Elks Camp Grassick **701-327-4251**

PO Box F, Dawson, ND 58428 **campgrassick@gmail.com**

Date of Application: _____ **Date Received at ECG: _____**

Child is Applying For: ☐ **3 Week Camp** ☐ **2 Week Camp** ☐ **Companion Camp**

PERMISSION

I, as parent/guardian of this child, request that my child be considered an applicant to Elks Camp Grassick for a Camping Session. I give permission for Elks Camp Grassick to obtain information from my child's school, teachers, therapists, or other persons/organizations to help determine eligibility for this camping session. I understand that failure to provide honest and accurate information about my child could result in non-acceptance or early dismissal from Camp Grassick.

Parent/Guardian Signature: _____

IDENTIFYING INFORMATION

Name of Child: _____ Gender: ☐Male ☐Female

Nickname or Preferred Name: _____ T-Shirt Size: _____

Date of Birth: _____ Age as of camp start date: _____

Name of Parent(s) or Guardian(s): _____

Address: _____ City: _____ State: _____ Zip:_____

Telephone: Home: _____ Cell: _____ Cell: _____

Parent/Guardian Email: _____

Parent/Guardian #1:

Place of Work: _____ Telephone: _____

Parent/Guardian #2:

Place of Work: _____ Telephone: _____

Emergency Contact: (must be someone other than parent or guardian)

Contact Name: _____ Relationship to Child: _____

City/State: _____ Phone: _____

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ELKS CAMP GRASSICK FEE AGREEMENT

Please do NOT send payment until your child has been accepted.

Camper's Name: _____

Parent/Guardian Name: _____

Please check which camp the child will attend or has attended:

☐ Three Week Camping Session: $700.00

☐ Two Week Camping Session: $500.00

☐ One Week Companion Camping Session – Camper: $300.00

☐ One Week Companion Camping Session: - Companion $100.00

Parent/Guardian: If you are paying for all or part of your child's camp fee, please indicate in the spaces below. Camp fees may be made in payments.

Please check the amount you are able to pay or check if you need full or partial sponsorship for your child to attend Elks Camp Grassick.

☐ I hereby agree to pay $_____ for my child to attend Elks Camp Grassick.

☐ I am requesting a partial sponsorship for my child to attend Elks Camp Grassick.

☐ I am requesting a full sponsorship for my child to attend Elks Camp Grassick.

Parent/Guardian Signature: _____ Date: _____

If you have any questions, please feel free to call camp at 701-327-4251.

Please send this agreement to: Elks Camp Grassick
PO Box F
Dawson, ND 58428

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REFERRAL INFORMATION

Note: Campers may be referred to Camp Grassick by a parent, teacher, therapist, medical professional, etc. The referring agency is for informational purposes and does not affect a child's application process.

Name of School Child is Attending: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Child's Teacher: _____Summer Telephone #: _____

Type of Classroom: _____ Grade: _____

This Child is Referred to Camp Grassick by: _____

Title/Phone #: _____

This child could benefit from: (if more than one, please rank with number 1 being greatest need)

☐ Speech/Language Therapy ☐ Occupational Therapy

☐ Remedial Reading ☐ General Camping Experience

GENERAL INFORMATION

Child Lives with: ☐ Mother ☐ Father ☐ Both ☐ Guardian(s) ☐ Other: _____

Number of siblings: _____ Number of children living in home: _____

Child's Diagnosis: _____

Activities of Daily Living:

Please give an evaluation of the child's ability in the area of daily living skills. (How independent is he/she?)

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GENERAL INFORMATION CONTINUED

Level of Supervision Needed for Each:

	Total Assist	Minimal Assist	Supervision	Independent
Dressing	☐	☐	☐	☐
Eating	☐	☐	☐	☐
Mobility	☐	☐	☐	☐
Toileting	☐	☐	☐	☐
Bathing	☐	☐	☐	☐

Does this child have any issues with bowel/bladder control? _____

Does he/she wear an incontinence product at any time? _____

Does this child have any special dietary needs? _____

Describe this child's swimming abilities: ☐non-swimmer ☐Beginner

☐Intermediate ☐Advanced

Does he/she need to wear lifejacket ☐ earplugs ☐

(All children will wear lifejackets on boats and in deep water)

SOCIAL STUDY

1. Personal Traits: Please describe this child's maturity level, self-esteem, and level of independence in the home environment.

