



Please return by **March 15, 2022**

KREWE de CAMP
May 28 – June 3, 2022
CAMPER APPLICATION
(please print or type)

**Please attach
recent
photograph**

Camper Name: _____ Birth Date: _____

Grade Level: _____ Name of School/Phone #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Height: _____ ft. _____ in. Weight: _____ lbs. Sex: _____ T-Shirt size: _____

Parent or Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: [hm] (_____)_____-_____[wk] (_____)_____-_____[cell] (_____)_____-_____

Best number/time to call: _____

Parent E-mail address: _____

If not available in an emergency, contact:

Name: _____ Phone: (_____)_____-_____

Name: _____ Phone: (_____)_____-_____

Has your child attended Krewe de Camp before? _____ If yes, how many years attended? _____

If no, how did you hear about Krewe de Camp? _____

MEDICAL INFORMATION

Physician's name: _____ Phone: (_____)_____-_____

Insurance carrier: _____

Insurance #: _____ (These are required in case of an emergency)

Please complete the following as accurately as possible. Our volunteers depend on this information to guide them in the proper care of your child.

Health history: (please explain)

_____ asthma	_____ kidney trouble	_____ Down syndrome
_____ diabetes	_____ constipation	_____ Autism
_____ heart problem	_____ ear infections	_____ Cerebral palsy
_____ seizure disorder	_____ severe colds	_____ other (please list below)

Allergies:

Drug allergy _____ Food allergy/intolerance _____

Environmental allergies _____ Insect sting allergy _____

No known allergies _____

Date of last tetanus shot: _____

Please utilize the back of this page to fully explain your child's needs.



**KREWE de CAMP
CAMPER APPLICATION
page 2**

MEDICAL INFORMATION (continued)

Medication:

_____ is presently on medication

_____ is presently not on medication

_____ is presently not on medication but will be at the time of camp

Please state what medications you give at home and/or authorize the camp nurse to give your child for the following conditions:

Headache: _____

Stomach Ache: _____

Diarrhea: _____

Constipation: _____

DAILY ACTIVITY INFORMATION

Ambulation:

_____ walks without assistance _____ walks with assistance _____ is in wheelchair

Please check off equipment that you will send to camp with your child.

_____ wheelchair _____ walker _____ braces _____ crutches other _____

Eating:

_____ feeds self _____ needs help feeding self _____ needs to be fed _____ tube fed

_____ has difficulty swallowing liquids _____ has difficulty swallowing solids

Uses special utensils: _____ spoon _____ cup _____ plate _____ bowl _____ straw

How long does it take him/her to eat a meal? _____

Please write specific instructions for feeding if necessary and/or *helpful hints* for meal time: _____

Please provide key words or phrases to help encourage, soothe, etc. your child during daily activities

Diet:

_____ regular _____ soft _____ puree

_____ special _____ restrictive

Please explain specifics, including foods to avoid _____

Communication:

_____ normal speech _____ few words _____ gestures _____ sounds

_____ picture board _____ electronic device _____ no communication

Please list specific gestures or sounds. _____

Please utilize the back of this page to fully explain your child's needs.



**KREWE de CAMP
CAMPER APPLICATION
page 3**

DAILY ACTIVITY INFORMATION (continued)

Dressing:

_____ dresses without help _____ needs some help _____ needs to be dressed

Please list specific ways in which your child requires assistance. _____

****Help us keep track of your child clothes – please label all clothes or personal items to the best of your ability****

Personal hygiene:

_____ fully toilet trained _____ partially/schedule trained _____ not toilet trained

Bowel movement frequency _____ Diaper at night _____

Please describe specific help camper will need during toileting in sitting, cleaning, etc, during menstrual period, or in the event he/she becomes constipated. _____

Helpful hints at shower time: _____

Helpful hints at bedtime: _____

Behaviors:

Please **describe any behaviors** specific to your child and **explain techniques** you use to handle them.

