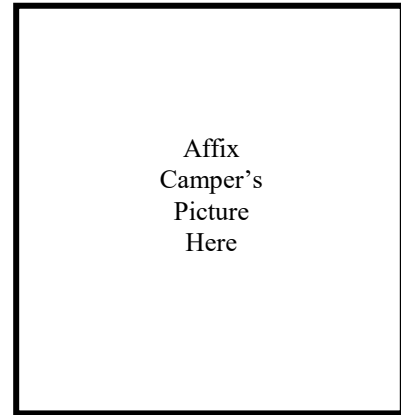


# CAMP PA-QUA-TUCK

*The Moriches Rotary Health Camp Inc.  
P.O. Box 677  
Chet Swezey Lane  
Center Moriches, NY 11934*

*(631) 878-1070  
(631) 878-2596 FAX  
camppaquatuck@optonline.net*



## 2019 Camper Application Form

Camper's Name \_\_\_\_\_  
Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Camp Age \_\_\_\_\_ Sex \_\_\_\_\_ Shirt Size \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

If child is a new camper, how did you hear about us? \_\_\_\_\_

### **EMERGENCY CONTACTS:**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Please list your vacation telephone number(s) and destination(s) if you will be away or traveling while camp is in session. Upon arrival at camp, please update the Camp Staff of any changes in your travel plans:

Destination/Travel Schedule \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_

School Attending \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_

Camper's Primary Diagnosis or Disability \_\_\_\_\_

**PARENT/LEGAL GUARDIAN** ... *Your child's welfare is important to the Camp Staff. We need your help to create the best opportunity for your child's camp experience to be a success. Please respond to the following questions with any information you feel would be helpful.*

<b>Part I - Level of Independence</b>			
<b>Can Your Child?</b>	<b>Independent</b>	<b>Some Independence</b>	<b>Totally Dependent</b>
Dress Self			
Feed Self			
Drink from Cup			
Use Toilet			
Bath or Shower			
Brush Teeth			
Wash Hands & Face			
Care for Hair			
Use and Care for Adaptive Equipment			
Choose Clothing			
Transfer In & Out of Bed			
Transfer In & Out of Wheelchair			

For each area above where your child requires assistance ... Please explain below:

<b>Skill Area</b>	<b>Type of Assistance Required</b>	<b>Special Equipment Required</b>

Please ensure that all splints, braces, wheelchairs, respiratory equipment, and assistive accessories have been checked or serviced prior to arrival at camp. Please be sure that each item is clearly identified with the camper's name.

**... ALL WHEELCHAIRS MUST HAVE SEAT BELTS ...  
... SEAT BELT USE IS STRICTLY ENFORCED ...**

<b>Part II ... Social and Emotional Behavior</b>			
Please check appropriate column below:	Never	Most of Time	Always
Does your child interact with peers?			
Does your child interact with adults?			
Does your child have a limited attention span?			
Is your child generally happy and content?			
Does your child accept new situations easily?			
Does your child want demands met immediately?			
Does your child cry often or easily?			
Does your child have temper tantrums?			
Does your child have a tendency to wander?			
Does your child hum or make different noises?			
Does your child provoke or hurt other children?			
Is your child defiant or uncooperative?			
Does your child enjoy group games?			
Does your child play well in small groups?			

Check all of your child's likes and dislikes		
	Likes	Dislikes
Swimming		
Music		
Animals		
Boating		
Arts & Crafts		
Sports & Games		
Other		

Part III ... Medical & Health Needs	
Medications	Reason

Camp regulations require that **ALL** medications be administered by the Camp Medical staff. ALL prescription medications and non-prescription medications must be turned in to the medical staff when you or your child arrive at camp, and they all (including over-the-counter medications) must be approved by the physician. **PLEASE BRING ENOUGH OF YOUR MEDICATIONS FOR THE FULL 6 DAY SESSION PLUS TWO (2) ADDITIONAL DOSES** (just in case). **ALL PRESCRIPTION MEDICATIONS MUST BE BROUGHT TO CAMP IN THE ORIGINAL CONTAINER(S) WITH ORIGINAL PHARMACIST LABEL(S) OR ASK YOUR PHARMACIST FOR AN EXTRA, FULLY-LABELED CONTAINER FOR USE AT CAMP.** Directions and dose must match the doctor’s script.

Any camper on medication for behavior modification or sleep issues must have a letter from the psychiatrist as to an updated status dated within the past three months of attending camp. Behaviors that compromise the safety of others must be noted, and a current behavior plan submitted with the registration packet.

Parents must be aware that although aggressive behaviors does not necessarily mean exclusion from camp, the management of camp (director, summer director, and nurse) will determine if a behavior warrants the camper to be picked up. A call will be made to the parent, and the child will be removed from camp.

All campers on psych. medications must have a psychological evaluation submitted with their application. Evaluations must be no older than 12 months.