2. Social Adjustment: How does this child relate to others in the home?

SOCIAL STUDY CONTINUED

3. How does the child relate to others at school?

4. Does this child exhibit any unusual discipline problems in his/her home environment?
☐Yes ☐No In school? ☐Yes ☐No In social settings? ☐Yes ☐No
If yes, please explain.

5. Does this child have any repetitive behaviors, stims or tics? If yes, please describe.

Does this child have any behaviors or physical outbursts? If yes, please answer the following questions.

a. What sets off his or her behavior? Is there anything that escalates the behavior?

b. What does the behavior look like?

c. How long does a behavior typically last?

d. How often does the child exhibit these behaviors?

e. Is there anything that deescalates the behavior? What calms him or her down?

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SOCIAL STUDY CONTINUED

6. Are there any behavior plans or therapeutic practices that work with the child that we should continue at camp? If a behavior plan is in place, please attach.

7. Please list a few interests or hobbies of this child.

8. Is your child afraid of anything? Does your child have nightmares? Please describe. Is there anything that comforts him or her?

9. Has this child ever attended a summer camp before? ☐Yes ☐No
   ☐ Has attended Elks Camp Grassick ☐ Has attended _____
   If not, how do you feel that this child would adjust to being away from home and in a camp environment?

10. How do you feel this child will adjust to living with 5-8 cabinmates?

11. At camp, there is a very full schedule of activities and lots of sensory input (activity, noise, changing weather, etc.). Do you believe this child is able to keep an active pace for the entire camp session? Do you feel that they will be able to self-regulate with all the external stimuli?

Please attach any additional, pertinent information about this child.

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Please Note: All individuals accepted for attendance at Elks Camp Grassick must receive a physical examination by a doctor before coming to camp. The Medical Physical Information form should be filled out completely by a physician and sent to camp prior to the individual's arrival at camp if possible. Attachment of the physical examination report would be beneficial during the screening and selection process, but if the cost of such a physical examination is a concern or if an individual's physical is typically scheduled closer to camp times, this form does not need to be filled out until after you know that this person has been accepted and it can be sent later or brought with the individual at check in.

Lice Check: No lice check form will be required. There is a space on the physical form that asks if the individual is free of lice and nits. If the individual or someone in the household has been exposed to lice prior to attending camp, please inform staff immediately. Lice checks may be done at check in.

MEDICAL FORM/HEALTH HISTORY FOR ELKS CAMP GRASSICK

To be completed by the parent/guardian or caregiver. This portion should be sent to Camp Grassick with the application.

Name of Individual: _____ Gender: ☐Male ☐Female

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Primary Medical Diagnosis: _____

Secondary Medical Diagnosis: _____

Individual's Physician: _____

Clinic where Physician Works: _____ Phone#: _____

Family's Insurance Company: _____

Insurance #: _____

Medical Assistance # (If Applicable): _____

EPILEPSY AND/OR SEIZURE HISTORY

Epilepsy or any history of seizure disorder ☐ Yes ☐No

If yes, list seizure type: _____

Date of last seizure: _____

Controlled by medication ☐ Yes ☐No

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ALLERGIES & DIETARY RESTRICTIONS

(Check all that Apply)

☐No Known Allergies ☐Latex Allergies ☐ Epi Pen Required

☐Allergies to Medications: _____

☐Allergies to Food: _____

☐Seasonal or Environmental: _____

☐Allergies to Insect Bites or Stings: _____

List any special dietary needs:

VACCINES

Are all vaccines up to date? ☐ Yes ☐No Covid-19 Vaccine? ☐ Yes ☐ No

Date of last Tetanus vaccine: _____

MENTAL HEALTH

Depression (diagnosed) ☐ Yes ☐No Anxiety (diagnosed) ☐ Yes ☐No

Self-injurious behavior during the past year ☐ Yes ☐No

Aggressive behavior during the past year ☐ Yes ☐No

Describe any mental health concerns:

ASSISTIVE DEVICES

Does the individual use assistive devices (check all that apply)?

