

2020 Texas Elks Camp Application

Dear Parent or Guardian:

Thank you for your interest in Texas Elks Camp!

****BEFORE you fill out the enclosed application, please take a few moments to look over the information requested.****

It is very important that we have **ALL** the information requested to best serve your child's needs. If we receive the application and it is not complete, **WE WILL BE UNABLE TO PROCESS IT.**

****A current photo of your child MUST BE ATTACHED to the first page of the application in the top left-hand corner as requested.****

****Immunization records MUST BE COMPLETE, UP TO DATE AND SUBMITTED WITH YOUR CHILD'S APPLICATION.****

****The Camper Health Evaluation Form MUST BE COMPLETED AND SIGNED BY A LICENSED MEDICAL EXAMINER.****

****Applications MUST be submitted via US Mail no later than June 5, 2020****

****You can type on this form, then print and sign, or you can print the form, fill it in by hand and then sign.****

Please mail completed applications to the following address:

Texas Elks Camp
1963 F.M. 1586
Gonzales, TX 78629

MUST
ATTACH
RECENT
PICTURE

2020 APPLICATION
TEXAS ELKS CAMP
1963 FM 1586
Gonzales, Texas 78629
P: (830) 875-2425

Children have been served by Texas Elks Camp since 1987 without regard to income, ethnic origin, race, creed, color or religion. The main qualifying factors are at least one special need and our ability to be of service.

ELIGIBILITY

SPECIAL NEED (please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Amputee | <input type="checkbox"/> Hearing Impaired (partial) | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hearing Impaired (total) | <input type="checkbox"/> Rickets |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hydrocephalus | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Learning Disabled | <input type="checkbox"/> Spina Bifida (walks) |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Intellectually Disabled (mildly) | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Birth Defect | <input type="checkbox"/> Intellectually Disabled (mildly) | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Burn Survivor | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Tourette's Syndrome |
| <input type="checkbox"/> Cerebral Palsy (walks) | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Tumor Having Physical Effect |
| <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> Neurofibromatosis | <input type="checkbox"/> Visually Impaired (partial) |
| <input type="checkbox"/> Fetal Alcohol Syndrome | <input type="checkbox"/> Non-Verbal | <input type="checkbox"/> Visually Impaired (total) |
| <input type="checkbox"/> Fragile X Syndrome | <input type="checkbox"/> Perthes Disease | |
| <input type="checkbox"/> Other Health Impairments (please explain) _____ | | |

ELIGIBILITY CRITERIA

Potential applicants are screened and assessed on an individual basis according to diagnosis. Campers should be eligible to participate in and enjoy a carefully planned camping program for children with special needs. Applicants should have normal bowel and kidney function and control as well as some degree of independence in self-help skills; including feeding and dressing themselves. If the above criteria is not met or answers given are found to be false, the child will be sent home.

Elks Camp is not a stationary camp program. Children who attend Elks Camp are accompanied by trained staff for outings to attend area attractions. The structure of our program may not be the most suitable for applicants that are profoundly challenged in large group settings or over stimulated by a constantly changing environment.

CAMPERS NOT ELIGIBLE

Children requiring one-on-one attention are not eligible. Also, children with the following diagnoses are not eligible:

- | | | |
|----------------------------|--|--------------------------------------|
| Bedfast | Osteogenesis Imperfecta | Self-Injurious Behavior |
| <u>Both</u> Deaf and Blind | Physically and/or Sexually Aggressive Toward Peers | Enterally Fed |
| Contagious Diseases | Prader Willie Syndrome | Uncontrolled Behavior |
| Diabetic | Profound Intellectual Disability | Use of a Wheelchair for all Mobility |
| Hemophilia | Seizures – Grand Mal, Drop or Absence | Behaviorally Defiant |
- Children with seizure disorders may qualify if the child has been seizure free for 12 consecutive months or longer.

Children between the ages of 7 and 15 are eligible for admission.

FOR OFFICE USE ONLY

Date Received _____ Approved _____ Date Approved _____ Confirmation Sent _____
Lodge to Receive Credit _____ Approved for Session # _____

ALL QUESTIONS MUST BE ANSWERED

PLEASE TYPE OR PRINT CLEARLY

If a question does not pertain to your child, please write "NA."

Camper's Date of Birth _____

Camper's Last Name	First Name	Middle Name	NAME CAMPER LIKES TO GO BY	Sex	Age
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Guardian's Name	Address	City/State/Zip	() Cell Phone	() Work Phone
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Father's Name	Address	City/State/Zip	() Cell Phone	() Work Phone
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Mother's Name	Address	City/State/Zip	() Cell Phone	() Work Phone
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Custody Status (please check) Both Parents Father Mother Other _____

****BEST EMAIL ADDRESS**** _____

Emergency Numbers in addition to those listed above (i.e. grandparents, uncles, aunts, etc.) **MUST BE PROVIDED**

Name	Telephone	Relation to Camper
1) _____		
2) _____		
3) _____		
4) _____		

Does your child qualify for Special Education services in your school district? Yes No

If yes, what is his/her handicapping condition? _____

Name, Address and Phone Number of Camper's School and/or Rehabilitation Program _____

Please mark 3 sets of dates that your child would be able to attend camp. Be aware that each child may only attend once per summer.

