Code Word _____ (Please assign a code word for your child to serve as identification which will be required at check-out and to receive information regarding your child while at camp.)

Louisiana Lions Camp Camper Application

Valid January to August 2019

292 L. Beauford Dr. Anacoco, La 71403

Needs 3 Signatures: Parent/Guardian, Lion, and Doctor

Instructions: Parent or Guardian must complete the form in its entirety and contact your Lion sponsor for their signature. Once completed it is suggested you make a copy, the application can be mailed to the camp by either the Lion or parent. Questions??? call 337-348-6567

CHILD'S NAME _____
last first middle

PARENT(S)/GUARDIAN NAME _____
last first middle

ADDRESS _____
street or box City and State Zip Code Parish

CAMPERS AGE _____ DATE OF BIRTH _____ GENDER : ☐ MALE ☐ FEMALE

T-SHIRT SIZE (circle one) **Youth** S M **ADULT** S M L XL XXL XXXL

CONTACT INFORMATION

Parent/Guardian Home Phone _____ Work Phone 1 _____ Work Phone 2 _____

Cellular Phone _____ Email address _____

1st Emergency Contact Name _____ Phone # _____ Cell # _____

2nd Emergency Contact Name _____ Phone # _____ Cell # _____

*** if you do not have a phone, please list a friend, neighbor, or relative so that we can contact you while your child is at camp and in the event of a problem or emergency.

Statement from Sponsoring Lions, Lioness, Lions Auxiliary or Leo Member

We, the _____ Lions Club of _____, Louisiana, District _____ , agree to be responsible for the transportation of the above named camper for arrival at the camp on the first day of the session between the hours of 2:00 p.m. and 4:00 p.m. and to pick up the camper on the last day of the session between 8:00 a.m. and 10:30 a.m. Two or more adults will accompany the camper while en route. I, as a Lions Club representative, have personally interviewed the above applicant and believe that the applicant will make a desirable camper. I therefore submit this application for approval of the Camper Intake Committee.

Signature of Club Member: _____ Please Print Name _____

Phone Number _____ _____ _____ Email _____
home work cell

Mailing Address _____
Street or box City State Zip

Camp Victory, Pelican, & Challenge Campers should complete application provided by the American Diabetes Association, the La. Pulmonary Desease Camp, Inc., and Camp Challenge, Inc.

☆☆☆☆ **Must be completed and returned with application** ☆☆☆☆

Consent Form - Parent or Guardian must Initial each statement before a child can be assigned to camp

This form must be completed and returned with your child's application. Parent or Legal Guardian must read and initial each statement.

Campers Name:_____

_____ The Camp may publish my child's name and address in its weekly camper memory booklet

------- I hereby give consent for said camper to participate in the camping program at the Louisiana Lions Camp

------- I will be available by telephone while my child is at camp. I have listed the names of at least two people who should be contacted in the event that I cannot be reached during an emergency. I have notified these people that they may be contacted and will make sure that in the event that I am not going to be able to be reached at any point during the camping session that at least one of these two people will be accessible.

------- I acknowledge and will recognize the Camp's right to send home any camper if illness or other reasons deem it necessary including behavioral problems.

------- I understand that all campers will receive a health screening before being allowed to check in to camp and that they must be free of contagious conditions (fever, head lice, etc. before being admitted.

------- I grant permission for the above camper to swim in the Camp's aquatics program and to ride on the Camp's pontoon boat and paddle boats under direct supervision of the Certified Aquatics Staff and the counselors.

------- I hereby grant permission to the Camp's Director, Nurse, or their authorized representatives to furnish or arrange for the pre-hospital and hospital/ medical care that the camper might require during such time as the camper is a resident at Louisiana Lions Camp.

I am therefore authorizing:

Physicians, nurses, hospitals and their authorized personnel employed, contracted, or paid on a fee basis by the Camp to perform all treatments and procedures as deemed necessary; and

Release of medical/hospital records to the Camp from existing medical/hospital records; and

Release of hospital/medical records from the Camp to Physicians, nurses, hospitals and their authorized personnel for the performance of treatments and procedures as deemed necessary.

------- The Parents/Guardian and/or their health insurance provider are responsible for all medical bills incurred by above camper that are not covered by the Camp's group insurance.

