

**Camp Leo**  
**Ben Snead, Director**  
**(706)831-0344**

Sunday, July 18 – Saturday, July 24, 2021  
(Application deadline: June 30, 2021)

Camp Leo is a camp for children 7-17 years of age, are legally to totally blind and are residents of South Carolina. The camp is sponsored by The Camp Leo Council. The site of the camp is St.Andrews by the Sea Methodist Church, 20 Pope Avenue, Hilton Head, SC.

**Camper Information**

Date \_\_\_\_\_

Name(and nickname)\_\_\_\_\_

Birth Date \_\_\_\_\_ Age at time of camp \_\_\_\_\_ Male / Female

**T-shirt size:** Adult **S M L XL 2XL** Youth **S M L**

Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Phone #'s Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

**Transportation:**

\_\_\_\_\_ Parent/Guardian will provide transportation to and from camp

\_\_\_\_\_ Board bus in **Spartanburg**

\_\_\_\_\_ Board bus in **Greenville**

\_\_\_\_\_ Board bus in **Columbia**

\_\_\_\_\_ Board bus in **Walterboro**

Does the camper have any dietary restrictions? **Yes No** If yes, please explain: \_\_\_\_\_

Please list the camper's preferred/favorite foods: \_\_\_\_\_

**Camper Health Record**

Date \_\_\_\_\_

Name of Camper \_\_\_\_\_

Camper Insurance Company \_\_\_\_\_

Policy/Group Number \_\_\_\_\_

Family Physician \_\_\_\_\_

Practice Name \_\_\_\_\_ Phone # \_\_\_\_\_

Camper's eye condition \_\_\_\_\_ visual acuity \_\_\_\_\_

What can the camper see? \_\_\_\_\_

Please explain additional disabilities: \_\_\_\_\_

Does the camper have seizures? **Yes No** If yes, when was the last seizure? \_\_\_\_\_

How often? \_\_\_\_\_ How many in the past 5 years? \_\_\_\_\_

Is the camper a bed wetter? **Yes No** (If yes, please send nighttime diapers.)

Is the camper a sleepwalker? **Yes No** Is this the camper's first time away from home? **Yes No**

Are there any allergies to food, medications or other? **Yes No** If yes, please explain:

List any illnesses, injuries and/or hospitalizations the camper has had in the last year:

Are there any activities the camper is restricted from doing for medical reasons? **Yes No**

If yes, please explain:

Other instructions for the camp nurse: (If additional space needed, attach page)

Name of camper \_\_\_\_\_ Date \_\_\_\_\_

**List any current medications:**

Medication

Dosing Instructions

Reason

---

---

## Over-The-Counter (OTC) Medication Administration

Your signature is an authorization to administer over-the-counter (OTC) medications as directed on this form by the camp nurse. All medications should be administered by the camp nurse, with an exception for emergency inhalers prescribed to the camper. □ Every effort will be made to relieve any medical symptoms by encouraging the natural remedies such as water, rest, and sleep. However, in the event these remedies do not bring relief, our intent is to follow your directions as accurately as possible.

PLEASE CHECK ONLY ONE

\_\_\_\_\_ Check if the camp nurse is to administer **NO OTC medications** under any circumstances.

\_\_\_\_\_ Check this box if the camp nurse is to administer **ONLY OTC medications** as indicated below.

\_\_\_\_\_ Check this box if the camp nurse is to administer **ANY OTC medications** as needed at their discretion.

Any special instructions for OTC medications: \_\_\_\_\_

\_\_\_\_\_  
If parent or  
legal guardian cannot be reached in an emergency, notify:

Name/ Relationship \_\_\_\_\_

Phone #'s Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Name of camper \_\_\_\_\_ Date \_\_\_\_\_

\*The above camper has my approval, as parent or legal guardian, to attend Camp Leo and participate fully in all activities unless otherwise specified. I am aware of the activities and risks involved in this program and I knowingly assume full financial responsibility for all risks involved. I hereby release Lions Club International and all associated chapters and the camp management, employees, and volunteers from liability in case of accident or illness. I support the policies of Camp Leo and the camper agrees to abide by these policies. I understand that my child is participating in all activities by his or her own free will. I give my consent for any treatment/hospitalization needed as a result of injury or illness occurring during involvement in Camp Leo activities. Camp Staff will attempt to inform the parent or legal guardian of such an incident as soon as it is reasonably possible.

\*I give permission to Camp Leo to use photographs or video taken of the above camper during the camping season for the purpose of promotion and advertisement of the camping program.

Signature of parent/guardian \_\_\_\_\_

Printed name of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

**Return application to:   Camp Leo Council**  
**PO Box 6483**  
**Hilton Head, SC 29938**

Qualified applications will be accepted on a first-come basis and will receive a medical examination form to be completed by a physician **PRIOR** to camp. Those campers needing transportation will be notified of the bus schedule and the local pick-up and drop-off points. Parents bringing children to camp should arrive Sunday, July 18 between 2:00 pm and 5:00 pm. Parents are to pick up their children on Saturday, July 24 between 8:00 am and 10:00 am.