

**Camp Ronald McDonald® at Eagle Lake**  
**CAMP EAGLE LAKE**  
**Camper Application**

**DUE MARCH 15, 2016**

Please print clearly when completing form.

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**CAMPER INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Disability/Diagnosis: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ First time Camper? Y N

**PARENT/GUARDIAN/CAREGIVER INFORMATION**

***Primary Contact***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

***Secondary Contact (different than Primary)***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Will the Parent/Guardian/Caregiver be away from home while Camper is at Camp? Y N

If yes, please give complete information where they can be contacted.

**GENERAL CAMPER INFORMATION**

Are there any activities the camper must avoid? (Please specify): \_\_\_\_\_

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What camp activities does the camper enjoy doing? (Please specify): \_\_\_\_\_

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Does camper know how to swim?                    Y     N

Does camper need to wear a lifejacket?        Y     N

Will camper go into lake? (There is no pool at Camp Ronald McDonald at Eagle Lake)    Y     N

**Please check the appropriate box for all the equipment the camper will bring to camp:**

**Electric Wheelchair\*            M anual Wheelchair\*            Walker            Cane**

**\*How many hours in wheelchair?** \_\_\_\_\_

**\*Where is camper when not in wheelchair?** \_\_\_\_\_

Does Camper walk?   Y     N     Partially     Explain: \_\_\_\_\_

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Does camper ever refuse to walk?   Y     N     Explain: \_\_\_\_\_

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**CAMP EAGLE LAKE  
CAMPER HEALTH/BEHAVIOR HISTORY**

Medi-Cal card Number: \_\_\_\_\_ OR  
Insurance Carrier/Plan: \_\_\_\_\_  
Policy # \_\_\_\_\_  
Group # \_\_\_\_\_  
Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*PHOTOCOPY FRONT AND BACK OF HEALTH INSURANCE CARD- ATTACH TO FORM\***

**1) MEDICATION**

Does camper take medication?      Y      N

**MEDICATIONS BEING TAKEN**

Please list ALL Medication (including over the counter or non-prescription drugs) taken routinely. Bring enough medication to last entire time at camp plus one day extra. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of the administration. **Please use back of sheet if necessary.**

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_  
Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_  
Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_  
Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #4 \_\_\_\_\_ Dosage \_\_\_\_\_  
Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Does camper ever refuse to take medication?      Y      N

IF YES, explain: \_\_\_\_\_  
\_\_\_\_\_

Does camper experience any side effects from medication?      Y      N

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_



F. Does camper require ventilator machine? Y N When: \_\_\_\_\_

G. Does camper have tracheotomy? Y N

\*If camper has tracheotomy or uses a ventilator, you will need to send a Personal Care Assistant familiar with care to camp.

**6) ACTIVITIES OF DAILY LIVING:**

Assistance Required	Minimal Assistance	Moderate Assistance	Total Assistance	Describe
Dressing – Upper Body				
Dressing- Lower body				
Eating				
Toileting				
Brushing teeth				
Washing Hands/face				
Showering				
Shaving (male)				
Transferring On/off toilet				
Transferring in/out of shower				
Transferring In/out of bed				
Transferring In/out of Wheelchair If applicable				

If camper requires assistance with transferring please indicate preferred method:

Hoyer Lift – please bring your own slings

2 person lift

Pivot transfer

**7) BLADDER/BOWEL ROUTINES**

A. Is camper independent in toileting? Y N

B. Does camper need to be reminded? Y N

C. Does camper have bladder control

During the day? Y N

During the night? Y N

D. Does camper have bowel control:

During the day? Y N

During the night? Y N

E. Does the camper experience constipation? Y N

List ways best to prevent constipation for camper: \_\_\_\_\_

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F. What is the frequency of the camper's bowel movement? (once a day, 2-3 times a week, etc)

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G. If camper is female, has she started menstrual periods? Y N  
If yes, is her period expected at camp? Y N

H. Does camper use:

Y N Diapers/attends

Y N Catheters

Y N Suppositories

Y N Other: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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### 8) DIET & EATING HABITS

Food service is a point of pride for Camp Ronald McDonald® at Eagle Lake staff. We provide menu selections full of variety, taste and yes, nutrition. We operate a state-of-the art kitchen that is overseen by a Registered Dietitian to ensure that everyone's special dietary needs are met.