Is the camper covered by family medical/hospital insurance? ___ Yes ___ No

Carrier or Plan Name _____ **Include a copy of your insurance card**

Name of Insured_____

------- All medications and prescriptions to be administered will be surrendered to the Camp Nurse upon arrival at Camp; Medications will be dispensed according to the prescription written on the bottles or containers.

------- I acknowledge the Camp's right to search campers possessions

------- I understand that visitations and phone calls from family/friends are not part of the program and though accepted in emergencies, must be arranged through the Camp's director.

------- The Camp is not responsible for personal items lost, damaged, or misplaced, or stolen. I acknowledge that the camp's policies prohibit all participants from possessing alcohol, drugs, firearms and weapons, and personal animals. Campers may not bring or use personal sports equipment.

If needed, please complete : For Religious or other reasons, My child **may not participate** in the following activities:

_____

Everyone Please Sign:

Parent / Legal Guardian Signature _____ Date_____

Please Print Name _____

Parents Checklist

This form will be copied and given to the counselors caring for your child
Please complete all parts - sorry for some repetition

Place a check by each item that applies to your child

Name_____

Age_____ Wt._____ Ht._____

Child's Handicap

1._____

2._____

3._____

Does child have an Individual Education Plan?(IEP) Yes_____ No_____

If yes, what is the Primary Exceptionality?_____

_____

My Child Attends: ____ Regular Education
____ Special Education
____ a. Inclusion Class
____ b. Resource Class
____ c. Self-Contained Class

Medications _____ No Meds ____ As needed meds

Times for prescribed meds
_____ Breakfast _____ Lunch _____ Dinner

____ Before bed _____ Other_____

_____

Seizures _____ No _____ Yes Type _____

Last seizure was _____

Usual frequency _____

Usual Duration _____

Triggered by: _____

Allergies _____ None

Food _____ Medications_____

Insects/plants/other_____

Vision

_____ Normal _____ Limited _____ Blind

_____ Glasses _____ Legally Blind w/ correction

Ambulation _____ Walks alone w/o devices

____ Unsteady _____ Walker _____ Crutches

____ Braces _____ Cane

Wheelchair _____Manual _____Electric

Hearing _____ Normal _____ Hard of Hearing

_____ Uses Hearing Aids _____ Deaf

Communication _____ No Problems

_____ Limited but can communicate needs

_____ Non-Verbal _____ Sign Language

_____ Communication Device

Follows Directions:

____ Can Follow verbal directions
____ Can follow directions with gestures
____ Needs repeated directions
____ Can follow a one step direction
____ Can follow a two step direction

Social / Behavior
My child behaves as a _____ year old.

_____ No problems, age appropriate

_____ Use time out

Problems triggered by:_____

Positive Reinforcers _____

Self Help Toileting

_____ Attends to own needs _____ Wears Diapers
_____ Wears Pull-Ups
_____ Bring to bathroom every ____ Hrs.
_____ Needs help with _____
_____ Cath every _____ Hrs.
_____ Self cath every _____ Hrs. B.M. every ____ hours

Place check by each item that applies to your child

Camper's Name_____

Self Help/ Eating Diet

_____ Regular Diet _____ Needs no help

Needs a little help with _____

Food must be ___ Cut ___ Chopped ___ Mashed ___ Pureed

G-Tube ___ NG Tube ___ Tube feed every ___ Hrs.

Favorite Foods_____

Special Diet_____

_____

Activities _____ Child has PE tubes in ears

Swimming: _____ Knows how _____ Special devices

Any precautions in regards to swimming_____

_____

_____

Sleep _____ No Problems

_____ Regular Bed _____ Top Bunk _____ Lower Bunk

_____ Wets Bed _____ Needs Rails _____ Sleepwalks

Wears diapers at night

Self-Help Dressing:

_____ Needs no help

_____ Needs some help with:

_____ Brushing teeth _____ Brushing Hair
_____ Zippers _____ Buttons
_____ Snaps _____ Tying shoes

_____ Needs total help

Groups:

_____ Will stay with group

_____ Wanders off

_____ Will run away at times

Self Help Bathing

___ Needs no help

___ Needs some help with _____

___ Showers ____ Bath tub (Boys only)

Heat Tolerance:

____ Good _____ Fair _____ Poor

List any:

Likes: _____

Dislikes:_____

Fears, if any: _____

_____

Extra Instructions for Counselors : This page will also be copied for the Counselors

