

CNP Community Services - Camp Inspire & Thrive

2026 Camper Application

Camper Information

Camper First Name

Camper Last Name

Date of Birth

Age

Camper Type

☐ Sleepaway

☐ Day Camper

Guardian / Contact Name

Phone

Email

County

Medical Information

Diagnosis Summary

Seizure History

☐ Yes

☐ No

Primary Physician

Allergies / Reactions

Preferred Hospital

Medical Conditions / Notes

Medication and MAR Information

Medication Administration

Medication needed during camp hours

Medication Name	Dose	☐ Yes Time	☐ No Route	Purpose / Notes

Medication Support Level

Acknowledgement:

- ☐ Medications will be sent in original labeled containers
- ☐ Separate medication administration paperwork will be completed before camp starts

Behavior and Support Information

Behavior Support Profile

Behavior support needed

☐ Yes

☐ No

Behavior Overview (frequency, intensity, what happens)

1:1 support needed

☐ Yes

☐ No

Behavior concerns

☐ Elopement / wandering

☐ Risk to self

☐ Risk to others

Known Triggers

De-escalation Strategies That Work

What Staff Should Avoid

Safety Considerations / Supervision Needs

Camp Preferences, Transportation, and Review Process

Camp Logistics (Special Notes, sensory preferences, or accommodations)

Medical and Behavioral Review Process

Our medical staff and behavior team will contact each family prior to camp to review medical, medication, and behavioral needs. This helps us plan supports, staffing, medication administration, and safety needs before camp begins.

Consent

- ☐ I confirm this information is accurate to the best of my knowledge
- ☐ I understand camp staff will review medical, medication, and behavior needs before final clearance
- ☐ I give permission for routine camp communications related to this application

Guardian Name

Date