



Please return by **March 15, 2023**

Please attach  
recent  
photograph

**KREWE de CAMP**  
**May 27 – June 2, 2023**  
**CAMPER APPLICATION**  
(please print or type)

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: \_\_\_\_\_

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**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, 2023** to:

**FRIENDS HELPING KIDS, INC.**

**FriendsHelpingKids@gmail.com**

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



Due by **March 15, 2023**

**KREWE de CAMP**  
**May 27 – June 2, 2023**  
**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 27 – June 2, 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**

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