



FOR OFFICE USE ONLY

CAMP # _____
DEPOSIT _____
CK# _____

2011 SPARROWWOOD APPLICATION

First Choice: Camp Session _____ Date _____

Second Choice: Camp Session _____ Date _____

Third Choice: Camp Session _____ Date _____

Deposit amount of \$100 is required to hold your spot. Please include a check or include a daytime phone number to pay by credit card. _____

Is a third party paying for any portion? Yes ___ No ___

If "Yes" what third party is paying: _____

How much will the third party pay? _____

If Georgia Community Support & Solutions is paying a portion or all of the camp fees, please inform your coordinator before you send in this form. The coordinator has to approve that the fees will be covered before your camper can be registered. We will then send the invoice to GCSS to receive payment.

Please provide your GCSS Coordinator name: _____

If using Acumen Services, our vendor number is 58-0633975.

Camper Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Age:** _____ **Grade:** _____

If your camper is still in school, but over the age of 18 please register for the 18-39 age group.

Height: _____ **Weight:** _____ **T-shirt size:** _____ **Gender:** _____

Camper lives with: _____ **Relation:** _____

School or Center Camper Attends: _____

Church Affiliation: _____ **Years attended Sparrowwood:** _____

Type of residence: Private: _____ Group Home: _____ Institution: _____ Other: _____

If your camper is over the age of 18, do they have a personal representative? _____ **If yes, please include the name and phone number below:**

Personal Representative: _____ **Phone:** _____

Parents/Guardians Names:

Current Address if different:

Parent or Guardian

Phone: (day) _____ (night) _____
(cell) _____ E-Mail: _____

***Emergency Contact:** _____

Phone: (day) _____ (night) _____
(cell) _____

Social Worker: _____

Phone: (office) _____ (home) _____
(cell) _____ (Email) _____

What are two areas that you would like to see growth and learning from your camper during their week at camp.

1. _____

2. _____

**GLISSON SPARROWWOOD PROGRAM
RELEASE FORM**

I give permission to the camp staff to transport my camper for emergency or programmatic purposes at the discretion of the director.

For good and valuable consideration, we hereby consent to and authorize the reproduction, publication, and use by Camp Glisson and their successors and assigns, for advertising, commercial, or any other purpose, of any photograph, picture video or likeness of my child or other family members.

I have read and hereby agree with the conditions of this release:

Signature of Parent or Legal Guardian Date



Skills Assessment

please use "check" and/or enter "P" or "R" for "Prompt" or "Routinely" as appropriate

Basic Self-Care Skills

	Function	Unable	With Assistance	Independent (P or R)
1	Walk			
2	Sit			
3	Speak			
4	Feed Self			
5	Toilet			
6	Keep head up			
7	Wash hands			
8	Exercise			
9	Shower/Bathe			
10	Shampoo hair			
11	Attend to menstrual needs			
12	Comb/brush hair			
13	Brush Teeth			
14	Shave			
15	Apply Deodorant			
16	Dress/undress			
17	Fasten clothes, ie			
18	Buttons, snaps, zippers, etc.			
19	Buckle belt			
20	Wash face			
21	Select next day's clothes			
22	Go to bed at bed time			
23	Sleep soundly			

Recreation and Leisure Skills

	Function	Unable	With Assistance	Independent (P or R)
1	Go to restaurant			
2	Use stereo appropriately			
3	Play one or more table games			
4	Participate in group sing			
5	Draw			
6	Color			
7	Cut with scissors			
8	Paste			
9	Go for walks			
10	Jog			
11	Hike			
12	Roll a ball			
13	Throw a ball/frisbee			
14	Catch a ball/frisbee			
15	Hit ball with bat			
16	Go camping			
17	Go on picnic			

Household Living Skills

	Function	Unable	With Assistance	Independent (P or R)
1	Put dirty clothes in laundry			
2	Straighten bedroom			
3	Make bed			
4	Wash/dry/fold clothing			
5	Put clothing in drawer			
6	Assemble house cleaning materials			
7	Plug in electrical appliances			
8	Vacuum			
9	Operate aerosol container			
10	Operate spray pump			
11	Wash windows			
12	Wipe mirrors			
13	Clean sinks, tubs, toilets, shower			
14	Turn water faucet on and off			
15	Mop floor			
16	Sweep			
17	Weed flower bed			
18	Pick up trash			
19	Put trash in bag			
20	Take out trash			
21	Clean trash containers			
22	Return materials after they are used			
23	Identify utensils			
24	Set tables			
25	Use sharp knife			
26	Measure ingredients			
27	Use can opener			
28	Open boxes/packages			
29	Prepare simple meals			
30	Serve self			
31	Use proper utensils			
32	Pass food			
33	Cut food			
34	Ask or sign for more			
35	Drink from a cup/glass slowly			
36	Eat slowly			
37	Chew food			
38	Grasp utensils correctly			
39	Scoop with fork/spoon			
40	Bus own dishes			
41	Clear table			
42	Put food away			
43	Load dishwasher			
44	Wash dishes			
45	Unload dishwasher			
46	Put clean dishes away			
47	Sort clean utensils			
48	Wipe (wash) table and chairs			
49	Wipe (wash) counters and stove			

