Elks Camp Grassick
PO Box F
Dawson, ND 58428
701-327-4251

Adult Camp Application

Date of Application: _____ Date Received at ECG: _____

Note: All applicants will be screened, and applicants will be notified if they are accepted or not accepted for this year's session (even if he or she has attended before). The number of individuals accepted to Adult Camp is dependent upon staffing and our ability to appropriately care for the campers. Space for campers who require high levels of support is usually very limited. We are not able to accept adult campers who have high behavioral needs. Please do not send payment to camp until you have received notification of acceptance.

IDENTIFYING INFORMATION

Name: _____ Gender: ☐Male ☐Female

Nickname or Preferred Name: _____

Date of Birth: _____ Age as of Camp Dates: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Cell: _____

Camper or Parent/Guardian Email: _____

Name of Parent(s) or Guardian(s), if applicable: _____

Emergency Contact:

Contact Name: _____ Relationship to Applicant: _____

Address: _____

Home Phone: _____ Cell Phone: _____

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Name and Address of Agency or Case Manager, if Applicable:

Agency and/or Contact Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

GENERAL INFORMATION

Diagnosis: _____

Applicant Lives: ☐ Independently ☐ with Family ☐ Group Home ☐ Nursing Home ☐ Other: _____

Activities of Daily Living:

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

Level of Assistance or Supervision Needed for Each:

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

Does he/she have any issues with bowel/bladder control?

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

Does he/she have any special dietary needs?

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

☐ Intermediate ☐ Advanced

Does this person require a life jacket? (all people will wear lifejackets on boats and in deep water) ☐yes ☐no

Does this person require earplugs? ☐yes ☐no

SOCIAL STUDY

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

2. Social Adjustment: How does this person relate to others in the home and community?

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

SOCIAL STUDY CONTINUED

4. Does this person have any behaviors, periods of dysregulation 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 he/she exhibit these behaviors?

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

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

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6. Please list a few interests or hobbies of this person.

SOCIAL STUDY CONTINUED

7. Is this person afraid of anything? Does he/she have nightmares? Please describe. Is there anything that comforts him or her?

8. Has this person ever attended a summer camp before? ☐Yes ☐No
   ☐ Has attended Elks Camp Grassick ☐ Has attended _____

9. If not, do you feel that he/she could adjust to being away from home and in a camp environment? How do you feel this person will adjust to living with 5-8 cabinmates?

10. At camp, there is a very full schedule of activities and lots of sensory input (activity, noise, changing weather, etc.). Do you believe this person 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 individual.

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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		

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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: _____