☐ Orthotics	☐ Communication Device	☐C-Pap Machine
☐Crutches or Walker	☐Dentures	☐Glasses or Contacts
☐G-Tube or J-Tube	☐Hearing Aids	☐Implanted Device
☐Inhaler	☐Wheelchair	☐Other: _____

MEDICATIONS

Please list medications this person will be taking while at Camp Grassick or attach a list:

NOTE: Please bring medication to camp in their original containers with legible prescription labels or pre-packaged by a pharmacy. If medications are packed in med planners, please bring a list of medications, dosage and times.

Medication:	Time(s):	Dosage:	Special Instructions: (i.e., crushed)

Please check any medications this person may take if needed while at Camp Grassick:

☐ Tylenol/Acetaminophen ☐ Advil/Ibuprofen ☐ Benadryl ☐ Allergy medicine

☐ Cough Drops ☐Cough/Cold medicine ☐Pepto Bismol ☐ Any of the Above

Is there any OTC medicine that this person should **NOT** take? _____

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HEALTH HISTORY

Please list any recent surgeries, infections, or serious illnesses:

Has the individual ever been diagnosed with or experienced any of the following conditions?

(Check all that apply)

☐Arthritis	☐Asthma	☐Bedwetting
☐Broken Bones	☐Bleeding/Clotting Disorders	☐Chicken Pox
☐Concussions	☐Diabetes	☐Dislocated Joints
☐Epilepsy/Seizure Disorder	☐Frequent Ear Infections	☐Hepatitis
☐Frequent Headaches/Migraines	☐Frequent Sinus Infections	☐Incontinence
☐Hearing Impairment	☐ Heart Defect/Disease	☐Measles
☐High Blood Pressure	☐Heat Illnesses	☐Mononucleosis
☐Loss of consciousness/Fainting	☐Mumps	☐Nightmares
☐Pneumonia	☐Sleepwalking	☐Spina Bifida
☐Stroke/TIA	☐Vision Impairment	

Please elaborate on any of the checked boxes if necessary:

Any other specific concerns or pertinent information concerning this person's health that the staff of Elks Camp Grassick should be aware of?

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MEDICAL PHYSICAL INFORMATION

(To be completed by a licensed medical professional qualified to conduct physical exams.)

Date of Exam: _____ Name of Physician: _____

Name of Examinee: _____ Date of Birth: _____

Sex: _____ Height: _____ Weight: _____ Pulse: _____ BP: _____

Vision: Right:_____ Left:_____ Hearing: Right:_____ Left:_____

Medical Examination:

	Normal/Abnormal	Notes:
Appearance		
Oral Hygiene		
Eyes		
Ears		
Nose/Throat		
Lymph Nodes		
Thyroid		
Heart		
Murmurs		
Pulses/Rhythms		
Lungs		
Abdomen		
Skin		
Neurologic		

Musculoskeletal

	Normal/Abnormal	Notes:
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

Please describe any abnormal findings.

Any other pertinent information concerning this individual's health that we should be aware of:

☐ This individual can participate in all activities at Camp Grassick with NO RESTRICTIONS.

☐ This individual can participate in all activities at Camp Grassick WITH RESTRICTIONS.
(Please explain)

Signed: _____ Date: _____

Clinic: _____ Phone #: _____

Address: _____

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SCHOOL REPORT

This form is to be completed by the child's classroom or special education teacher. This report is for Elks Camp Grassick use only.

Identifying Information:

Name of Child: _____ Date of Birth: _____

Please define and describe this child's diagnosis, disability or special need:

Present School Attending: _____

Will the child attend this school next year? _____ If no, where will they attend? _____

Name/Title of Person Completing School Report: _____

Address of School: _____

City: _____ State: _____ Zip: _____

Type of Classroom: _____ Grade: _____

Principal: _____ School's Telephone #: _____

Child's Teacher: _____ Home Telephone #: _____

Teacher's Email: _____

Personal Care Information:

1. Level of Supervision Needed for Each:

	Total Assist	Minimal Assist	Supervision	Independent
Eating	☐	☐	☐	☐
Mobility	☐	☐	☐	☐
Toileting	☐	☐	☐	☐
Washing Hands	☐	☐	☐	☐

2. How would you describe the student's general hygiene and grooming skills?

3. Does this child wear an incontinence product at any time?

4. Does this child have any special dietary needs? If yes, please explain.

5. Is this child receiving any of the following services in school or in the community?

☐ Speech/Language Therapy ☐ OT ☐ PT ☐ Reading Intervention ☐Counseling ☐ Other

Social and Emotional Information:

1. Personal Traits: Please describe this child's maturity level, self-esteem and level of independence in the school environment.

