**Camp Leo 2025**

**Camper Information**

**Ben Snead, Director (706) 831-0344 Donna Fonseca, Registrar (843) 301-6077**

Sunday, July 13 – Saturday, July 19, 2025 (Application deadline: June 30, 2025)

Camp Leo is a camp for children 7-17 years of age, who are legally to totally blind and are residents of South Carolina. Sponsored by The Camp Leo Council and the Lions Clubs of Hilton Head and Bluffton.

**Return applications to: Camp Leo P.O. Box 6483, Hilton Head Island, SC 29938**

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 Shoe Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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**Phone #’s** Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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**

 **If legal guardian cannot be reached, in case of an emergency please contact:**

Name/Relationship to camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camper Health Record** **Camper’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Family Physician** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camper’s eye condition**:

**Visual Acuity** right eye\_\_\_\_\_\_\_\_\_\_\_\_\_\_ left eye \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What can the camper see, and are there any conditions that affect their vision?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Does the camper have seizures?** **Yes No** **If yes, when was the last seizure?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Is the camper a bed wetter?** **Yes No**  (**If yes, please send nighttime diapers.)**
3. **Is the camper a sleepwalker? Yes No**
4. **Are there any allergies to food, medications or other? Yes No If yes, please explain:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Is this the camper’s first time away from home? Yes No**
2. **Female Campers: Has this child menstruated? Yes No**

**If not, has it been explained to her? Yes No**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

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

**If yes, please explain:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Over-The-Counter (OTC) Medication Administration

Your signature is an authorization to administer over-the-counter (OTC) medications as directed on this form. 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 **ANY OTC** medications as needed.

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

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

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**MEDICATION ADMINISTRATON RECORD**

**List any current medications.**

**Medication Dosage Time of Day**

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(continue on the other side of this sheet, if necessary)

**Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICATION ADMINISTRATON RECORD page 2**

**Medication Dosage Time of Day**

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**Name of camper** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\***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.

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

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

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*I understand that videos and/or photographs may be taken of campers for the purpose of promotion and advertising of Camp Leo, and may be shared with civic or church groups. No campers’ names will be published.

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

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

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**