Session 1: _____ (June 14 – 19)	Session 2: _____ (June 21 – 26)	Session 3: _____ (June 28 – July 3)	Session 4: _____ (July 12 – 17)	Session 5: _____ (July 19 – 24)	Session 6: _____ (July 26 – 31)
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Has applicant attended Elks Camp before? Yes No If yes, when _____

How did you hear about Elks Camp? School Personnel Friend Attended Elks Camp Other Camp Elk
Other _____

CAMPER'S PERSONAL HISTORY

Mental Age Level _____ Social Age Level _____

Is child covered by insurance? Yes No If yes, indicate carrier and policy/group # _____

Is child on Medicaid? Yes No Medicaid # _____ Is child in foster care? Yes No

Name of Dentist/Orthodontist: _____ Phone: (_____) _____

What is child's T-Shirt Size? Youth Medium Youth Large Adult Small Adult Medium
(please mark ONLY one)

Adult Large Adult X-Large

Does child know how to swim? Yes No

Does child need to wear a lifejacket? Yes No

Does child need to wear ear plugs? Yes No *If yes, plugs must be provided by parent/guardian.*

Indicate required assistance or level of involvement. **ALL QUESTIONS MUST BE ANSWERED. Check all that apply in each section.**

EATING: No Assist Partial/Total Assist (Explain) _____

Does camper have any difficulty swallowing? No Yes (Explain) _____

List adaptive eating equipment used _____

DIET: Normal Chopped Food Blended/Pureed Low Salt Low Calorie

Any other special diet _____

List problem foods or food allergies _____

HEARING: Normal Left Right Mild Loss Moderate Loss Severe Loss Total Loss

SPEECH: Normal Mildly Affected Moderately Affected Severely Affected Few Words Non-Verbal

COMMUNICATION: Normal Sign Language Communication Board Gestures Other _____

VISION: Normal Partial Glasses Contacts Legally Blind Total Loss

MOBILITY: Able to Walk Wheelchair (manual) Wheelchair (electric) Crutches Cane Walker

Walk-by Assist Other _____

MOBILITY ASSIST: None Standby Total

TRANSFERS: No Assist Transfer Type: Independent Standby Stand-pivot Two Person

Other _____

ADAPT. DEVICES: None Braces Night Braces Prosthesis Helmet Glasses Hearing Aids Dentures
Shunt Other _____

TOILETING: No Assist Partial Assist (explain) _____
Total Assist (explain) _____

BLADDER CONTROL: Normal Partial Needs Reminders Incontinent

BOWEL CONTROL: Normal Partial Needs Reminders Incontinent

TOILETING AIDS USED: None Urinal Catheter? (Indwelling Intermittent External)
Toilet Chair Diapers Ostomy? (Colostomy Urostomy Ileostomy)
Bed Pan Laxative Suppositories Enema
Other _____ List schedule for any toileting aids _____

WASHING/BATHING: No Assist Partial Assist Total Assist Aids _____
Explain _____

DRESSING: No Assist Partial Assist Total Assist Aids _____
Explain _____

SLEEPING: Sleepwalking? No Yes Snoring? No Yes
Needs to awakened or turned during night?
No Yes Reason _____

For Female: Has this camper menstruated? _____ If not, has she been told about it? _____
If so, is her menstrual history normal? _____ Special consideration _____

EACH QUESTION MUST BE ANSWERED

Please list any problems (behavioral, emotional, medical, or otherwise) of which we should be aware. Include methods you have effective for behavior management and/or therapeutic practices we need to continue at camp.

Please list any personal care issues that we need to know about. (bathing, toileting, dressing, etc.)

Is your child afraid of anything? Does your child have nightmares? If you answered yes to either question, please describe.

Parents/Guardians responsible for transportation to and from Texas Elks Camp:

To Camp: _____
 Parent/Guardian Other

From Camp: _____
 Parent/Guardian Other

AGREEMENTS BELOW MUST BE SIGNED AND RETURNED.

NOTE: If you do NOT wish your child to be photographed or videotaped for promotional purposes, please check "NOT APPROVED."

PHOTO RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Texas Elks Camp permission to take or have taken, still and moving photographs and films including television pictures of _____, and consents and authorizes Texas Elks Camp, their advertising agencies, news media, and any other persons interested in Texas Elks Camp, and their work, to the use and reproduction of the photographs, films, and pictures to circulate and publicize the same by all means including without limit, the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of Texas Elks Camp to use or be used such photographs, films and pictures for the primary purpose of promoting and aiding their programs and their work.

Approved _____ Not Approved _____

Dated this _____ day of _____, 20_____.

Signed: _____

AGREEMENT AND AUTHORIZATION FOR TREATMENT

Although the risk is minimal, I understand Texas Elks Camp is not liable for any injury sustained by _____ while attending Texas Elks Camp. Texas Elks Camp is not responsible for personal items lost, misplaced, etc. Any drawings, ceramics, and/or crafts, done by my child and left with Texas Elks Camp may be used to demonstrate to other children and supporters what can be done at Texas Elks Camp.

I hereby authorize:

- (a) Physicians, nurses, hospitals and their authorized personnel employed, contracted, or paid on a fee basis by Texas Elks Camp to perform all treatments and procedures as deemed necessary; and,
- (b) Release of medical/hospital records to Texas Elks Camp from existing medical/hospital records; and,
- (c) Release of medical/hospital records possessed by Texas Elks Camp to physicians, nurses, hospitals and their authorized personnel for the performance of treatments and procedures as deemed necessary upon my child.

My child agrees to comply with all rules concerning conduct and organization. My child and I understand failure to comply may result in dismissal from Texas Elks Camp.

Signature _____
(Parent or Legal Guardian)

Date _____

Signature _____
(Child, if possible)

Date _____

IMMUNIZATION HISTORY

A current immunization form from the school or doctor **MUST** be attached. **This application will be considered “unable to process” if a copy of the current immunization record is not provided.**

**The health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except noted by me and/or the licensed medical examiner.

Signature of Parent/Guardian: _____

Date: _____