A. Diet: please check the appropriate box:

Regular

Vegetarian - Will eat (check the appropriate box): eggs diary poultry fish pork

Soft

Cut unto bite size pieces

Pureed

Gluten Free

Diabetic

Lactose Intolerant

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

B. Favorite foods: \_\_\_\_\_

C. Least favorite foods: \_\_\_\_\_

D. Will camper drink plenty of water? Y N

If not, list favorite liquids: \_\_\_\_\_

E. Eating Habits: please check the appropriate box

Hearty

Average

Fussy

F. How long does it take for camper to eat? \_\_\_\_\_

G. Is camper ever disruptive during meal times?    Y        N

Explain: \_\_\_\_\_

Helpful techniques? \_\_\_\_\_

H. Does Camper have difficulty:

Y    N        Swallowing

Y    N        Chewing

Y    N        Drinking

I. Does camper have a G-tube?    Y        N                    J-Tube    Y        N

If yes, please complete the following:

How often: \_\_\_\_\_

Does camper eat anything by mouth?    Y    N

What: \_\_\_\_\_

### 9) SLEEPING AT CAMP

A. Does camper require bedrails?    Y        N

B. Does camper require turning during the night?    Y        N        How Often: \_\_\_\_\_

C. Can camper sleep in a top bunk?    Y        N

D. Does camper have sleeping difficulties?    Y        N

Please Describe: \_\_\_\_\_

E. Please describe camper sleeping habits: \_\_\_\_\_

F. Normal evening bedtime: \_\_\_\_\_        Normal wake-up: \_\_\_\_\_

G. Approximately how many hours per night does camper sleep? \_\_\_\_\_

H. Is camper used to taking naps during the day?    Y        N

I. Does camper sleepwalk or get out of bed?        Y        N

Explain: \_\_\_\_\_

J. Does camper ever refuse to go to bed or get up from bed?        Y        N

Explain: \_\_\_\_\_

### 10) COMMUNICATION WITH CAMP STAFF

A. Is camper verbal?    Y        N

B. If non-verbal: Has consistent YES/NO:    Y        N

C. Communication methods: Technical aids    Y        N        Other: \_\_\_\_\_

D. Camper understands what is said to him/her?    Y        N

E. Is camper able to express needs to camp staff?    Y        N

F. Is camper able to direct their own care? Y N

G. Does camper speak/understand a language other than English? Y N

List: \_\_\_\_\_

H. Does camper wear: please check the appropriate box

Glasses

Hearing Aids

Contact Lenses

## 11) BEHAVIOR

A. The CAMP RONALD experience may involve a significant change in the campers normal daily routing, including both a new schedule and physical exertion (such as walking up to a 1 mile each day) in an outdoor setting at an altitude of approximately 5,000 feet. How will the camper respond to this change in routine and environment? \_\_\_\_\_

\_\_\_\_\_

B. Please check the appropriate the types of behavior that apply to camper.

No unusual behavior

Withdrawn/shy

Verbally aggressive

Temper tantrums

Physically aggressive towards others (hits, bites, etc)

Attaches self to adults

Been diagnosed with a mental illness

Self injurious

Wanders away

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

Please explain any checked behaviors, their frequency and methods of dealing with these behaviors: \_\_\_\_\_

\_\_\_\_\_

C. Is camper currently on a behavior modification program? Y N

If yes, please attached copy of program

D. Does camper imagine pain or illness or exhibit other distinctive behaviors at times when camper is trying to get attention, tired, disappointed, upset, frustrated or unable to get their way? Y N

