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

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

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

Camper is Applying For: ☐ **Therapy Camp** ☐ **Skills Camp**

☐ **Medical Respite Camp** ☐ **Recreation Camp**

PERMISSION

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

I understand that each application will be reviewed by a screening committee who will determine if this applicant is a good fit for Camp Grassick and if so, which camp session would be the best fit. I understand that they may not be accepted or may not be accepted to the session I chose above.

Parent/Guardian Signature: _____

IDENTIFYING INFORMATION

Name of Applicant: _____ Gender: _____

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

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

Name of Parent/Guardian #1: (Primary Contact) _____

Relationship to Camper: _____

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

Telephone: Home: _____ Cell: _____ Work: _____

Parent/Guardian Email: _____

Name of Parent/Guardian #2: (Secondary Contact) _____

Relationship to Camper: _____

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

Telephone: Home: _____ Cell: _____ Work: _____

Parent/Guardian Email: _____

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

Contact Name: _____ Relationship to Applicant: _____

City/State: _____ Phone: _____

INFORMATION FROM CAMP

Contact: How would you as Parents/Guardians like to receive information from camp? (acceptance or non-acceptance, pre-camp information, reports, etc.).

☐ I would like to receive paper copies in the mail.

☐ I would like to receive digital copies by email.

☐ I would like to receive paper and digital copies.

SCHOOL INFORMATION

Name of School Individual is Attending: _____

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

Grade: _____ Individual's Diagnosis: _____

Elks Camp Grassick **701-327-4251**
PO Box F, Dawson, ND 58428 **campgrassick@gmail.com**

SCHOOL INFORMATION CONTINUED

This individual is receiving or could benefit from:

☐ Speech/Language Therapy ☐ Occupational Therapy ☐ Remedial Reading

☐ Behavior Intervention ☐ Working on independence with ADLs

☐ Help with Hygiene/Grooming ☐ General Summer Camp Experience

☐ Practice in appropriate Social Skills and/or Social Emotional Learning

HOME INFORMATION

Please list the adults living in the home and their relationship to this individual.

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

Activities of Daily Living:

Definitions:

Independent – Individual is able to complete the task with no assistance and little to no prompting.

Supervision – Individual is able to complete task with some prompting or reminders.

Minimal Assistance – Individual needs frequent prompting, step by step instructions, and/or some physical assistance to complete the task.

Moderate Assistance – Individual needs physical assistance to complete the task.

Total Assistance – due to physical limitations or skill deficits, the individual is unable to complete the task and it must be done for them.

Please indicate the individual's level of independence in the home for each of the following areas.

	Independent	Supervision	Minimal Assistance	Moderate Assistance	Total Assistance
General Toileting					
Toileting after bowel movement					
Showering Body					
Washing Hair					
Combing/Brushing Hair					
Styling Hair (particularly if long)					
Dressing while dry					
Dressing while wet					
Brushing teeth					
Mobility					
Washing Hands					
Swimming					
Serving themselves food					
Pouring beverages					
Cutting food					
Feeding themselves					

Comments on the areas above or any additional information about this individual's independence level that would be helpful to caregivers:

What does this individual's sleep routine look like? (Do they sleep through the night? Do they take naps or rest during the day? What are their typical sleeping hours?)

How does this individual communicate?

☐ verbal ☐ non-verbal ☐ vocalizes ☐ communication device ☐ sign

☐ eye gaze ☐ responds to choices ☐ gesture ☐ leading adult to desired item/activity

Comments about this individual's communication:

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

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

SOCIAL STUDY

Please indicate this individual's level for each category as compared to typical individuals of comparable age.

	In the Home Environment			In Social Settings		
	Below Average	Average for Age	Above Average	Below Average	Average for Age	Above Average
Maturity						
Self Esteem						
Independence						
Necessary supervision						
Relating to others						

If you indicated that this individual was below average in any category, please describe.

Please list a few interests or hobbies of this individual.

Is this individual afraid of anything? Do they have nightmares? Please describe. Is there anything that comforts him or her?

SOCIAL STUDY CONTINUED

Has this individual ever attended a summer camp before? ☐Yes ☐No

☐ Has attended Elks Camp Grassick ☐ Has attended _____

How do you feel that this individual would adjust to being away from home and in a camp environment?

How do you feel this individual will adjust to living with 5-8 cabinmates?

At camp, there is a very full schedule of activities. Do you believe this individual is able to keep an active pace for the entire camp session?

BEHAVIOR STUDY

Please describe this individual's behavioral baseline. (HRE – when they are happy, relaxed, and engaged with their environment) What does their baseline look and sound like?

What percent of the day is this individual at baseline?

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

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

BEHAVIOR STUDY CONTINUED

Does this individual exhibit any unexpected behaviors (discipline problems, periods of dysregulation or responsiveness to consequences) in his/her home environment? If yes, please explain.

Does this individual exhibit any unexpected behaviors (discipline problems, periods of dysregulation or responsiveness to consequences) in social settings? If yes, please explain

Does this individual exhibit any unexpected behaviors (discipline problems, periods of dysregulation or responsiveness to consequences) in his/her school environment? If yes, please explain.