Camper's Name_____

Extra Instructions for Medical Staff : This page will not be given to Counselors

Camper's Name_____

Information

Camper'sName_____

Has child spent a week away from parent before? _____ Comments _____

Has child attended any other camp before? _____ Where _____

Has child been to Lions Camp before? _____ When _____

My Child attends: (Check One) _____ Regular Education _____ Special Education

(a) ___ Self Contained Class (B) ___Inclusion Class

MEDICAL DIAGNOSIS OR PROBLEMS: List every physical, mental, and/or medical problem including seizures

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

ALLERGIES: Food: _____ No _____ Yes if yes, list: _____

Medication: ___ No ___ Yes if yes, list:_____

Other: ___ No ___ Yes if yes, list: _____

SURGERY: Type: _____ Date: _____

Type:_____ Date: _____

Hospitalized within the last year? _____ Explain:_____

MEDICATIONS Please provide all information about each medication, follow example below

Medication (mg)	Amount Given	Times Given	Special Instructions
ex: Phenobarbitol 32mg	1 tablet	8 am and 8 pm	takes only with milk

****** Please send all medication in appropriate prescription bottle ******

Previous Illnesses (check ones which apply)

_____ Measles _____ German Measles _____ Chicken Pox _____ Mumps _____ Frequent Ear Infection

❇ Physical Exams must be dated after January 1, 2019 ❇

CAMPER NAME_____

Physician's Report

(This part must be completed by a physician & turned in with the application)

PRIMARY DIAGNOSIS: _____

OTHER DIAGNOSIS	**STATUS OF EACH DIAGNOSIS**
2. _____	_____
3. _____	_____

Physical Examination

Height _____ Weight _____ Heart Rate _____ Blood Pressure _____ Respiration Rate _____

(PLEASE CHECK IF NORMAL OR ABNORMAL)

	Normal	Abnormal	Explain if necessary
HEENT			
NECK			
LUNGS			
HEART			
ABDOMEN			
GENITALS			
SPINE			
EXTREMITIES			
NEURO			
SKIN			

List chronic or recurring conditions: _____

Medications: _____ I have reviewed list on page 3 of this form and agree with the medication list
_____ I would like to make the following changes: _____
Visual acuity _____ Is child legally blind with correction _____ Yes _____ No %Hearing loss _____

Limitations of Activities: _____

Other Recommendations _____

Licensed Physician's Signature

❇ Physical Exams must be dated after January 1, 2019 ❇

I have examined the above applicant, in my opinion he/she can participate in an active camp program.

Physician's Signature _____ Date of Exam _____
Printed Name _____ Phone _____ Fax _____
Address _____
Street/box City St. Zip

When completed, parent or sponsoring Lion mail to:
Louisiana Lions Camp, 292 L. Beauford Dr., Anacoco, LA 71403
(337) 239-6567 * Fax (337) 239-9975

Qualified applicants will be accepted on a first come, first serve basis if the application is complete when received

CHECK-IN TIME IS 2:00 P.M. - 4:00 P.M.

CHECK OUT TIME IS 8:00A.M. - 10:30 A.M.

Responsibilities of the Sponsoring Lions Club

1. Submit completed application containing a Lion Sponsor signature, Parent or Guardian signature, and Physician's signature.
2. Sponsoring Lions should personally interview each new camper and parents.
3. Sponsoring Lions Club is **responsible for transportation to and from camp, arriving and departing at the proper times**. Also for the Camper fee of $25.00 (club will be billed)
4. All campers must be accompanied by two or more adults to and from camp or parents.

NOTICE OF ASSIGNMENT

If eligible, Notice of Assignment of Campers will be mailed to the Lions submitting the Application with a copy also going to the parents. Promptly notify the Camp in case of cancellation. If not eligible, the Lions will be contacted. All applications will be screened and assigned by the Camper Intake Committee.

