



Haven Camps Confidential Form - 2021

6420 Pillmore Drive
 Rome, NY 13440
 Phone: 315-336-7210
 Fax: 315-338-0909
 Email: office@deltalake.org

ALL PAGES MUST BE COMPLETED AND RETURNED AT
 LEAST TWO WEEKS PRIOR TO CAMP SESSION.
 PLEASE FILL OUT EVERY PAGE COMPLETELY.

Applicant's name: _____

Age: _____ Gender: M / F Date of Birth: _____ / _____ / _____

Street Address: _____

City, State & Zip Code: _____

Camper's Home Phone: (_____) _____ - _____

Primary Home Caregiver Name _____

Primary diagnosis: _____

Preferred Roommate Name (private rooms not available): _____

First time at Haven Camp? _____ yes _____ no Camper needs downstairs room? _____ yes _____ no

NOTE: EMERGENCY PHONE NUMBERS MUST BE DIFFERENT FROM THE HOME PHONE LISTED ABOVE.

Contact person must be available at all times during camp session to pick camper up if necessary.

Emergency contact person: _____ Phone: (_____) _____

Emergency contact person: _____ Phone: (_____) _____

Name of person completing registration forms: _____ Phone: _____

Email address: _____

Picture Permission:

Pictures of campers are taken for the campers to bring home a memento of their week at camp. At times, those pictures are used for promotional use. Please, check the appropriate box.

I do give my permission I do not give my permission

Camper or Caregiver Signature: _____

OFFICE USE ONLY: Invoice sent (date) _____ Confirmation sent (date) _____

Records sent to nurse (date) _____ H1 H2.5 H2 H3 H4 Summer H Sept. H HH FH WH



Camper's Name: _____

HAVEN CAMPS SCHEDULE - 2021

Which weekends will you be attending? Please check all the boxes that apply.

- September Haven 2.5 September 17-19
 (special requirements for September Haven - call office for details)
 Harvest Haven October 15-17
 Fall Haven November 5-7
 Winter Haven December 3-5

HAVEN CAMPS PRICE LIST - 2021

Please make checks payable to : Haven Camps, Inc. Thank you!

Haven Weekends - \$300 (Fri-Sun camp)

HAVEN MEDS need to be in their original packages. Blister packs are OK.

HAVEN CAMPS PACKING LIST

Spending money

_____ \$20/weekend, \$30/week suggested
**Please have this available at registration
 to deposit in the camper bank.**

Linens

_____ Towels, washcloths
 _____ Laundry bag (plastic garbage bag)
 _____ Pillow, twin sheet set, blanket
(NO SLEEPING BAGS, PLEASE)

Outerwear

_____ Jacket/sweatshirt
 _____ Rain gear/hat/gloves

Personal care items

_____ Toothbrush, toothpaste, denture cup
 _____ Soap, shampoo, comb
 _____ Electric razor
 _____ Sanitary pads

Clothing

_____ Casual summer clothes (6-7 full sets)
 _____ Lightweight pajamas (2-3 sets)
 _____ Undergarments (6 sets)
 _____ Swimsuit
 _____ Optional dressy clothes for banquet

Footwear

_____ Sneakers
 _____ Walking shoes
 _____ Water shoes (for campers who swim)

Camper's Name: _____

2021

Self-care information: Please remember to attach a copy of health insurance cards.

Please check the box which most fits the applicant's level for each area. If not independent please explain everything.

1. Eating Independent, no modifications Needs food cut Needs food ground

PLEASE ATTACH EATING ASSESSMENT. DELTA LAKE DOES NOT PROVIDE ANY ADAPTIVE EQUIPMENT (i.e. built-up handled spoons, nose cups, etc.).