Social Skills

	Function	Unable	With Assistance	Independent (P or R)
1	Greet friends courteously			
2	Assemble for meeting			
3	Wait patiently			
4	Sit appropriately in chair			
5	Listen to instructions			
6	Give eye contact when spoken to			
7	Follow instructions			
8	Take turns			
9	Pass snack			
10	Take "just one" snack			
11	Pour refreshment			
12	Exhibit manners			
13	Recall people's names			
14	Recall day's happenings			
15	Ask questions appropriately			
16	Answer questions appropriately			
17	Participate in planning activities			
18	Choose activity			
19	Volunteer for chores			
20	Engage in conversation			
21	Listen to others			
22	Laugh/cry appropriately			
23	Share with others			
24	Cooperate with others			
25	Help others			
26	Handle property with care			
27	Respect possessions of others			
28	Ask permission when appropriate			
29	Display appropriate modesty			
30	Display appropriate physical contact			
31	Stay with group			

Public Skills

	Function	Unable	With Assistance	Independent (P or R)
1	Use a seat belt			
2	Recognize and follow traffic signals			
3	Look before crossing street			
4	Use crosswalks			
5	Stay on side walks			
6	Identify currency & coins			
7	Select and purchase items in store			
9	Select, order & pay for snacks			
10	Order & pay for meal in restaurant			
11	Use vending machines			
12	Sit quietly in church			

*****Please attach most recent Psycho-Social Evaluation Form***.**

Thank you for filling out this application completely and precisely. The Camp Glisson staff will work hard to provide a very rewarding camping experience for your camper

**GLISSON SPARROWWOOD PROGRAM
CAMPER INFORMATION SECTION**

THIS INFORMATION SECTION MUST BE FULLY COMPLETED FOR **FIRST TIME AND RETURNING** CAMPERS, IN ORDER TO PROVIDE COUNSELORS WITH INFORMATION NECESSARY TO MAKE THE CAMPING EXPERIENCE MOST BENEFICIAL. THIS APPLICATION WILL NOT BE CONSIDERED IF IT IS RETURNED INCOMPLETE, WITHOUT THE ENCLOSED MEDICAL FORM OR THE REQUIRED DEPOSIT.

***** All Applicants Must Be Ambulatory *****

Camper's Name _____ Nickname _____

MEDICAL HISTORY: (Please check the appropriate places and explain as necessary.)

Primary Diagnosis: _____

Degree of Disability: () Mild (IQ 70-50) () Moderate (IQ 50-40) () Severe (IQ 40-20)

<u>Disability</u>	<u>Acute</u>	<u>Chronic</u>	Explanation, including any physical or functional disability
Tuberculosis	()	()	_____
Hepatitis B	()	()	_____
Bleeding Disorders	()	()	_____
Rheumatic Fever	()	()	_____
HIV Positive	()	()	_____
Heart Disease	()	()	_____
Asthma	()	()	_____
Other	()	()	_____

Does the camper have any food or drug allergies? () YES () NO

If yes, please list: _____

Reaction? _____

Does the camper have a history of Diabetes? () YES () NO

If yes, how is it controlled? _____

Does the camper have a history of seizures? () YES () NO

If yes, how is it controlled? _____

Describe behavior before, during, and after the seizure: _____

Any recent accidents, surgery, or serious illness? () YES () NO

If yes, please explain: _____

SKILLS FOR DAILY LIVING (The following information will allow us to plan appropriate activities that will help insure a positive camp experience. Please be specific in your answers, and use another piece of paper if necessary.)