INFORMATION

POSITIVE FEATURES OF THE CAMP

1. **Check-In Time:** Registration of campers will start at 2:00 p.m. and continue until 4:00 p.m. on the opening day of each designated camping session. *Campers arriving early are the responsibility of the sponsoring Club until 2:00 p.m.*
2. **Check out time:** Check-out of campers will begin the last day of each session at 8:00 am and must be completed by 10:30 am that day.
3. **Parents Visitation:** Parents are requested to limit their visits to the time of registration on the opening day of the session and on the closing day of the session. They are especially invited and urged to attend the Awards Night Program held on Friday night of each session beginning at 7:00 p.m. Parents may complete the check-out procedure on Friday (except for Diabetes Camp) and depart after the program. During camp, visitation and phone calls from family/friends will be accepted for emergencies only, and with approval of the Camp Director. We do not allow cell phones at camp.
4. **Lions Visitation:** Lions are encouraged to visit the camp year-round. Tours are available.
5. **Suggested Clothing List:** The camp supplies bed linens. A camper needs sufficient clothing for the one week camping session. PLEASE LABEL ALL POSSESSIONS AND CLOTHING.

CLOTHING AND OTHER ITEMS

Bathing Suit	Shoes	Underwear	All Toiletry Items
Blouses or Shirts,Shorts	Towels (old ones)	Wash Cloths	Cap and Sunglasses
Pajamas	Writing Paper	Socks	Pillow
Laundry Bag	Flashlight	Extra shoes	Disposable Camera

6. **Appliances:** Glasses, Wheelchairs, crutches, braces and other orthopedic appliances that are necessary and might be needed should be sent to camp and **LABELED WITH CHILD'S NAME.** Don't forget the battery charger for the electric wheelchairs.
7. **Supervision:** Each session has approximately 80 campers and 60 Staff members. Supervision is round-the-clock. There are no less than 2 staff members per group at any time.
8. **Health Care:** The camp staffs 2 Registered Nurses round-the-clock who are responsible for all health care at camp. They dispense medications according to the prescriptions and provide first-aid. Doctors are on call in Leesville if needed. For emergency situations, a vehicle and driver are always on stand-by at camp. **A current prescription must be brought with medications properly labeled in a prescription container. A seven day supply is needed.**
9. **Staff:** Counselors are recruited, interviewed, and trained to work at camp. They are High School and College Students, at least half of each years staff has a minimum of 1 summer of experience.
10. **Activities:** Swimming, arts & crafts, archery, athletics, fishing, nature lore, talent shows, movies, carnivals, contests, and lots more. A rest period is provided each day after the noon meal
11. **Facilities**: All of the buildings at camp are modern, without barriers, and are air-conditioned.
12. **Awards:** All campers are recognized for their achievements
13. **Insurance:** Campers are automatically covered by group medical insurance during the period that they are at camp. Parents and /or their own family health insurance are responsible for all medical bills incurred by the camper which are not covered by our insurance.
14. **Cost Free:** All costs for camping are paid by the Lions of Louisiana. The parents or child do not incur any cost. **The child should not bring money to camp.**
15. **After Camp:** Our staff meets to discuss how campers adjusted to the camp setting. If the staff agrees that a camper did not adjust well, both sponsoring Lion and parent will receive recommendations on reassignment.

Camper Intake Guidelines - Information for Lions and Parents

Camp Motto

"Camp is for the Camper"

Our Goal

To provide a safe camping environment stressing safety, attention to illness and accidents, well balanced meals, and an atmosphere conducive to good mental an physical health for each child, by addressing the individual needs of that camper so that he/she will achieve a successful camping experience.

Campers Eligible

Physically Disabled Programs

Campers should be able to participate in, and enjoy a carefully planned camping program for physically disabled children.

1 Ages 7 through 19, (age 7 must be reached by June 1 and age 20 not prior to June 1)
2. Visually impaired children should have visual acuity of 20/70 or less after correction
3. Hearing impaired children should have a hearing loss of 50% or more after correction
4. Applicants should have normal bowel and kidney function with control. If there are internal or external devices, the child must take care of these needs.
5. Applicants must have some degree of independent self help skills in feeding and dressing
6. Applicant must have an IQ of 70 or above.
7. New campers applicants have priority over former campers in assignments
8. Those who are deaf or have severe hearing loss, blind or severe visual loss, mute, have skeletal or physical deformities, or neuro-muscular loss causing paralysis or partial paralysis, may be eligible for assignment. Eligibility is not limited to these conditions alone. The following are examples

Accident	Amputee	Birth Defect	Birth Injury	Blind/Vision Impaired
Cerebral Palsy	Deaf/Blind	Leg/Perthes	Mute	Polio
Congenital Speech Defect	Rickets	Scoliosis	Spina Bifida	Stroke
Congenital Heart Defect	Tumor having physical effect		Hydrocephalus (arrested)	

