

Camp Promise Application Form

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

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 _____

Applying for: Week 1 Week 2 Either Week

Spaces reserved on a first-come basis. See website or call for dates.

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 _____

School Placement / Grade Level _____

Reading / Writing Skills _____

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 or been vaccinated against

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|-------------------------|---------------------------------|--------------------------------------|---------------------|
| _____ 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.

MEDICATION INFORMATION PAGE

Camper Name _____

In this section, please list the names of medications you will be bringing to camp and the reason they have been prescribed.

<p><u>Medication Name</u></p>	<p><u>Medical Diagnosis (reason for taking the medication)</u></p>
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In this section, please list the name, dosage, and time that medications will need to be administered to your camper during camp.

Day	Breakfast	Mid-morning	Lunch	Mid-afternoon	Dinner	Bedtime
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Parent Authorization (This box must be completed for camp attendance.)

- * I grant Big Sky Bible Camp permission to use camp photographs and/or video of my child for camp promotion and publicity.
- * I give permission and consent for my child to be transported in a vehicle and/or boat with the understanding that the vehicle/vessel will be driven by a trained and qualified Big Sky Bible Camp staff member for the purpose of some camp activities.
- * I understand that Big Sky Bible Camp only carries secondary insurance for campers and that I will take primary responsibility for any charges occurring in the event that the camper named above should need any medical attention at any clinic, facility or hospital.
- * The undersigned, intending to be bound hereby, realizing it is the camp's desire to give each camper a safe and beneficial stay, and realizing each camper is covered by
a reputable insurance plan, releases forever Big Sky Bible Camp and all individuals associated therewith, from any and all liability for any injury or damage (including all claims and liability for damage resulting from injuries received from bee or hornet stings and any other insect bites) which may be sustained by the undersigned and/or child of undersigned or property of the same at or in transit to or from any camp conducted activity or under the auspices of Big Sky Bible Camp.
- * I hereby give permission for the release of pertinent medical information regarding my child to all appropriate Big Sky Bible Camp staff.
- * IN CASE OF EMERGENCY, I hereby give permission to the medical staff selected by the camp to hospitalize, secure proper treatment for and to order injection or surgery for my child as named above.

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____