





Camp ARROW Camper Application 2017  
Parent Form

Child's name \_\_\_\_\_ Name Called \_\_\_\_\_

Is child in foster care? no yes

Address \_\_\_\_\_

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

County \_\_\_\_\_ Home phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Employment \_\_\_\_\_

Work phone \_\_\_\_\_ Cell number \_\_\_\_\_

Father's name \_\_\_\_\_ Employment \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency number(s) other than above:

Name \_\_\_\_\_ Number \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

Relationship \_\_\_\_\_

For non-emergency questions before camp, what is the best way to contact you? (circle one) text phone call email

Please provide the best phone number and email for questions.

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

Please check all that are applicable:

\_\_\_ cerebral palsy (wheelchair)

\_\_\_ spina bifida

\_\_\_ cerebral palsy (walks)

\_\_\_ autism

\_\_\_ hearing impairment

\_\_\_ visual impairment

\_\_\_ mild intellectual disability

\_\_\_ seizure disorder

\_\_\_ moderate intellectual disability

\_\_\_ severe/profound intellectual disability

\_\_\_ emotional/ behavioral disability

\_\_\_ other: \_\_\_\_\_

Your child's weight \_\_\_\_\_ Height \_\_\_\_\_

T-shirt size: YS YM YL AS AM AL XL XXL

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Please check which best describes your child in the following areas. Remember, the more information you provide, the better prepared our staff members will be to care for your child. Thanks!

Eating:

My child is independent.  
 My child needs help with: \_\_\_\_\_  
\_\_\_\_\_

Diet:

normal                       diabetic                       blended/pureed  
 My child is a picky eater. Describe: \_\_\_\_\_  
List any dietary restrictions \_\_\_\_\_  
List any food allergies \_\_\_\_\_  
List adaptive eating equipment used \_\_\_\_\_

Adaptive Devices:

none                       braces                       helmet  
 night braces                       glasses                       hearing aid  
 shunt                       walker                       wheelchair  
 others: \_\_\_\_\_

Communication:

verbal                       sign language                       gestures  
 communication board                       PECS  
 other \_\_\_\_\_

Mobility:

My child is independent.  
 My child needs help with: \_\_\_\_\_

Hearing:

normal                       partial loss                       total loss

Vision:

normal                       partial loss                       legally blind

Dressing:

My child is independent.  
 My child needs help with: \_\_\_\_\_  
\_\_\_\_\_

Toileting:

My child is independent.  
 My child needs reminders or to be taken on a schedule.  
 My child wears pulls ups/ diapers.  
 My child needs help with: \_\_\_\_\_

Bathing:

My child is independent.  
 My child needs help with: \_\_\_\_\_  
\_\_\_\_\_

Brushing Teeth:

My child is independent.  
 My child needs help with: \_\_\_\_\_

Bedtime:

My child goes to bed with no problem.  
 My child needs help with: \_\_\_\_\_  
 My child wakes during the night.       My child needs a night light.  
 My child has difficulty falling asleep.       My child wets the bed.  
 Describe any special positioning: \_\_\_\_\_  
Typical bedtime: \_\_\_\_\_      Typical waking time: \_\_\_\_\_

Does your child get carsick easily? \_\_\_\_\_

Describe any previous camp experiences your child has had (Camp ARROW or other camps): \_\_\_\_\_

List indoor activities your child enjoys: \_\_\_\_\_

List outdoor activities your child enjoys: \_\_\_\_\_

Does your child have any fears? yes no

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

Describe any sensory sensitivities your child has(i.e. sounds, lighting, etc.):

\_\_\_\_\_

Behavior:

Is your child considered a runner? no yes

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

Does your child have behavioral difficulties (tantrums, aggressive behaviors)? Please describe behaviors and how you handle these behaviors at home. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can you give any additional information that as a parent you think would help our staff make your child's camp experience more enjoyable?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When we are in the pool, we have maximum supervision at all times. Life jackets are provided. Counselors swim with campers and hold them if needed.

Does your child enjoy being in a pool? yes no

Can your child swim? yes no

May your child use the pool? yes no

Insurance:

Is your child covered by private insurance? yes no

Company \_\_\_\_\_

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

\*Please include a copy of your child's insurance card.

Is your child covered by Medicaid? yes no

\*Please include a copy of your child's Medicaid card.

List all medications your child takes on a regular basis:

Meds	am/ amount	noon/ amount	pm/ amount	bedtime/ amount
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\*If additional space is needed please attach a separate page.

We have two full-time nurses on staff throughout the week of camp. We also have a camp doctor on call for campers and staff. Campers will receive first aid and/or medical assistance and care as necessary while at camp. This care may include a number of topical and some oral agents that we keep in stock; most are listed below. We may also give a prescriptive medication if our camp doctor makes that recommendation.

**If your child has an allergy, sensitivity, or has had a previous allergic reaction to any medications please list them for us:**

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Parents will not always be contacted for minor first aid treatment. In case of serious illness/injury, the nurses will render first aid and/or administer medications as prescribed by our camp doctor and parents will be contacted. If the situation is emergent, 911 will be called for transport/evaluation by Emergency Medical Services and you will be contacted. If necessary, your child will be transported the hospital.

Some of the medications we stock for camp: Acetaminophen, Ibuprofen, Benadryl, Miralax, Dermoplast spray, Neosporin/polysporin ointment, antacid tablets, glycerin suppositories, eye drops (eg. Visine), etc.