EXPLAIN: _____

2. Dressing: Independent Needs verbal cues Needs physical help

EXPLAIN: _____

3. Bathing: Independent Needs verbal cues Needs physical help

EXPLAIN: _____

4. Toileting: Independent Needs verbal cues Needs physical help Wears Attends

EXPLAIN: _____

5. Walking: Independent Cane Needs a walker Needs a wheelchair

DELTA LAKE DOES NOT PROVIDE ANY MEDICAL EQUIPMENT.

EXPLAIN: _____

6. Communication : Verbal Non-verbal Signing Foreign language

EXPLAIN: _____

7. Sleep Habits: Needs to be awakened to use the bathroom Sleeps with night light Tends to wander if awakened
 Disturbs roommate

Usual bedtime? _____

8. Corrective Lenses: Yes____ No____ Hearing Aid: Yes____ No____ Dentures: Yes____ No____

Camper's Name: _____

2021

Other helpful information:

Does this camper swim? NO YES

Comments: _____

If they pass our swim test can they go water tubing? NO YES Water skiing? NO YES

Has there been a history of aggressive behavior? NO YES

PLEASE ATTACH BEHAVIOR PLAN AND IPOP (INDIVIDUAL PLAN OF PROTECTION).

If yes, please explain: _____

Pointers to help de-escalate the situation if this camper becomes agitated:

What does this camper like to do in his/her free time? (likes, dislikes, hobbies, etc.)

*****Return the registration form with the health information forms, **copy of insurance cards**, & the registration fee.*** Campers will not be accepted without this form.**

Signature (required):

I verify that pages 1-4 are complete and accurate. I will bring any changes to the attention of Haven Camps office/staff prior to the camper's arrival.

Printed name: _____

Signature: _____

Date: _____

Haven Health History Form – 2021

PLEASE DO NOT WRITE "SEE ATTACHED." THIS FORM NEEDS TO BE COMPLETED FOR THE USE OF OUR COUNSELORS.

Camper's Name _____ DOB ____ / ____ / ____

Immunizations & Tests: Date of last tetanus vaccine _____

Recent History: Has this camper had any recent illness, injury, surgery or exposure to infectious disease? YES / NO If yes, explain _____

| Does this camper have: | ✓ YES | ✓ NO | If yes, give specifics |
|--------------------------|-------|------|------------------------|
| Allergies | | | |
| Diabetes | | | |
| Cardiac condition | | | |
| History of seizures | | | |
| Asthma/other respiratory | | | |
| CPAP machine | | | |
| Corrective footwear | | | |
| Corrective Prosthesis | | | |
| Special Adaptive device | | | |
| Medical restrictions | | | |
| | | | |
| Does camper smoke? | | | How much per day? |
| | | | |
| | | | |

Please remember to attach a copy of health insurance cards.

Please give any other information that could help the nursing staff to understand the needs of this camper while at camp:



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Required Haven Medication Orders Form - 2021

Camper's Name _____ DOB ____/____/____

All medication must be brought to camp in original container or blister packs with label. DO NOT pre-pour medication. Copies of current prescriptions will be accepted in place of MD signature when attached to this **COMPLETED FORM** (MARS do not qualify unless signed by a doctor). Please attach copies of insurance cards.

| | Medication Name | Dosage | Frequency | Route | √ Times to be given at camp | | | | |
|----|-----------------|--------|-----------|-------|-----------------------------|-----|----|----|-----|
| | | | | | 8A | 12N | 4P | HS | PRN |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
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| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |

**Haven Camp has a supply of the following over-the-counter medications.
Circle "yes" or "no" for each medication that may be given to the camper.**

| | | | |
|----------------------------|--------------|---------------------------------|----------|
| Ibuprofen 200 mg | As per label | For pain/fever | YES / NO |
| Acetaminophen 325 mg | As per label | For pain/fever | YES / NO |
| Maalox liquid | As per label | For stomach upset | YES / NO |
| Triple antibiotic ointment | As per label | For minor abrasions/lacerations | YES / NO |

Physician's Signature _____ Phone (____) _____ - _____

Print Physician's Name _____ Date ____/____/____



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