Date

Physician Name Specialty

Physician Phone On Call Phone

The Painted Turtle
2016 Physical Exam Form

Please have your child's health care provider (MD, NP, or PA-C) complete this form. Please refer to the Immunization requirements page. This form must be received PRIOR to your child's acceptance for camp.

Name: Date of Birth: Weight (kg):

Physical Exam (to be completed by MD/NP/PA-C) Exam must be within 12 months of camp session

Significant past medical/surgical history:

Current medical conditions (asthma, diabetes, migraine, etc.):

List any pertinent physical findings on exam:

Allergies (medicine, food, other) and type of reaction:

Yes No **Is an Epi-Pen Required? If Yes, please complete the Severe Allergy Action Plan**

Current Medications:

Dietary restrictions:

Activity restrictions/limitations:

Other treatments and/or comments:

I have examined and find him/her physically able to attend camp. **Date of Exam:**

Signature: Date:

Printed Name: Address:

Phone: Fax: City,State,Zip: