

CAMP ABLE AT CORONADO- CAMPER APPLICATION

Agency Name: _____

Contact Person's Name: _____ Phone: _____

Camper's Name: _____ Phone: _____

Address: _____

Birth Date: ____/____/____ Dates Attending Camp: ____/____/____ to ____/____/____

Email _____

In case of emergency, contact:

1. Name: _____

Phone: _____ Cell: _____ Relation: _____

2. Name: _____

Phone: _____ Cell: _____ Relation: _____

HEALTH HISTORY

Conditions and limitations, which may effect the camper's participation, must be reported on this application.

1. Has the camper had a health examination within 24 months prior to camp? Yes___ No___

2. Has the camper had the required immunizations? Yes___ No___

Polio: Date _____ DPT: Date _____ MMR: Date _____

3. Does the camper have allergies: Yes___ No___ Describe: _____

4. Does the camper have a disability or health problem? Yes___ No___

If "yes", what is the diagnosis? _____

5. Does the camper have seizures? Yes___ No___

If "yes", describe: _____

6. Does the camper take medication? Yes___ No___

If "yes", what medication? _____

7. Are there any other conditions or limitations which may effect the camper's participation at Camp Able (wheelchair, walker, braces, etc.)? Yes___ No___

If "yes", describe: _____

8. Does the camper need special attention for feeding/toileting/dressing? Yes___ No___

If "yes", describe: _____

9. Will the camper require the services of the Camp Able Nurse for medical treatment or for administering medication? Yes___ No___

IF "YES", A SEPARATE MEDICAL FORM MUST BE SUBMITTED.

10. Summarize past medical treatments: _____

11. Primary Health Care Provider/Physician: _____ Phone: _____

PARENTAL/GUARDIAN PERMISSION

I give my permission for the above named camper to participate in the Camp Able Program. I authorize emergency medical treatment at the hospital designated by the emergency medical personnel. I authorize emergency first aid by the Camp Able registered Nurse or the Camp Able Certified Staff. Yes___ No___

SIGNATURE: _____ NAME (PRINT): _____

RELATION: _____ E-MAIL _____

I consent that Camp Able may use photographs or videos of my son/daughter, taken while at Camp Able, on their social media tools which includes but is not limited to their website, Facebook, Instagram, or Twitter accounts. I understand that these images and/or videos will not be used for any other commercial purposes.

Yes___ No___ SIGNATURE: _____ NAME (PRINT): _____

Relation: _____

Email your signed application to: director@campableatcoronado.org or

Mail To: Camp Able at Coronado P.O. Box 180025 Coronado, CA 92178

Cell Phone photos of the application will not be accepted