Please explain: \_\_\_\_\_

\_\_\_\_\_

How is the behavior handled? \_\_\_\_\_

\_\_\_\_\_



Please list frequency and description of instances in the past year? \_\_\_\_\_

E. Has camper ever been away from home? Y N

F. Are any problems with homesickness anticipated? Y N

G. Has there been any recent (or past) traumatic or very emotional experience (e.g. death of a family member/friend, divorce, change of residence etc) that might generate behavior not normal to the camper? Y N

Explain: \_\_\_\_\_

H. Please list any fears (fear of dark, water, dogs etc) habits (running away, inappropriate touching etc) or mannerisms of the camper? \_\_\_\_\_

Helpful hints: \_\_\_\_\_

I. Does camper most easily make friends with campers who are: please check the appropriate box

Older

Younger

Same Age

J. Does camper elicit behaviors that require constant 1:1 supervision? Y N

**K. Check the appropriate options below to describe camper's social interactions:**

1. No difficulties functioning in social situations.
2. May need prompting and encouragement when getting involved in new experiences.
3. Requires complete supervision within social situations.

**L. Check the appropriate options below to describe camper's decision-making skills:**

1. Independent (no assistance necessary).
2. Needs moderate prompting.
3. Requires total assistance.

**M. Check the appropriate options below to describe camper's cognitive reasoning skills:**

1. Clearly understands directions and responds accordingly.



**13) CONSENT**

Parent /Guardian/Caregiver Authorization: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide routine health care, administer prescribed medications and seek emergency medical treatment including x-rays or routine test. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary medical transportation for my participant. In the event I cannot be reached in an emergency, I hereby give permission to the physician/RN selected by the camp secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian/caregiver or adult camper: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**CAMP RONALD McDONALD AT EAGLE LAKE  
CAMP EAGLE LAKE  
WAIVER AND RELEASE OF LIABILITY,  
CONSENT TO NECESSARY MEDICAL TREATMENT  
AND AUTHORIZATION FOR USE OF PHOTOGRAPH PD6.1**

1. **Consent to necessary medical treatment.** I, \_\_\_\_\_, maintain that my child, \_\_\_\_\_, is in satisfactory condition and may engage in all usual camp activities as they have been explained to me. At any time that my child is on the Camp Ronald McDonald® premises, I, the undersigned, hereby consent to any medical and/or other treatment as may be considered necessary by a qualified physician, nurse, camp director, and/or the camp director's designee. In case of emergency, I give permission to the camp director and/or his or her designee to hospitalize and/or secure other emergency treatment for my child. I, the undersigned, hereby acknowledge that the use by my minor child of the facilities, premises, or equipment of Camp Ronald McDonald® is permissive only and is subject to the terms of this release.
  
2. **Authorization for use of photo.** I hereby authorize Camp Ronald McDonald® and Ronald McDonald House Charities® Northern California to use, for any purpose whatsoever, any photograph (including digital media and videotape) taken at or near Camp Ronald McDonald® that contains my child's likeness.
  
3. **Release and waiver of liability and indemnity agreement.** I further agree to indemnify, protect, defend, and hold harmless Camp Ronald McDonald®, Ronald McDonald House Charities® Northern California and their directors, officers, employees, volunteers, and/or agents from and against any cost, damage, expense, claim, or liability caused by or arising out of my child's use of, presence at, or trip to or from the facilities of Camp Ronald McDonald®, including any injury to or death of any person, any damage to any real or personal property on or about the Camp or belonging to Camp Ronald McDonald® or Ronald McDonald House Charities® Northern California and any attorney's fees and/or costs arising out of this Agreement.

I, the undersigned, hereby waive any and all claims that I or my heirs may have against the directors, officers, employees, volunteers, and/or agents of Camp Ronald McDonald® or Ronald McDonald House Charities® Northern California for any injuries or property damages which may arise while my child is on the Camp Ronald McDonald® premises. I acknowledge that this waiver includes any claim for wrongful death, personal injury or property damage suffered by my child caused by or arising out of the negligence of Camp Ronald McDonald®, Ronald McDonald House Charities® Northern California, or their directors, officers, employees, volunteers and/or agents.

Dated: \_\_\_\_\_  
Parent/Guardian

Dated: \_\_\_\_\_  
Camper