Please sign below indicating your consent for our camp nurses to administer over-the-counter medications as necessary for your child.

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Parent Signature

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Date



Camp ARROW  
Post Office Box 647  
Thomasville, GA 31799

### PHYSICIAN FORM

This form must be completed before a camper can be accepted. We can accept a copy of any physical done within one year of camp if the child has not had surgery, a major illness, or new medications in that year. Otherwise, have this medical form completed and signed by your child's physician.

Camper's name \_\_\_\_\_

Doctor's name \_\_\_\_\_

Office address \_\_\_\_\_

Office phone number \_\_\_\_\_

The above named child has requested to spend one week at Camp ARROW. It is a week-long residential camp for children with two or more disabilities. We have maximum supervision and a 24-hour nurse at the camp. Please answer each question to the best of your knowledge.

1. Has there been recent exposure to a contagious disease? \_\_\_\_\_  
Has this child been diagnosed with a contagious disease? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_
2. Check each of the following the child has had:  
\_\_\_\_\_ measles      \_\_\_\_\_ mumps      \_\_\_\_\_ diphtheria  
\_\_\_\_\_ chicken pox      \_\_\_\_\_ scarlet fever  
other \_\_\_\_\_
3. Does this child have a seizure disorder? \_\_\_\_\_  
Type \_\_\_\_\_  
Frequency \_\_\_\_\_  
Date of last known seizure \_\_\_\_\_  
Medications for present seizures \_\_\_\_\_
4. Has this child had recent surgery? \_\_\_\_\_ Describe \_\_\_\_\_  
\_\_\_\_\_
5. Does this child wear braces or corrective devices? \_\_\_\_\_  
Explain \_\_\_\_\_

6. Does this child have allergic reactions to any medications? \_\_\_\_\_

If yes, please list medications and the reactions to look for \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does this child have any allergies (pollens, foods, etc.)? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

8. We provide life jackets and maximum supervision while using the pool.  
Are there any restrictions regarding the use of the pool with this child?

\_\_\_\_\_  
\_\_\_\_\_

9. Date of last tetanus shot \_\_\_\_\_

10. List any precautions that need to be taken during daily camp activities. \_\_\_\_\_

11. Diagnosis of disabilities/ medical conditions \_\_\_\_\_

12. Date of last physical examination \_\_\_\_\_

13. Please list any medications needed to be administered at camp by our nurse:

Medication	amount	am	noon	evening	bedtime
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

14. Any additional information regarding medications to be administered:

\_\_\_\_\_

15. May we contact you if we have any questions or concerns regarding this child? \_\_\_\_\_ Phone number \_\_\_\_\_

\_\_\_\_\_  
Signature of Doctor

\_\_\_\_\_  
Date

Print your name \_\_\_\_\_

Teacher Form

Please have your child's teacher complete this form and mail it to: Camp ARROW, P.O. Box 647, Thomasville, GA 31799 or give this to the parent or guardian to mail with the remaining application. Thank you!

Child's Name \_\_\_\_\_ Teacher \_\_\_\_\_  
School \_\_\_\_\_ Phone number \_\_\_\_\_  
May we call you during the week of camp? \_\_\_\_\_ If yes, please give us  
your home phone number \_\_\_\_\_ THANKS!

The child named above has been diagnosed with the following:  
\_\_\_ mild intellectual disability      \_\_\_ moderate intellectual disability  
\_\_\_ severe intellectual disability      \_\_\_ profound intellectual disability  
\_\_\_ orthopedic impairment- describe \_\_\_\_\_  
\_\_\_ emotional/ behavioral disorder  
\_\_\_ traumatic brain injury      \_\_\_ visual impairment  
\_\_\_ autism      \_\_\_ speech impairment  
\_\_\_ cerebral palsy      \_\_\_ hearing impairment  
\_\_\_ other: explain \_\_\_\_\_

Present grade placement \_\_\_\_\_ Level of academic performance \_\_\_\_\_

Describe his/her expressive language skills \_\_\_\_\_

Describe his/her receptive language skills \_\_\_\_\_

Does this child make transitions easily? \_\_\_\_\_ If not, what has proven  
to be beneficial?

\_\_\_\_\_  
\_\_\_\_\_

Is this student considered a "runner"? \_\_\_\_\_  
If there are specific times of day or situations in which this behavior is  
observed most, please explain. \_\_\_\_\_

\_\_\_\_\_

Describe any significant behavioral issues (tantrums, aggressive behavior, verbal outbursts, etc.): \_\_\_\_\_

\_\_\_\_\_

Describe general behavioral management system used: \_\_\_\_\_

\_\_\_\_\_

Describe specific method used to deal with significant behavioral issues:

\_\_\_\_\_

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

\_\_\_\_\_

Describe any sensory sensitivities and how you accommodate for these at school: \_\_\_\_\_

\_\_\_\_\_

Is he/she on medications while at your school? \_\_\_\_\_

Please list medications/times administered: \_\_\_\_\_

\_\_\_\_\_

Describe his/her feeding ability \_\_\_\_\_

\_\_\_\_\_

Describe his/her toileting ability \_\_\_\_\_

\_\_\_\_\_

Area(s) in which he/she is most successful? \_\_\_\_\_

\_\_\_\_\_

Any additional information you feel would be beneficial to the Camp ARROW staff to ensure this student is successful during camp week:

\_\_\_\_\_

\_\_\_\_\_