Does this individual have any repetitive behaviors, stims or tics? If yes, please describe. What do they look and sound like?

What is the frequency of repetitive behaviors, stims, or tics? Are they triggered by anything? Are they escalated by anything? Are they deescalated by anything?

Please check the behaviors that this individual exhibits when dysregulated. Note: Please be honest. These behaviors do not automatically disqualify an applicant, and these questions help us to better serve our campers.

☐ Aggressive physical behaviors such as hitting, kicking, biting, pushing, etc.

☐ Screaming/yelling ☐ Elopement ☐ Self-Harm ☐ Disrobing

☐ Lying/manipulation ☐ Tactile Defensiveness or Sensory Dysregulation

☐ Frequent expressions of dissatisfaction and/or whining

BEHAVIOR STUDY CONTINUED

For each behavior that you selected in the last question, please describe: What triggers the behavior? What escalates the behavior? What deescalates the behavior? What does the behavior look and sound like? How frequently does the behavior occur? How long does the behavior typically last?

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

Considering the camp schedule, number of other campers, different environment, and amount of sensory input (activity, noise, changing weather, etc.), do you feel that this individual will be able to self-regulate?

Please attach any additional, pertinent information about this individual.

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

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

MEDICAL FORM/HEALTH HISTORY

To be completed by the parent/guardian or caregiver. This portion must be sent to Camp Grassick with the application. **Please note: A doctor's physical form is no longer required for camp.**

Name of Individual: _____ Gender: _____

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

Primary Medical Diagnosis: _____

Secondary Medical Diagnosis: _____

Individual's Physician: _____

Clinic where Physician Works: _____ Phone#: _____

Individual's Insurance Company: _____

Insurance Policy #: _____

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

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: _____

☐Allergies to Insect Bites or Stings: _____

Does this individual have any special dietary needs? Is there anything this individual is not allowed to eat due to medical or religious reasons? Do they have restrictive eating habits? If so, what are their safe foods?

VACCINES

Are all vaccines up to date? ☐ Yes ☐No

Date of last Tetanus vaccine: _____

ASSISTIVE DEVICES

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

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

☐Other: _____

Notes on assistive devices:

Elks Camp Grassick **701-327-4251**
PO Box F, Dawson, ND 58428 **campgrassick@gmail.com**

MEDICATIONS

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

Options for bringing meds to camp:

1. **Pre-packaged by a pharmacy (blister packs, pill packs, etc.). These should have name of individual, medication and dosage clearly labeled.**
2. **Packed at home in a med planner box with a list of medications, doses, times, and a description of medication. (ex. Loratadine, 10 mg, 1x daily in AM, small white oval imprinted with L612)**
3. **In original containers with legible prescription labels. (Liquid medication should stay in original containers.)**

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

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

☐ Any OTC medications ☐ Tylenol/Acetaminophen ☐ Advil/Ibuprofen

☐ Aleve/Naproxen ☐ Benadryl ☐ Allergy medicine

☐ Cough Drops ☐Cough/Cold medicine ☐Pepto Bismol

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

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

Elks Camp Grassick **701-327-4251**
PO Box F, Dawson, ND 58428 **campgrassick@gmail.com**

HEALTH HISTORY

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

(Check all that apply)

☐ ADHD ☐ Anxiety ☐Arthritis ☐Asthma ☐ BPD

☐Broken Bones ☐Bleeding/Clotting Disorders ☐Chicken Pox

☐Concussions ☐ Depression ☐Diabetes ☐Dislocated Joints

☐Epilepsy/Seizure Disorder ☐Frequent Ear Infections ☐Hepatitis

☐Frequent Headaches/Migraines ☐Frequent Sinus Infections

☐Hearing Impairment ☐ Heart Defect/Disease ☐Measles

☐High Blood Pressure ☐Heat Illnesses ☐Mononucleosis

☐Loss of consciousness/Fainting ☐Mumps ☐OCD ☐ ODD

☐Pneumonia ☐ PTSD ☐ Sleep Talking ☐Sleepwalking

☐Spina Bifida ☐Stroke/TIA ☐Vision Impairment

Other: _____

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?

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

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

ELKS CAMP GRASSICK FEE AGREEMENT

Please do NOT send payment until this individual has been accepted. Payment will be due at check-in unless other arrangements have been made.

Camper's Name: _____

Name of party responsible for payment: _____

Parent/Guardian/Responsible Party: We ask that you pay what you can towards your camper's fee. We never turn down campers due to inability to pay and we will not ask for any proof of income. Simply pay what you feel comfortable paying, and the rest will be covered by scholarships. Paying any amount towards camp fees helps us continue to provide services for all campers. Camp fees may also be paid in payments. For more information about paying for camp, please visit the FAQ section of our website.

Please check which camp this individual is applying for:

Note: Fees will change if applicant is accepted to a session that is different from the session they initially applied to.

☐ Therapy Camp - $550

☐ Skills Camp - $425

☐ Recreation Camp - $175

☐ Medical Respite Camp - $250

☐ Adult Camp - $150

☐ I hereby agree to pay $_____ for this individual to attend Elks Camp Grassick.

Signature: _____ Date: _____

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