

Handicapable Camp, Inc.
P O Box 716, Plainfield, Indiana 46168
317-971-2486 (Voice Mail)
E-Mail: handicapablecamp@hotmail.org
CAMP DATES: September 7, 8, 9, 2018

Dear Potential Camper, Parent, and/or Guardian:

Once again, we are so excited to offer Handicapable Camp to teens and adults with disabilities. We are a volunteer based camp that focuses on what the campers can do and not their limitations. Due to the needs of the campers, we are limited in the number of camper positions that are available. These spots are filled on a first come, first received basis. Camp fills up fast, so, it is best to get applications in as soon as possible.

A completed camper application requires each of the six listed forms included in the attached application packet (indicate N/A if not applicable) including:

1. 2018 Camper Application
2. Consent to Treat, Medical and Media Release Form
3. Medical Information Form
4. Camper Information Checklist
5. Medication Checklist
6. Equipment Checklist

Important points to note:

- Please note that incomplete applications (missing signatures, information or forms) will be returned. When completed application is returned it will go to the bottom of the stack. It is possible that this could exclude the camper from being in the limited number of campers accepted. Therefore, it is **important** that you return the attached application along with all forms and signatures as soon as possible and no later than **Tuesday, July 31, 2018.**
- Applications are accepted by determining what the camper's medical needs are, and if camp staff can meet those needs.
- All medical information must be listed including prescribed medicines and over-the-counter drugs. All medicines will be stored with our medical staff. Medicines will be available any time they are needed.
- All medical equipment that is sent to camp must be labeled with the camper's name.
- Be sure to provide the name and phone number of the person who will be available during Camp as the Emergency Contact.
- The board of directors asks all items of personal value be left at home. Handicapable Camp CANNOT be held liable for items lost or broken at camp.
- NOTE TO GROUP HOMES: We DO NOT accept MARS. The attached Medication and Equipment Checklist Forms must be filled out in order for the application to be considered complete.

CHECK-IN TIME is Friday at 4:30 pm. Please **DO NOT** arrive before the check-in time. Campers arriving early will be asked to wait with their guardian OR staff. Staff must remain with camper until they have been checked in with medical.

CHECK-OUT TIME is Sunday at 10:30-11:30 am. It is important that the camper's transportation arrives no later than 11:30 am.

RECOMMENDED EQUIPMENT LIST

Clothing appropriate for the weather (enough for the whole weekend + an extra set)

Sleeping bag/bedding	Jacket/sweat suit	Insect repellent
Pillow	Raincoat/poncho	Sunscreen
Towels and washcloths	Comfortable walking shoes	Personal items
Plastic bag for dirty/wet clothing	Change for soft drink machine	Flashlight

Reminder: Campers are required to wear loose **modest clothing**, i.e. no short shorts, tight fitting leggings, low cut tops, or sleeveless shirts with the sides cut out, etc.

If you know someone that would like to be a camper, counselor, or activity volunteer, please direct them to our website at www.handicapablecamp.org Questions can be made via email at handicapablecamp@hotmail.com. You may also leave a voicemail at (317) 971-2486. Your call will be returned as soon as possible.

Thank you for your interest in Handicapable Camp, Inc.!

Sincerely,
Diane Fugate, Board President
Handicapable Camp, Inc.

Directions to Bradford Woods

5040 STATE ROAD 67 N
MARTINSVILLE IN, 46151

Bradford Woods is located on State Road 67 near Martinsville, Indiana, 30 minutes south of Indianapolis and 30 minutes north of Bloomington.

To get to Bradford Woods from the North:

- Take 67 South towards Mooresville and Martinsville.
- After passing through Mooresville, continue another 8 miles. Bradford Woods will be located on your right, approximately one mile after you pass a Marathon gas station.

To get to Bradford Woods from the South:

- Take 37 North to Martinsville.
- Merge onto Morton Ave/IN-39 North.
- Follow IN-39 across the White River, then bear right onto 67 North.
- Follow 67 North approximately 5 miles. Look for the brown sign directing you to Bradford Woods. The entrance to camp will be on your left.