2. Discipline: Are there any discipline or behavior management programs currently being used in the school that seem to work well with this child?

3. Social: Is there a social curriculum that the child is receptive to? Is a reward system or consequence used?

4. Motivation: What encourages this child to complete school work or change a behavior?

5. Attitude Toward School: Does this child have any specific likes or dislikes? How is he/she affected by change of routine?

6. Attention Span: What holds attention? Tips on redirection?

7. Relationship to Authority Figures: How does this child respond to direction or rules? Is there anything that works well or does not work?

8. Relationship to Peers: How does this child relate to peers? What kind of relationships does the student have? Are they consistent with those of same age peers? Do they relate to children older or younger?

9. Does this child have any repetitive behaviors, stims or tics? If yes, please describe.

10. Does this child have any behaviors, periods of dysregulation, or physical outburst? If yes, what sets off their behavior? Is there anything that escalates the behavior? What does the behavior look like? How long does a behavior typically last? How often does the child exhibit these behaviors? Is there anything that deescalated the behavior? What calms them down?

11. Are there any behavior plans or therapeutic practices that work with the child that we should continue at camp? If a behavior plan is in place, please attach.

12. Please list a few interests or hobbies of this child.

13. How easily do you feel that this child could adjust to being away from home and in a camp environment?

14. How do you feel this child will adjust to living with 5-8 cabinmates?

15. At camp, there is a very full schedule of activities and lots of sensory input (activity, noise, changing weather, etc.). Do you believe this child is able to keep an active pace for the entire camp session? Do you feel that they will be able to self-regulate with all the external stimuli?

Please include any additional, pertinent information about this child that the Camp Grassick staff should be aware of.

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READING REPORT

To be completed if this child could benefit from reading intervention while at camp.

Please note: Although most children would benefit from some type of reading instruction while at Camp Grassick, only so many are selected to receive individual help in reading because of the number of instructors that we have available. Even if this child is not selected to receive individual reading instruction, they will still benefit from reading activities promoted within their cabin and cabin group.

Name of Child: _____Date of Birth: _____

Child's Diagnosis: _____

Type of Classroom: _____ Grade: _____

Present Reading Level (or BAS level): _____

Name of Reading Instructor: _____

If permissible, please include the reading instructor's summer telephone number. If for any reason our reading personnel would have specific questions during the summer, they could contact the child's teacher. Home Phone: _____ Cell Phone: _____

Reading Teacher's Email: _____

Does this child receive special reading instruction or reading intervention? ☐ Yes ☐ No

If so, how many times a week? _____ For what length of time? _____

What is the present reading program or series being used with this child?

Reading Interventions: Please check if the child needs support in any of these areas:

☐ Phonics/Phonemics ☐ Fluency ☐ Letter or Word Recognition

☐ Comprehension ☐ Vocabulary ☐ Other _____

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READING REPORT CONTINUED

Please describe the child's reading abilities and what the child is working on to improve his or her skills.

Please describe or give specific areas/skills you would like this child to work on over the summer if selected to receive individual reading instructions while at camp.

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SPEECH AND LANGUAGE REPORT

To be completed if the child is receiving or could benefit from speech therapy. **Please include a copy of the child's IEP or speech goals with the application.**

Name of Child: _____Date of Birth: _____

Child's Diagnosis: _____

Type of Classroom: _____ Grade: _____

Name of Child's Speech Language Pathologist: _____

School System: _____ Telephone Number: _____

Speech Therapist's Email Address: _____

If permissible, please include the speech therapist's summer telephone number. If for any reason our speech/language personnel would have specific questions during the summer, they could contact the child's school clinician.

