



For	O	R	M	data entry date
office only	copied			

45800 Calvin Crest Road, Oakhurst, CA 93644 (559) 683-4450 calvinreg@calvincrest.com www.calvincrest.com

Week in the Forest Medical and Registration Form 2014

Camper Name _____ Male Female

Birthday _____ Cognitive/Developmental Age _____

Describe the camper's disability _____

Address _____

City _____ State _____ Zip _____

Group Home Name _____ City _____

Mr./Mrs./ Ms. _____

Circle: Parent / Step Parent / Guardian / Case Worker

Home Phone _____ Cell Phone _____

E-mail _____

Mr./Mrs./ Ms. _____

Circle: Parent / Step Parent / Guardian / Case Worker

Home Phone _____ Cell Phone _____

E-mail _____

Authorized Pick Up (other than guardian) _____

Relationship to Camper _____

Home Phone _____ Cell Phone _____

Legally Restricted From Seeing Camper Case# _____

Name _____ Relationship _____

Camper's Health Information

Please attach a note with any special health concerns. Please notify camp if your camper is exposed to any communicable disease during the two weeks prior to camp attendance.

<p>Medical Conditions/Activity Restrictions* Y <input type="checkbox"/> N <input type="checkbox"/> Please describe _____ _____ If you answered yes, please fill out form on back</p> <p>Drug/Food Allergies _____</p> <p>Describe Allergic Reactions _____</p> <p>Regular Medications _____</p> <p>Special Dietary Needs? Y <input type="checkbox"/> N <input type="checkbox"/> Explanation _____</p>
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Tetanus/tdap DATE ___/___/___ Are all immunizations for California public schools up to date?

Y N OR has a waiver of immunizations been signed? Y

May we give your camper Tylenol, Ibuprofen, Benadryl, or other over the counter medications as deemed necessary by camp personnel? Yes No

*****Attach a copy of your Medical Insurance Card: FRONT and BACK sides*****

Medical Insurance Company Name _____

Policy # _____

Emergency Contact (other than guardians) _____

Relationship to Camper _____

Home Phone _____ Cell Phone _____

ELIGIBILITY REQUIREMENTS

Camper can communicate his/her needs clearly.

Camper is ambulatory and is able to move about without physical assistance on uneven terrain such as hills, slopes, and steep walks. Camper must also be able to walk ¼ mile

Camper is continent without need of adult incontinence products. (adult diapers)

Camper can communicate his/her needs without having to be asked. (Especially bathroom needs)

Camper is a minimum of 16 years old.

Camper must be level 2 or above. (With few exceptions, level 4A behavioral problems are not admissible.) Call to discuss camper's abilities.

If you have a potential applicant whose circumstance does not meet the above requirements, please contact the registrar.

Important Information

**What to Pack
Sending Mail
Camp Store
and More!**

can be found on our website:

www.calvincrest.com

Camper's Health Information

We take the health & safety of each camper very seriously. We cannot properly care for your camper without this essential information. Please attach a note with any special health concerns. Please notify camp if your camper is exposed to any communicable disease during the two weeks prior to camp attendance.

ASTHMA? Yes No How frequent is rescue inhaler used? _____

Date of last episode ___/___/___

What factors trigger asthma (i.e. pollen, exercise, etc.) _____

Does the camper have a nebulizer? Yes No If so, please send equipment with camper.

Please make sure the camper has a **FULL** rescue inhaler to carry with them at ALL times.

Type 1 DIABETES? Yes No Diagnosed? (Mo & Yr) ___/___

Note: if camper has type 1 diabetes, protocol from the camper's physician is required.

Able to test blood sugar? Yes No How often per day? _____

Able to give injections? Yes No How often per day? _____

Pump? Y N

Able to count carbs? Y N Yes, but with assistance? Y

What physical symptoms does the camper exhibit with low blood sugars? _____

What is the normal range of blood sugar for this camper? High? _____ Low? _____

HEART DISEASE? Yes No If yes, please explain _____

ALLERGIES (Check all that apply)

Foods: _____

Calvin Crest has limited capacity to accommodate special diets. Please call if you have concerns.

Medications: _____

Other _____

Note: If camper has life threatening allergies, it is required than an epi-pen be sent with the camper.

PHYSICAL HANDICAP? Please explain _____

SEIZURES? Please explain more _____

CHRONIC OR RECURRING ILLNESS OR MEDICAL CONDITION: _____

Does the camper use adult incontinence products? Yes No *Continence is required.*

CABIN MATE REQUEST

Cabin mates may be requested. We will make every effort to honor these requests, but cannot guarantee that camper will be placed with requested cabin mates.

First Cabin Mate

Second Cabin Mate

CANCELLATIONS

In the event of a cancellation, a \$125 Non-Refundable deposit per camper (included in the camp fee) will be retained. Refunds are not guaranteed for any cancellation of camp made within the two weeks prior to your camper's scheduled week. Please call the camp registrar if you have any questions or concerns regarding this manner.

