

**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 2017

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 800-348-6567

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 \_\_\_\_\_ Em ail address \_\_\_\_\_

1<sup>st</sup> Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

2<sup>nd</sup> 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 \_\_\_\_\_ home work cell Em ail \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street or box City State Zip

**Diabetes and Pulmonary Campers should complete applications provided by the American Diabetes Association and the La. Pulmonary Disease Camp, Inc.**

**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 grant permission for photographs and videos to be made of my child by Camp personnel during the camping session for use in Camp publicity which includes brochure, pamphlets, posters, Internet, or other public relations that is in the proper interests of the Camp and is approved by the Camp. The camp is **NOT** responsible for photos or videos posted to social media taken by other campers and staff.
- 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.

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 \_\_\_\_\_

**Place check by each item that applies to your child**

**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

**Self-Help Dressing:**

Needs no help  
 Needs some help with:  
 Brushing teeth  Brushing Hair  
 Zippers  Buttons  
 Snaps  Tying shoes  
 Needs total help

**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 \_\_\_\_\_  
\_\_\_\_\_

**Self Help Bathing**

Needs no help  
 Needs some help with \_\_\_\_\_  
 Showers  Bath tub (Boys only)

**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

**Groups:**

Will stay with group  
 Wanders off  
 Will run away at times

**Heat Tolerance:**

Good  Fair  Poor

**List any:**

Likes: \_\_\_\_\_  
Dislikes: \_\_\_\_\_  
Fears, if any: \_\_\_\_\_  
\_\_\_\_\_





**Information**

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, 2017 \***

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, 2017 \***

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  
 1-800-348-6567 \* Fax (337) 239-9975  
 (8)



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 \$15.00 (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 and 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 neuromuscular 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 allowed 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 (504)466-7124

#### 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

1. Campers should be able to participate in and enjoy a carefully planned camping program for children with Diabetes.
2. Qualifying ages are 6 - 14 (ages 6 must be reached by Aug 1 and 15 not prior to Aug 1)
3. For more information, contact American Diabetes Assoc. 225-216-3980

### Campers Not Eligible

#### Physically Disabled Programs

1. These conditions **do not qualify** for assignment:

Autism	Osteogenesis Imperfecta (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)	Asperger's Disorder
Bedfast, nursing care patients, whether in home or other facility		Infectious Diseases

#### Mentally Disabled Programs, Diabetes Program

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

#### Pulmonary Program

Autism
Emotionally Disturbed
Behavior Disorder/ BDADHD
Asperger's Disorder
Pervasive Developmental Disorder (PDD)
Infectious Diseases
Contagious Diseases

## Louisiana Lions Camp Summer 2017

Dates	Session	Session Type	Districts
May 28 - June 3	1	Lions LPDCI Camp Pelican(*)	L-I-O-N-S
June 6 - June 10	Pre camp	Summer Staff Training Week	
June 11 - June 17	2	Mentally Challenged Youth ( age 8-19)	N - S
June 18 - June 24	3	Mentally Challenged Youth (age 8-19)	L-I-O
June 25 - July 1	4	Physically Challenged Youth (age 7-19)	L-I-O
July 2 - July 8	5	Physically Challenged Youth (age 7-19)	N-S
July 9 - July 15	6	Diabetic Youth (age 6-11) (**)	L-I-O-N-S
July 16 - July 22	7	Diabetic Youth (age 11-14) (**)	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

### 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).