

<b>Submission Time</b>	<b>Jan 2, 2023 @ 10:50 AM</b>
<b>Camper First Name</b>	*****
<b>Camper Last Name</b>	*****
<b>Nickname</b>	*****
<b>Date of Birth</b>	*****
<b>Age (in years)</b>	18
<b>Grade (2023/24 school year)</b>	*****
<b>Sex</b>	Female
<b>Height(in feet &amp; inches)</b>	5' 2"
<b>Weight(in pounds)</b>	110
<b>Upload a Recent Photo</b>	
<b>T-Shirt Size</b>	Adult - S
<b>Date of Last Tetanus Shot</b>	*****
<b>Does Camper have any allergies (food, medication, other)?</b>	No
<b>Enter Allergy Information</b>	
<b>Does the Camper have seizures?</b>	Yes
<b>Enter Seizure Information</b>	Epileptic spasms, Tonic-Clonic, Absence - Average 3-4x per week. Lasting seconds to 2 minutes.
<b>Will the Camper require medication administration during camp (~9AM-4PM daily)?</b>	No
<b>Medication Information</b>	
<b>Does the Camper have physical restrictions or limitations (amputations, crutches, wheelchair, visual or auditory)?</b>	Yes
<b>Does the Camper require a vehicle equipped to transport a wheelchair for off site activities?</b>	Yes
<b>Physical restrictions or limitations</b>	Wheelchair  Full care needed - feeding, diapering, transferring positions
<b>Does the Camper require a special diet, or have any food restrictions?</b>	Yes
<b>Special Diet Info</b>	Eats pureed food from home that will be sent with her. About 4oz pureed food orally. She has g-tube formula feeding of ~18-20oz) with meal.
<b>Does this Camper have Special Needs (intellectual or developmental disability)?</b>	Yes
<b>Diagnosis</b>	*****
<b>Approx. Mental Age (in years)</b>	4
<b>Is your Camper verbal, or non-verbal?</b>	Non-verbal
<b>Alternative Communication</b>	Communication device with options for various responses.
<b>Has your Camper ever received treatment or medication for psychiatric or behavior disorders?</b>	No
<b>Psychiatric or behavior disorders</b>	

<b>Does your Camper have any negative behaviors we might experience?</b>	Yes
<b>Negative behaviors</b>	When she is excited she flails her body and sometimes will bite (whatever is near her mouth).
<b>Does your camper have any special routines it would be helpful for Camp Staff to know about?</b>	No
<b>Special Routines</b>	
<b>Does your Camper need assistance with any activities on this list?</b>	Toileting, Feeding, Dressing, Mobility / Transfers
<b>Special Needs Assistance Details</b>	Full care required: diapering, feeding orally and tube feeding, dressing, transfer, pushing wheelchair
<b>Best email address to communicate about this Registration</b>	*****
<b>Address - Street Address</b>	*****
<b>Address - Apartment, suite, etc</b>	*****
<b>Address - City</b>	*****
<b>Address - State/Province</b>	*****
<b>Address - ZIP / Postal Code</b>	*****
<b>Camper(s) Legal Guardian</b>	*****
<b>Primary Contact Name</b>	*****
<b>Relationship</b>	*****
<b>Phone</b>	*****
<b>Alternate Contact Name</b>	*****
<b>Relationship</b>	*****
<b>Phone</b>	*****
<b>Alternate Emergency Contacts</b>	*****
<b>Primary Insured Family Member</b>	*****
<b>Employer</b>	*****
<b>Name of Insurance Company</b>	*****
<b>Policy Number</b>	*****
<b>Group Number (if applicable)</b>	*****
<b>Phone Number on Back of Card</b>	*****
<b>Medicaid Number (if applicable)</b>	*****
<b>Medication at Camp</b>	checked
<b>Special Information or Medical Needs</b>	checked
<b>Special Diets</b>	checked
<b>Behavior Issues</b>	checked
<b>Behavior Disorders</b>	checked
<b>Phone Usage</b>	checked
<b>Medical Emergencies</b>	checked
<b>Cancellations</b>	checked
<b>Policies</b>	checked
<b>Policy Acceptance Initials</b>	*****

<b>Release of Liability</b>	checked
<b>Release of Liability Acceptance Initials</b>	*****
<b>Medical Authorization and Privacy Agreement</b>	checked
<b>Medical Authorization and Privacy Agreement Acceptance Initials</b>	*****
<b>Media Release</b>	checked
<b>Media Release Acceptance Initials</b>	*****
<b>Electronic Signature Approval</b>	checked
<b>Electronic Signature</b>	*****
<b>Today's Date</b>	01/02/2023