Behavior & Peer Relations

Relates to others Well Poorly

Explain: _____

Agitated in large groups or by large amounts of noise: Never Seldom Often

Explain: _____

Physically self-abusive? NO YES

Explain: _____

To others? NO YES

Explain: _____

What might prompt inappropriate behaviors? _____

State a positive way to motivate camper: _____

Please note any fears or frustrations which may lead to behavior problems: _____

Speech & Communication

Verbal Non-Verbal Signing Points, grunts, etc. Verbalizes basic needs

If camper is non-verbal, please explain in detail their ability to communicate and how best to communicate with them:

Describe any limitation in the following areas:

Vision _____

Hearing _____

Comprehension & Memory

Know own name: YES NO

Follows simple directions: YES NO

Oriented to time and place: YES NO

Mobility

Is the applicant able to participate in the normal pace of activities (i.e., walking, hiking, sports, swimming, etc.) or do exceptions need to be made for a slower pace (more rest, sitting out of some activities, etc.)?

Little or no rest between activities Some rest between activities A lot of rest between activities

Limitations in Gross Motor Skills (e.g., walking, etc) _____

Limitations in Fine Motor Skills (e.g., writing, drawing, etc.) _____

Eating Patterns

Totally Independent Minimal Assistance Cannot feed self Other (include food allergies)

Able to eat regular diet Yes No

Requires special diet Yes No If yes, specify: _____

Sleeping Patterns

() Normal () Restless () Hard to wake () Talks in Sleep () Wanders/Sleepwalks

Explain: _____

What helps your camper get to sleep? _____

Grooming: (5 is total self-sufficient 1 is total reliance)

Circle One:	Self-Sufficient		Some assistance required		Complete Reliance on Staff
Eating	5	4	3	2	1
Showering	5	4	3	2	1
Dressing1	5	4	3	2	1
Toileting	5	4	3	2	1

Camper Criteria

Self Help Skills

1. Uses toilet appropriately (able to wipe self, and toilet self through the night). Episodes of incontinence are not normal.
2. Capable of washing, dressing, and eating independently or with minimal help.
3. WOMEN: to have an understanding and awareness of, be able to cope with, and independently provide necessary hygiene during menstrual cycle.

Social Skills

1. Able to communicate needs whether verbally or non-verbally.
2. Able to relate appropriately to other campers and leadership in a *structured* program with a 1:2 staff to camper ratio.
3. Able to function in a program involving swimming, boating, archery, etc.
4. Able to stay within physical boundaries of camp setting with no wandering.
5. Free from any self-abusive or aggressive behaviors.

Medical Conditions

1. Seizures – controlled (no more than one seizure per month).
2. Able to eat most normal adult table foods, (controlled diabetics acceptable).

Is skilled health care required be this person, other administration of medication? () YES () NO

If yes, what kind of care? _____

I have read the above, and this camper meets the criteria listed. (Please initial here) _____

ESSENTIAL INFORMATION WITHHELD IN REGARDS TO THE EXTENT OF THE CAMPER’S DISABILTIIES, RESULTING IN INJURY TO SELF OR OTHER CAMPERS, OR DAMAGE TO THE CAMP PROPERTY, WILL BE CONSIDERED THE FINANCIAL RESPONSIBILITY OF THE PARENT, GUARDIAN, OR CARE PROVIDER.

Name of Person Completing this Application:

Name: _____ Relationship: _____ Phone: _____

Signature: _____ Date: _____

Agency: _____ Phone: _____

MEDICATION RECORD

IMPORTANT – PLEASE READ AND SIGN BELOW.

It is vitally important that all prescribed medications are brought to camp in their **original packaging with current dosage** from the pharmacy, with the camper's name and doctor's name clearly visible. Campers **will not** be permitted to stay if medications are pre-packaged in any type of cassettes, baggies, envelopes, etc. While at camp all medications are administered by the **camp nurse**, except for inhalers, prescription creams, shampoos, or oral rinses. For these exceptions the nurse will oversee the administration of the medication.

I give permission to the camp nurse and/or physician **to administer** any necessary first aid should a situation requiring medical attention occur while at camp, and **IN CASE OF EMERGENCY**, give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery.

I give permission to the camp nurse **to administer** prescription medication (as noted below) and over-the-counter medication (PRNs) brought to camp.

SIGNATURE: _____ **DATE:** _____

Name of Drug (exactly as dispensed)	Dosage Amount	Times Given (usual hours)	Total Daily Dosage	Directions for Administration*	Reason for Medication
Example: Mellaril	50 mg	8 am & 5 pm	100 mg	One tablet, 2 x a day. Crush pill.	Behavior

*Please include here directions for administration taken from prescription bottle and any relevant information (i.e., length of time on medication; side effects that frequently occur, etc.)