Please use the space below to give us any other information about your child which can make his/her camp experience more enjoyable. (Please feel free to use additional space if necessary)

By my signature below, I certify that the above information is correct and complete.

Signature

Date

****Note: Application will be returned if any information is not provided. Please make sure that date of last tetanus shot has been provided and that you have enclosed a recent photograph of your child.****

**FriendsHelpingKids@gmail.com
504-722-2765**

Please utilize the back of this page to fully explain your child's needs.

CONSENT FORM AND LIABILITY WAIVER

- Camper's: This form must be signed by the camper's parent or legal guardian and by the camper if the camper is over the age of 18.
- Volunteers: This form must be signed by the volunteer and by the volunteer's parent or legal guardian if the volunteer is under the age of 18.

In order for you or your child to attend camp, the following Consent Form and Liability Waiver is legally necessary.

A. I hereby give my consent for my child to attend Krewe de Camp. In consideration of the acceptance of the below named minor and on behalf of myself, my child named herein, or our heirs, successors or assigns, I hereby release and waive any claim or cause of action which may accrue against Friends Helping Kids, Inc. or any person acting with its permission or authorization arising out of any injury to the minor or property of such minor during his/her stay at camp, in transit to and from said camp, or during any camp activity, for any claims which said minor in his/her personal capacity might have against Friends Helping Kids, Inc. or any person acting with its permission as herein stated and further to hold harmless and defend Friends Helping Kids, Inc. or any person acting with its permission or authorization from any and all losses, liabilities, claims and expenses that may occur from my child's participation in Krewe de Camp. This release includes, but is not limited to, any claims in any way related to COVID-19.

B. I realize that photographs, videos, written extractions and voice recordings of my child may be taken during various activities for the purpose of illustrations, publications, websites, blogs and other purposes. I hereby authorize and give full consent to Friends Helping Kids, Inc. to publish and copyright all photographs, videos, written extractions and voice recordings in which my child appears while he/she is participating in any camp program. I acknowledge that I will not be informed or reimbursed for any such usage.

C. I hereby give my permission for a duly authorized representative of Friends Helping Kids, Inc. to obtain emergency medical/dental care for my child in the event of such a necessity. I understand that I will be financially responsible for any such medical/dental service given to my child.

D. If I am over the age of 18, and attending camp myself as a camper or volunteer, I hold the provisions set forth in preceding paragraphs **A**, **B**, and **C** to apply not to my minor child, but to me.

Camper's/Volunteer's Name

Camper's/Volunteer's Signature (if over 18)

Date

Parent's/Legal Guardian's Name

Parent's/Legal Guardian's Signature

Date

Please return original signed and completed application and consent by **March 15, 2022** to:

FRIENDS HELPING KIDS, INC.
Krewe de Camp
P.O. BOX 1532
Mandeville, LA 70470

*****A complete application must be received in order for your camper to be considered.*****



Due by **March 15, 2022**

KREWE de CAMP
May 28 – June 3, 2022
HEALTH EXAMINATION FORM
(please print or type)

This form must be completed by a **physician/nurse practitioner**.

Child's name: _____ Age _____

Degree of disability: mild _____ moderate _____ severe _____

Does camper have any of the following: Allergies _____

Down Syndrome _____ Autism _____ Vision Deficit _____

Cerebral Palsy _____ Seizure Disorder _____ Hearing Deficit _____

List/ describe medical conditions: _____

Chronic or recurring illnesses: _____

Height: _____ Weight: _____

Date of last tetanus booster: _____

Medications (list all medications and exact directions, including dosage and time)

Medication/dosage:

Directions:

I have examined _____, and I have found him/her to be physically fit and able to attend Krewe de Camp from May 28 – June 3, 2022

Physician name (please print)

Phone number

Physician signature

Date

Note: If any of the above information will change prior to camp (May 28 – June 3, 2022), especially regarding medications, please notify parent of the importance of forwarding that information to Friends Helping Kids, Inc.

FriendsHelpingKids@gmail.com
504-722-2765
P.O. BOX 1532
Mandeville, LA 70470

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