Camper's Personal Abilities & Limitations

What is the camper's method of communication? (If other than normal speech) _____

How does the camper communicate the need for:

Feeding _____ Bathing _____

Toileting _____ Sleeping _____

Does the camper have any behavior problems? Yes No (Please explain) _____

How does camper handle new and unfamiliar situations? _____

Does the camper get along well with others? Yes No

Can the camper be harmful to self? Yes No To others? Yes No **Please call if you checked yes to either of these**

If yes, what ways have you found successful to control this behavior? _____

Is Camper able to ambulate (move about without assistance) over uneven terrain? Yes No Note: Our terrain is very uneven

How does camper approach and handle:

Stairs _____ Un-Even Surfaces/Slopes _____

Are there any special techniques used, or special equipment needed for:

Feeding _____ Toileting _____

Bathing _____ Sleeping _____

Walking _____ Swimming _____

Loading into Vehicles _____ Controlling behavior _____

Is there any other information you can give us about your camper to help us ensure he/she has an enjoyable time at camp? _____

Medications

All prescription and non-prescription medications, including vitamins, must be turned into the camp nurse at Check-in. *This information will be kept confidential.* For asthmatic campers, one rescue inhaler **WILL** be kept by camper. Prescription Medications must be in the **original prescription package** and clearly labeled with the camper's name and dosage by the pharmacy. Non-prescription medications and vitamins, in their original packaging, must be labeled with the camper's name. **Weekly Pill Boxes will NOT be accepted.** We prefer unit dose blister packs.

Please list all medications below. *If more room is needed to list medications, please attach a separate sheet*

Medication	Dosage/Frequency	Condition Treated
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

THIS RELEASE MAY LIMIT YOUR LEGAL RIGHTS. Calvin Crest Conferences (hereinafter, "Calvin Crest"), offers an array of camp and conferences' services and facilities. While Calvin Crest strives to operate safe programs and maintain safe facilities, there is always a risk of injury when participants engage in activities involving physical exertion in the natural and rustic setting of Calvin Crest. By signing below, I attest that I have fully disclosed all known health conditions that may affect Participant's participation in the Calvin Crest camp or conference. Further, I acknowledge that Participant is in good physical condition, on the basis of physician's examination, within six months of the scheduled conference or camp. I acknowledge that Calvin Crest shall not be responsible for personal belongings or money that is lost or stolen during a camp or conference. In the event of medical emergency, I hereby give permission to Calvin Crest (and physicians/nurses/staff/volunteers selected by Calvin Crest) to secure any medical treatment that may become necessary, including injections, anesthesia, and/or surgery. I acknowledge that Participant has my permission to fully participate in conference and or camp activities, both on and off Calvin Crest grounds, except as otherwise noted on the conference or camp application. I also give Calvin Crest permission to use Participant's photo or video recording in future promotional materials. My signature below acknowledges that I, as a participant in a camp or conference to be held at Calvin Crest, or on behalf of my child (or other person over whom I hold a legal guardianship or conservatorship) who will participate in a camp or conference at Calvin Crest, am aware of the inherent hazards and risks associated with such participation. **By signing below, I attest that I have a full understanding of the inherent hazards and risks associated with participation in the conference or camp, including the activities included therein which may involve areas of poor lighting, rough terrain, and other natural and man-made elements that could result in injury, and hereby assume all risk of loss, damage or injury that may be sustained by myself, my child, or other person over whom I hold a legal guardianship or conservatorship. FUTUREMORE, I HEREBY RELEASE CALVIN CREST AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS FROM ALL LIABILITY, REGARDLESS OF WHETHER SUCH LIABILITY STEMS FROM NEGLIGENT ACTS OR FAILURES TO ACT BY CALVIN CREST AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS. The undersigned agrees that the foregoing Release of Liability is intended to be as broad and inclusive as permitted by the laws of the state of California, and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, remain in full force and effect.**

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

PLEASE PRINT NAME

Financial Information

Camper Name _____ Session Code(s) _____

Payment Options:

CHECK or **CREDIT CARD**

Total Amt. Due: \$ _____

Check Amt: \$ _____

Minimum Deposit of \$125
due with Registration Form.
Payable to: Calvin Crest

Balance Due: \$ _____

Total Amt. Due \$ _____

Minimum Deposit of
\$125 Required with
Credit Card.

MINIMUM DEPOSIT OF \$125 IS REQUIRED WITH CREDIT CARD

Type of Card: Visa Master Card

Name on Card: _____

Card #: _____

Exp. Date: Mo. ____ Year ____ V Code: (3 digits on back of card): _____

Billing Address: _____

Cardholder Signature: _____

Balance Due:

Your Camper's Balance must be PAID IN FULL TWO WEEKS PRIOR to your scheduled camp week. If you are not able to meet this requirement for any reason please contact the camp registrar immediately, otherwise, your registration will be subject to cancellation.

Camper Check In: Monday, 1-3pm

Camper Check Out: Saturday, 9-10am

To ensure the safety and security of our campers in compliance with California Penal Code - Section 277-280: All persons checking out a camper must be an Approved Pick Up on the camper's Registration Form and must present current Photo Identification. Acceptable forms of Identification are: a Drivers License, a California Identification Card or a Passport. Once an acceptable form of Identification has been presented, the person will sign for the camper and (s)he will then receive a pass which allows him/her to leave Calvin Crest Conferences with the camper. Persons attempting to leave Calvin Crest Conferences with a camper who do not have a pass, will be required to return to the check-out area to properly check out that camper.