2018 Camper Application

REGISTRATION FEE

\$50.00 is the cost of registration. Included is \$_____ ***
 Make Checks Payable to Handicapable Camp, Inc.**

*****Additional Donations are Appreciated*****

Check if Financial Assistance is Needed in Amount of \$_____

OFFICE USE ONLY

NUMBER _____

Database _____

Check # _____ Amount _____

Camper's Name _____

Gender _____ DOB _____ AGE _____ T-shirt size _____

Camper's Address _____

City/State/ZIP _____

County _____

Email _____

____ I would like to receive information via email. ____ I would like information mailed to me home.

Phone Numbers (please include area code on all numbers give

Day (____) _____ Night (____) _____

Emancipated: YES NO **(MUST BE COMPLETED)**

Living Arrangement: Private Residence Group Home Name: _____

Parent/Guardian Name _____

EMERGENCY INFORMATION DURING CAMP

Emergency contact name _____

Relationship _____

Phone number _____ Pager _____ Cell _____

(Please include area codes. Please attach an additional page if necessary, so that numbers are legible.)

RULES OF CONDUCT

Failure to agree to the following Rules of Conduct will be grounds to deny camp participation.

1. No Profanity.
2. No public display of affection.
3. No malicious mischief.
4. No alcohol or illegal drugs.
5. Smoking is prohibited. Bradford Camp is a "smoke free" facility.
6. Any action that may be harmful to another individual will not be tolerated.
7. The direction of designated staff must be followed.
8. No pets, other than service animals.
9. For the safety of all, no weapons of any kind are allowed (Example: pocket knives, etc.)

Handicapable Camp, Inc. Management will determine appropriate behavior and consequences. Those who are unable to comply with the Rules of Conduct will be required to leave.

I, the undersigned, agree to abide by these rules.

Signature of Camper

Date

Printed Name of Camper

Consent to Treat, Medical, and Media Release Form

Camper's Name: _____

In consideration of my child's/ward's or my participation in HANDICAPABLE CAMP, INC. and for other good and valuable considerations, I, on behalf of my child/ward, or I, on my own behalf and as agent for others stand in loco parentis, make the following representations, covenants and releases:

CONSENT TO TREATMENT

In the event that my child/ward or I should for any reason require any medical or surgical treatment and/or medication during the course of his/her or my attendance at or participation in HANDICAPABLE CAMP, INC., I authorize such physician and/or medical staff as the HANDICAPABLE CAMP, INC. may appoint or designate to carry out the necessary treatment, or to take my child/ward or me to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for the well being of my child/ward or myself. It is understood, however, that if hospitalization or treatment of a more serious nature is required, I or the person placed on the application as an emergency contact will be contacted, if at all possible, by telephone for permission.

MEDICAL RELEASE

The undersigned, on behalf of me or my parent/guardian of _____, do hereby authorize HANDICAPABLE CAMP, INC. Health Center, its medical staff, to treat and/or prescribe the medication(s) to the above named applicant while enrolled or participating in activity under the auspices of HANDICAPABLE CAMP, INC.

The physicians, organizers, officers, directors, agents, and employees of Indiana University, Camp Bradford, and HANDICAPABLE CAMP, INC. are hereby released, acquitted and discharged from any claim for damage or suit by reason of any injury, illness, or damage to person or property during the course of the camp, including transportation to or from the camp and/or to any event, and in regard, I hereby covenant that on my own behalf and for the child/ward not to file a claim or bring suit with respect to any such injury or damage.

I, the undersigned, am an emancipated adult or a parent (or guardian) of the above-specified applicant. I have read and fully understand the provisions of the above releases and will be bound thereby and I shall defend you and hold you harmless from any disaffirmation thereof by said applicant.

MEDIA

I hereby irrevocably grant the HANDICAPABLE CAMP, INC. permission to record my child's/ward's or my likeness and/or voice for use by television, films, radio or printed media to further the aims of the HANDICAPABLE CAMP, INC. in related campaigns, magazine articles, booklets, posters, and in any other way they may see fit. I hereby release them from any and all claims in its usage.

Emancipated Camper or Parent/Guardian Signature

Date

Name Printed

Medical Information Form

CAMPER'S NAME _____
(PLEASE PRINT)

Envelopes will be mailed to you to send your or your child's/ward's medications to camp. The envelopes will be labeled and should be filled as they are marked. **LABEL ALL MEDICAL EQUIPMENT SENT TO CAMP.** Please send all sanitary items your child/ward may need. Medical information is always kept confidential.

