

Camp Promise 2012 Application Form

Complete and return to:
501 McCaffery Rd, Bigfork, MT 59911
(Must be received by May 1, 2012)

Office Use Only: Date Rec'd _____ Phys Rec'd _____ Amt Rec'd _____

Personal Information

Applicant's Full Name _____

Mailing Address _____

Sex _____ Age _____ Date of Birth _____ Phone Number _____

E-Mail Address _____ Previous Camp Experience _____

Legal Guardian's Name _____ Phone Number _____

Mailing Address _____

Employer _____ Work Phone Number _____

Relationship to Applicant _____ Cell Phone Number _____

Emergency Contact Name (**Other than legal guardian**) _____

Phone Number _____ Relationship to camper _____

Disability History and Condition

Medical Diagnosis / Degree of involvement _____

School Placement / Grade Level _____

Reading / Writing Skills _____

Teacher's Name _____ Phone Number _____

Daily Living Activities

Dressing (Describe any assistance needed) _____

Speech / Communication (Describe any assistance needed) _____

Eating (Describe any assistance needed) _____

List any food allergies or special diets _____

Daily Living Activities Continued

Bathing / Grooming (Describe any assistance needed) _____

Toileting (Describe any assistance needed) _____

Swimming (Describe skills and any assistance needed) _____

Equipment (List any equipment used and assistance needed) _____

Walking (Describe any assistance needed) _____

Arm / Hand Use (Describe any assistance needed) _____

Vision (Describe any assistance needed) _____

Hearing (Describe any assistance needed) _____

Rest / Sleep (Describe any routines or assistance needed) _____

Top bunk allowed? _____ Side rail needed? _____

Socialization (List hobbies and describe peer relationship skills) _____

Behavior (List any potential behavior problems and describe what reinforcements are effective) _____

Health History

Give approximate dates for any of the following the applicant has undergone

- | | | | |
|-------------------------|---------------------------------|--------------------------------------|---------------------|
| _____ Athlete's feet | _____ Sinusitis | _____ Ear infections | _____ Bronchitis |
| _____ Stomach upsets | _____ Fainting | _____ Constipation | _____ Bedwetting |
| _____ Heart problems | _____ Diabetes | _____ Tuberculosis | _____ Convulsions |
| _____ German measles | _____ Measles | _____ Chickenpox | _____ Poliomyelitis |
| _____ Whooping cough | _____ Mumps | _____ Rheumatic fever | _____ Hepatitis |
| _____ Hepatitis carrier | _____ Kidney/bladder infections | _____ Frequent colds or sore throats | |

List medications, vitamins or supplements taken on a regular basis, including dosage and times taken

Seizures (Frequency, duration, observable behavior, etc., if applicable) _____

Describe any recent illness, injury or surgery _____

Describe any physical therapy currently being received _____

List any medication or environmental allergies, including type of reaction and treatment _____

For female applicants – Describe symptoms of menstruation and assistance needed, if applicable _____

Notify Camp Promise immediately if applicant is exposed to any communicable disease during the three weeks preceding their camp stay. Only medications listed on the physician's form or authorized by the camp physician will be administered at camp. All medications must be brought to camp in the original prescription bottle.

Medical Release (To be completed and signed by applicant's legal guardian)

In case of medical or surgical emergency, I _____ hereby give permission
Name of guardian
to the physician selected by Camp Promise to hospitalize, secure treatment for, and to order
injection, anesthesia or surgery for my child, _____. I also give permission
Name of applicant
for the release of any medical information necessary for the completion of insurance forms.

Signature

Relationship to applicant

Date

Liability Release (To be completed and signed by applicant's legal guardian)

The undersigned, intending to be bound hereby, realizing that it is the desire of camp to give each camper a safe and beneficial stay, releases Big Sky Bible Camp, and/or BCM International, Inc. and all individuals associated therewith from any and all liability for any injury or damage which may be sustained by the undersigned and/or any child of the undersigned or property of the same, at or in transit to or from any camp conducted by or under the auspices of Big Sky Bible Camp, and/or BCM International, Inc.

Signature

Relationship to applicant

Date

Photo Release (To be completed and signed by applicant's legal guardian)

I hereby give permission for my child, _____, to be photographed while
Name of applicant
attending Camp Promise at Big Sky Bible Camp. I also give my permission for such
photographs or slides to be reproduced and used for the purposes of training or publicity of
the camp program.

Signature

Relationship to applicant

Date