Special Note: We assign 16 wheelchairs per bunkhouse. There are 4 patrols in each bunkhouse and 4 chairs allow ed per patrol

Pulmonary Program

Campers should be able to participate in and enjoy a carefully planned camping program for children with Pulmonary Disorders

1. Ages 5 through 15 (Ages 5 and 15 must be reached by December 31)
2. Cystic Fibrosis, Asthma, Bronchial Disorders and or Tracheal Disorders
3. Ventilator assisted children
4. For more information please contact: La. Lions/LPDCI Camp Pelican Cathy Allain Voice Mail # 888-617-1118

Mentally Disabled Programs

Campers should be able to participate in and enjoy a carefully planned camping program for children with Mental Disabilities.

1. Applicants must be ages 8 through 19 (must be 8 by June 1 and 20 not prior to June 1)
2. Applicants must have a functioning age of five or older.

Diabetes Program

Campers should be able to participate in and enjoy a carefully planned camping program for children with Diabetes.

1. Qualifying ages are 6 - 14 (ages 6 must be reached by Aug 1 and 15 not prior to Aug 1)
2. For more information, contact American Diabetes Assoc. 504 -889-0278 Ext.6078

Challenge Program

Campers should be able to participate in and enjoy a carefully planned camping program for children with hematology/Oncology, cancer and sickle cell Disorders.

1. Ages 6 through 14 (Ages 6 and 14 must be reached by December 31)
2. Hematology/Oncology, cancer and sickle cell Disorders
3. For more information please contact: La. Lions Camp/ Camp Challenge Cathy Allain Voice Mail # 888-617-1118

Campers Not Eligible

Physically Disabled Programs

1. These conditions DO NOT QUALIFY for assignment:

Autism	Osteogenisis Imperficta (Brittle Bones)	Language or Learning Disability
Hemophilia	Hyperactivity	Emotionally Disturbed or Depression
Seizure Disorder	Contagious Diseases	Attention Deficit Disorder (ADD)
Behavior Disorder(BD)	Pervasive Developmental Disorder (PDD)	Aspergers Disorder
Bedfast, nursing care patients, whether in home or other facility		Infectious Diseases

Mentally Disabled Programs, Diabetes Program

Autism
Bedfast Nursing Care, in home or other facility
Contagious diseases
Attention Deficit Disorder/ ADHD
Behavior Disorder or
Behavior Disorder Attention Deficit Disorder/bdadhd
LD Learning Disabled
Pervasive Developmental Disorder (PDD)
Emotionally Disturbed
Aspergers Disorder
Infectious Diseases
Hyperactivity
Fetal Alcohol Syndrome
SL Slow Learner

Pulmonary/Challenge Programs

Autism
Emotionally Disturbed
Behavior Disorder/ BDADHD
Aspergers Disorder
Pervasive Developmental Disorder (PDD)
Infectious Diseases
Contagious Diseases

Louisiana Lions Camp
Summer 2019

Dates	Session	Session Type	Districts
May 26 - June 1	1	Lions LPDCI Camp Pelican(*)	L-I-O-N-S
June 2 - June 8	Pre camp	Summer Staff Training Week	
June 9 - June 15	2	Mentally Challenged Youth (age 8-19)	N - S
June 16 - June 22	3	Mentally Challenged Youth (age 8-19)	L-I-O
June 23 - June 29	4	Physically Challenged Youth (age 7-19)	L-I-O
June 30 - July 6	5	Physically Challenged Youth (age 7-19)	N-S
July 7 - July 13	6	Diabetic Youth (age 6-11) (**)	L-I-O-N-S
July 14 - July 20	7	Diabetic Youth (age 11-14) (**)	L-I-O-N-S
July 21 - July 27	8	Camp Challenge (age 6 -14) (***)	L-I-O-N-S

(*) Children for this session are assigned by LPDI Staff
(**) Children for these sessions are assigned by American Diabetes Association, Louisiana Affiliate
(***)Children for this session are assigned by Camp Challenge Staff

Application check list

Before mailing, check the application to make sure everything is complete. Incomplete applications are sent back to the family for completion and are not in the session count.

Double check the following

A. Codeword at top left corner (page 1).

B. All blanks filled.

C. Consent form **initialed (not checked)** (page #2).

E. Include a copy of your Insurance Card (page # 2).

F. Signatures of parent or guardian, sponsoring Lion and doctor (pages #1,2 & 8).