BE SURE TO COMPLETE BOTH SIDES OF THIS PAGE

DIAGNOSIS

PRIMARY DISABILITY: _____

SECONDARY DISABILITIES: _____

WEIGHT: _____ lbs

HEIGHT: _____ ft _____ inches

List as needed (PRN) or over the counter medicine below (i.e., Tylenol, Imodium AD):

SPECIAL CONDITIONS OR ILLNESS

Such as diabetes, epilepsy, asthma, mild hypertension, seizures:

ALLERGIES

Such as bee stings, elm trees, a specific medication: _____

ALLERGIC TO LATEX: YES () NO ()

POSSIBLE BEHAVIORAL ISSUES

Does camper have any behavioral issues that counselors should know about? YES [] NO []

Does your camper run or walk away from adult supervision? YES [] NO []

Please include information that would help the camp staff with your child. (Example: Child does not eat very well away from home.) Also, include the best method for addressing these problems.

Please list any problem behaviors that might occur at camp. (Example: When child is stubborn, it is best to ...)

Camper Information Checklist

CAMPER'S NAME _____

Please describe applicant's abilities and needed assistance by checking the appropriate boxes below.

NOTE: An honest assessment of applicant's abilities will better prepare camp staff and volunteers to provide any needed assistance

Mobility:

- Independent
- Needs Assistance w/ Balance
- Walker
- Crutches or Cane
- Wheelchair
- Can only walk short distances

Assistive Devices:

- None
- Helmet VNS
- Braces
- Prosthesis
- C Pap Machine
- Glucose Meter

Vision:

- Normal vision
- Legally blind
- Wears glasses or contacts

Hearing:

- Normal hearing
- Hearing impaired / deaf
- Knows sign language
- Wears hearing aid(s)

Restroom Needs:

- No assistance needed
- Needs reminders
- Help transferring to toilet
- Incontinent (wears depends)
- Needs assistance w/wiping
- Uses catheters/bag:

Eating:

- No assistance needed
- Some assistance needed
- Food cut up
- Food blended (PUREED)
- Needs a straw
- Mechanical soft diet
- Has feeding tube
- Choking risk
- Thickened liquids

Explain:

Diet:

- Normal
- Low Calorie (1 serving only)
- Diabetic
- Lactose intolerant
- Gluten Free
- NO sugar

Explain:

Lifting (for when STAFF must lift camper):

- No assistance needed
- Pivot transfer
- Uses gait belt
- Can bear weight
- Can NOT bear weight
- Uses lifting equipment
- Dead Lift

Explain:

Personal Hygiene:

- No assistance needed
- Reminders / Verbal cues only
- Assistance in / out of shower
- Assistance with:
 - Brushing teeth
 - Washing / Styling hair
 - Washing body
 - Drying off
 - Uses shower chair

Please explain how camp staff or volunteers can help:

Dressing:

- No assistance needed
- Needs partial assistance
- Needs total assistance
- Needs assistance with:
 - Tying shoes
 - Belts/ Zippers
 - Buttons / Snaps

Smoking:

- Does NOT smoke
- IS a smoker

Person completed this form

Phone number:

Medication List

CAMPER'S NAME _____ (PLEASE PRINT)

CHECK HERE IF THERE ARE NO MEDICATIONS _____

Contact person for medicine questions during camp _____ Daytime phone # (____) _____

NOTE TO GROUP HOMES: NO MARS WILL BE ACCEPTED. APPLICATIONS WILL BE REFUSED UNTIL THIS PAGE IS COMPLETED.

Medication Name	Dosage	Friday Bedtime	Saturday Morning	Saturday Noon	Saturday Dinner	Saturday Bedtime	Sunday Morning
<i>Example: Diliatin</i>	100 mg	X	_____	_____	_____	X	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.
SEE BACK**

Equipment Checklist

CAMPERS NAME: _____

Please check any medical equipment that the camper will be using or needs access to during camp. All supplies need to be provided from home and be given to medical staff the day of camp.

- NO EQUIPMENT NEEDED
- Oxygen tubing
- Nebulizer and supplies
- Thickener **(please provide a container for each camper)**
- Hearing aid supplies and batteries
- Glucose meter and supplies
- Ostomy supplies
- CPAP and supplies
- Wheelchair
- Wheelchair charger
- OTHER: _____