**Allergies** ... Does your child have allergies? **Y** or **N**

To what? \_\_\_\_\_  
 Describe allergic reaction \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Shunt** ... Does you child have a shunt? **Y** or **N**

Location \_\_\_\_\_  
 Signs of Malfunction \_\_\_\_\_  
 \_\_\_\_\_

**Heart Murmur ... Heart Disease** ... Does your child have a heart murmur or heart disease? **Y** or **N**

Activity restrictions \_\_\_\_\_

**Seizures** ... Does your child have seizures? **Y** or **N**

Describe \_\_\_\_\_

Length of Seizure \_\_\_\_\_

Frequency of Seizures \_\_\_\_\_

Date of last Seizure \_\_\_\_\_

**Asthma** ... Does your child have asthma? **Y** or **N**

Specific signs of attack \_\_\_\_\_

Special Medication \_\_\_\_\_

**Diabetes** ... Does your child have diabetes? **Y** or **N**

Is your child insulin dependent? **Y** or **N**

Describe medication regime \_\_\_\_\_

Describe any problems with high or low blood sugars and how treated \_\_\_\_\_

**Temperature** ... Does your child have any trouble with fever? **Y** or **N**

Describe \_\_\_\_\_

Normal temperature \_\_\_\_\_

**Bowel Movements:**

Usual Schedule \_\_\_\_\_

Describe interventions to regulate bowels \_\_\_\_\_

Any other problems? \_\_\_\_\_

**Toilet Trained** ... Is your child toilet trained? **Y** or **N**

Always **Y** or **N**

Daytime **Y** or **N**

Night time **Y** or **N**

Sometimes **Y** or **N**

Diaper **Y** or **N**

**Catherization** ... Is your child catherized? **Y** or **N**

Does your child self-catherize? **Y** or **N**

Usual Schedule \_\_\_\_\_

**Regular Sleeping Habits**

Usual bedtime \_\_\_\_\_

Usual wake-up time \_\_\_\_\_

Any sleepwalking? \_\_\_\_\_

Other sleeping problems \_\_\_\_\_

**Eating Habits ... Does your child have an appetite? **Poor, Average or Good****

Special Diet? \_\_\_\_\_

Any special concerns? \_\_\_\_\_

List foods your child likes \_\_\_\_\_

List foods your child dislikes \_\_\_\_\_

Your child's favorite snacks \_\_\_\_\_

**Drooling ... Does your child drool? **Y or N****

Describe \_\_\_\_\_

Any difficulty in swallowing? \_\_\_\_\_

**Braces and Orthotics**

Braces **Y or N** When worn \_\_\_\_\_

Orthotics **Y or N** When Worn \_\_\_\_\_

Standing with braces **Y or N** Hours per day \_\_\_\_\_

Night braces **Y or N** Describe \_\_\_\_\_

**Wheelchairs ... Does your child require a wheelchair? **Y or N****

Electrical **Y or N**

Manual **Y or N**

**Hearing Aid ... Does your child wear a hearing aid? **Y or N****

What volume setting? \_\_\_\_\_

How often are batteries charged? \_\_\_\_\_

**Ambulation ... Does your child require help walking? **Always, Sometimes or Never****

**Glasses ... Does your child wear glasses? **Y or N****

Date of last **tetanus toxoid shot** \_\_\_\_\_

Has there been any **significant health changes** in your child in the last year? **Y or N**  
If yes, please detail

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

Has your child been **hospitalized** in the last year? **Y or N**

If yes, date of hospitalization \_\_\_\_\_

Reason for hospitalization \_\_\_\_\_

At what local hospital is your child treated? \_\_\_\_\_

<b>Part IV ... Communication Skills</b>		
Abilities	Yes	No
Age appropriate		
Below Average		
Limited		
Can use sign language		
Can use some words		
Can use sentences		
Is easily understood		

If speech is limited, please list any important phrases, words, sounds or gestures that your child uses on a daily basis to make his needs known:

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### **Part V ... Other Important Information**

Please describe anything else we need to know about your child that you feel is important:

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Describe your child and how you think he/she would benefit from Camp Pa-Qua-Tuck:

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### **Part VI ... Parental Consent & Release**

My child has permission to participate in Camp Pa-Qua-Tuck's Residential Summer Camp including all recreational activities, unless indicated below:

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In consideration of the Moriches Rotary Health Camp Inc., permitting my child to attend Camp Pa-Qua-Tuck, I hereby **WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE** that I or my child may have against the Moriches Rotary Health Camp Inc., its directors, officers, employees, counselors, volunteers, agents, assignees and cooperating entities, their representatives, heirs, executors, administrators, successors and assigns arising out of or resulting from any and all injuries or damages of any nature, including death, which my child may suffer while participating at Camp Pa-Qua-Tuck. **I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY AND ALL PARTIES IN CONNECTION WITH CAMP PA-QUA-TUCK.** I further understand that (I) (and my child) assume(s) all risks in participating at Camp Pa-Qua-Tuck. I further recognize that the Moriches Rotary Health Camp Inc. cannot be held responsible for loss of clothing or personal property while at camp, and I will try to have all belongings plainly marked.

This release shall be binding upon me, my (and my child's) heirs, executors, administrators, assigns (and all legal guardians of my child).

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Print Name of Parent/Legal Guardian

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Signature of Parent/Legal Guardian

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Relationship to Camper

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Date