



TechnoCamp
Rumble in the Jungle
July 7-12, 2024
Camp Grassick

APPLICATION DEADLINE May 15th, 2024

Attention: Campers are strongly encouraged to be vaccinated prior to attending camp and testing may be required.

Cost \$200

Name: _____ Birth date: _____

Primary Diagnosis: _____

Parent/Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

Emergency Contact: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Address: _____

Email address: _____

Primary Care Physician: _____ Telephone #: _____

Consultants:

Medical History

Height: _____ Weight: _____ Gender: _____

Asthma Chickenpox

Sinus Encephalitis

Heart Disease Incontinence

Ear infections Pneumonia

Bed-wetting Diabetes

___ Sleep walking ___ Fainting

___ Hay fever ___ Measles

___ Nightmares ___ Respiratory infections

___ Mumps

Explanation: _____

Date of last Tetanus/ Diphtheria immunization _____

Does your child have any history of seizures? Yes/No

If so, please describe seizure activity,
etc. _____

Are the seizures controlled? Yes/No

Seizure medications: _____

Medications: (include times, route, etc)

Medications: How are medications given? _____

Allergies: _____

Medications: _____

Other allergies/ intolerances: _____

Procedures to avoid: _____

Diet/Special considerations/special utensils:

Foods to avoid and why:

Special Technology/Devices (ie, gastronomy tube/button, Baclofen pump, VP shunt, VNS stimulator):

Any other pertinent information:

Disability Information

Complete this section if the applicant has a physical disability or is blind/low vision.

List all type(s) of physical disability: _____

List any other disorders:

(communication disorders, mental disabilities, emotional disorders, learning disabilities, etc.) _____

The applicant walks

Alone

With help

Does not walk

The applicant uses (please check)

Electric Wheelchair

Manual wheelchair

Needs assistance pushing wheelchair

Walker Other(explain) _____

Does the applicant have any splints or braces that will be used during the camp? Please give type and usage.

Does the applicant use a water safety device? Yes/No

If yes, please describe: _____

Please describe the applicant's swimming abilities. _____

_____ My child may participate in boating activities. Parent/Guardian Initial _____

Activities of Daily Living

In order for us to meet needs for assistance, the following information is requested.

Please check appropriate level of care required in each of the following categories:

	No Assistance	Supervision	Partial Assist	Total Assist
Dressing				
Hygiene/grooming				
Bowel routine				
Bladder routine				
Eating				
Bathing				
Night turns				
Bed transfers				
Toilet transfers				

Does this child need bed rails? Yes/No

How much time is taken daily for personal care needs (hours and minutes)? _____

Describe any additional assistance needs:

CABIN ROOMMATE REQUESTS

All applicants fill out this section.

___ No roommate preference

___ The applicant would like to room with: _____

Please have requested roommate list you in return or we will not be able to honor request. Note: We reserve the right for final placement based on capacity.

Behavior Information

All applicants must complete this section.

Are you or your child part of a behavior management program? Yes/No

If yes, please list name and phone number of Specialist below:

SOCIAL STUDY

1. Personal traits: If possible, please give some evaluation of this child's maturity level, self-esteem, and attention span and fatigue level.

2. Social adjustment: How does this child get along in the home, in school, and with other children? (Relationship to parents, siblings, peers?)

3. Discipline: Does this child exhibit any unusual discipline problems in his/her home environment? Yes/

No

If yes, please explain.

4. Please list a few interests or hobbies of the child.

5. Do you feel this child can adjust being away from home and in a camp environment?

Communication

Please indicate method(s) of communication used by the applicant:

Yes/No

___ ___ Is he/she able to talk?

___ ___ Do he/she use a communication device?

Type of device: _____

Access method: _____

Describe use of device:

___ Answers questions with device

___ Makes requests with device

___ Generates own ideas on device

___ Needs pre-programmed displays for the device

___ ___ Can this device be brought to camp?

___ ___ Is he/she able to understand what is said?

___ ___ Is his or her speech understandable?

Speech and Language

Complete this section if the applicant has a speech or language impairment.

Briefly describe the applicant's communication disorder. (State in your own words.)

Is the applicant now receiving speech/language help? Yes/No

How long? _____

Speech: Check any of the following statements that apply to the applicant:

___ Cannot be understood

___ Has voice problems

___ Cannot say some sounds clearly

___ Has a cleft palate

___ Stutters

Language: Check any of the following that apply to the applicant:

___ Listening: has difficulty understanding the communication of other people

___ Speaking: has difficulty expressing ideas vocally

___ Grammar: has difficulty understanding and putting sentences together

___ Writing: has difficulty expressing thoughts in written form

___ Vocabulary: has difficulty using and understanding new words

___ Reading: has difficulty comprehending written messages

___ Receptive language: has difficulty comprehending both spoken and written language

___ Expressive language: has difficulty in using both spoken and written language to communicate with others.

HEARING IMPAIRMENT

Check all the following statements that apply to the applicant:

___ Uses hearing aid part time/full time (circle one)

___ Uses sign language

___ Can hear telephone conversations

Amount of hearing loss

___ Total (no usable hearing)

___ Severe (little usable hearing)

___ Hearing impaired (some hearing with hearing aid)

How long has the applicant had the hearing loss?

VISUAL IMPAIRMENT

Does the child have a vision impairment? Yes/ No

If yes, please describe.

T-shirt size _____

How did you hear about the Camp?

___ Newspaper

___ Child's teacher

___ Child's caseworker

___ Child's physician

___ Anne Carlsen's website

___ Other (Please indicate) _____

Signature: _____

Date: _____

Printed Name: _____

Forms to be sent along with this application:

1. *Current Individualized Education Plan (IEP) or Person-Centered Plan (PCP) if you have not attended TechnoCamp before.*
2. *Behavior Plan (if applicable)*

PLEASE SEND COMPLETED APPLICATION TO:

Anne Carlsen Center
Attn: Theresa Hanson
2200 20th St SW
Jamestown, ND 58401

Or email to:

Theresa.hanson@annecenter.org

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