Home Phone: _____ Cell Phone: _____

Speech/Language Information:

Is this child presently receiving speech/language services? ☐ Yes ☐ No

If so, how many times per week: _____ Length of time per session: _____

Speech/Language Disability in the areas of: ☐Minor Articulation ☐Major Articulation

☐Oral Motor Control/Coordination ☐Receptive Language ☐Expressive Language

☐Pragmatics/Social Language ☐Grammar ☐Semantics ☐Fluency ☐ Hearing

☐ Other Specific Diagnosis: _____

Does this child wear hearing aids? ☐ Yes ☐ No Is this child ☐ Verbal ☐ Non-Verbal

This child's speech is: ☐ intelligible ☐ somewhat intelligible ☐ unintelligible

Does this child use a communication device: ☐ Yes ☐ No If so, what? _____

Will this child be bringing a communication device to camp? ☐ Yes ☐ No

Please describe the child's level of independence with his/her communication device.

Please describe the child's motivation to use his/her communication device?

What materials, programs, special equipment, etc. are being used with this child?

Please give a brief description of therapy the child is presently receiving, and concerns being addressed in the school therapy setting, including the level of support/cueing that the child needs to be successful.

What materials, programs, special equipment, etc. are being used with this child?

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Please give some suggestions or specific areas of concentration you would like our speech/language personnel to work on with this child while at camp. (Please keep in mind the number of weeks this child will be at camp.)

Please Note: To best utilize the weeks we have with the children and in order for our speech/language personnel to continue to follow up on what the school therapist is working on with this child, we would appreciate any information or materials concerning the following included with this speech/language report**: Current IEPs if applicable, most recent test results, therapy objectives and goals and possibly a brief description of therapy the child has been receiving**. If the child is nonverbal, what materials, programs, or type of communication approach is being used? Thank you.

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OCCUPATIONAL AND PHYSICAL THERAPY REPORT

To be completed if the child is receiving or could benefit from occupational therapy and/or physical therapy.

Name of Child: _____Date of Birth: _____

Child's Diagnosis: _____

Type of Classroom: _____ Grade: _____

Name of Child's Occupational Therapist: _____

Name of Child's Physical Therapist: _____

School System: _____ Telephone Number: _____

If permissible, please include the therapists' summer telephone numbers. If for any reason our therapy personnel would have specific questions during the summer, they could contact the child's school clinician.

OT's Home Phone: _____ Cell Phone: _____

OT's Email: _____

PT's Home Phone: _____ Cell Phone: _____

PT's Email: _____

Therapy Information:

How does this child ambulate? ☐ Independently ☐ Crutches ☐ Walker ☐ Wheelchair

If the child uses a wheelchair, how independent is he/she in ADLs, transfers, mobility, etc.

Does this child wear orthotic devices? ☐ Yes ☐ No If so, what type? _____

☐ full time ☐ part time ☐ night

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OCCUPATIONAL AND PHYSICAL THERAPY REPORT CONTINUED

Has this child ever been evaluated for Occupational Therapy? ☐ Yes ☐ No

Is the child presently receiving Occupational Therapy? ☐ Yes ☐ No

If so, how many times per week? _____ Length of time per session _____

Has this child ever been evaluated for Physical Therapy? ☐ Yes ☐ No

Is the child presently receiving Physical Therapy? ☐ Yes ☐ No

If so, how many times per week? _____ Length of time per session _____

What areas and/or concerns are being addressed in OT? Please give a brief description of therapy the child is presently receiving.

What areas and/or concerns are being addressed in PT? Please give a brief description of therapy the child is presently receiving.

Please indicate specific areas of concentration you would like addressed or certain skills you would like us to work on while this child is attending camp.

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OCCUPATIONAL AND PHYSICAL THERAPY REPORT CONTINUED

Please include/attach any other information that you think would be helpful to our staff while working with this child.

Please Note: Please include the most recent Occupational and Physical therapy evaluation and reports concerning this child. Information concerning materials and/or programs being used with this child will be very helpful. Also, areas/concerns being addressed with this child would be helpful to know about. If there is any indication of tactile defensiveness with this child, please let us know.