



Summer Camp Application Instructions

Thank you for your interest in attending Quest's Camp Thunderbird's summer camp program!

Taking the time to complete these forms thoroughly helps ensure that we are able to plan for and provide excellent care for our guests – your loved ones! If you have additional information that you would like to share with camp staff to help us prepare for your guest, you may attach additional pages.

Our application and medical forms are detailed. If the application is not complete, we will not be able to process it. Receipt of application is not a guarantee of acceptance.

Please note the following items, some of which are recent updates to our application process:

- Your application must be complete. All required signatures, two clear photos (at least 4x6 inches) and the \$200 application fee must be received for guests to be considered for camp.
- Please indicate which of the guest's contacts is responsible for the completion of application, so we can direct any questions to the appropriate person. This contact must have a valid email address.
- The physical on page 8 requires both the doctor's signature and the parent/guardian signature. It also requires the doctor's office stamp. The physical must be dated within one year of your arrival day at camp.
- Camp must be informed of any medication updates and changes to the guest's physical, emotional, or behavioral health that occurs between the receipt of the application and the beginning of camp. This notification must be in writing (mail, fax or email.)

When submitting the forms, please keep a copy for yourself. If anything is lost in the mail/fax/email, you will need to have a copy to resubmit.

Please note: We cannot fully process an application and confirm acceptance to the program without an application fee, two pictures and a completed application packet.

If you have any questions, please email our Camp Directors and our Camp Nurse at CampThunderbird@QuestInc.org.

Thank you. We look forward to a fun and healthy camp session!



The Quest's Camp Thunderbird Team

*We are excited
to meet our new
camp families and
welcome our
returning friends
back for this
Summer Camp
season!*





Please note: This application must be completed in full (see checklist on page 10) for Camp Thunderbird staff to begin processing. Any question on pages 3-5 that you answer "Yes" to must include an explanation.

Summer 2018 Application (Inclusion Week—Ages 7 - 17)

Guest Information

Guest Legal Name _____ Nickname _____

Address _____

City _____ State _____ Zip Code _____

County _____ Social Security Number _____

Phone _____ Email _____

Date of Birth _____ Age _____ Gender: Male Female

Employment or School _____ APD Client Yes No

Residence: Family/Home Foster Home Independent Living Group Home Other

If you live in a group home, please provide the name _____

Diagnoses _____

Guardian Information

Legal Guardian Name _____ Relationship to Guest _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email (Required) _____

Is the legal guardian the primary emergency contact while at camp? Yes No

Person to contact for application questions (if different than legal guardian)

Name _____ Email _____

Emergency Contact while at Camp (if parent/guardian is not available in an emergency)

Primary Emergency Contact _____ Secondary Emergency Contact _____

Relationship to Guest _____ Relationship to Guest _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

City _____ State _____ City _____ State _____

Abilities Assessment

No	Yes	Does the guest:
		1. Run? _____
		2. Walk three blocks without tiring? _____
		3. Use a wheelchair?
		If yes, can they bear weight for a pivot transfer?
		4. Follow simple directions? _____
		5. Usually express needs verbally? _____
		6. Only use single-word utterances? _____
		Is the guest:
		7. Responsive to people? _____
		8. Able to control bowel and bladder function during the day? _____
		9. Able to control bowel and bladder function during the night? _____

Explain any restrictions to activity (e.g., what can't be done, what adaptations or limitations are necessary, etc.)

Activities of Daily Living Assessment

	No Assistance	Verbal Prompts	Partial Assistance	Total Assistance
Dressing				
Hygiene/ Grooming				
Bowel Routine				
Bladder Routine				
Eating				
Bathing				
Transfer to bed				
Transfer to toilet				

Supervision & Additional Fees

Some guests require additional supervision based on personal care needs, mobility, behavioral or other specific needs. You may request a specific supervision level below. These will be reviewed and approved by the camp directors and you will be notified of any additional fees.

	General Supervision (5:1) (no extra charge)
	Close Supervision (3:1) (\$50/day)
	Requires 1:1 Supervision (\$100/day)

What is the participant's supervision ratio at school or work? _____

Additional Information _____

Behavioral Assessment

Has the guest attended Camp Thunderbird before:

Yes Number of years _____

No How did you hear about us? / Referred by _____

Is this the guest's first time away from home?

Yes If yes, is homesickness likely? _____

No

Is the guest able to understand spoken (English) directions and questions? Yes No

How does the guest communicate? Talking (English) Signing Gestures
Other (please explain) _____

No Yes Does the guest have any history of:

1. Emotional or behavioral problems? (List possible causes/methods to improve behavior) _____

2. Admission to a facility due to emotional/behavioral problems in the last 12 months? _____

3. Hurting him/herself, others or property destruction? _____

4. Being extremely active, nervous or anxious? _____

5. Non-compliance? _____

6. Emotional outbursts? Type? Triggers? _____

7. Wandering away from a group? _____

8. Treatment for ADD or ADHD? _____

9. Difficulty sleeping? _____

Please include any additional information that will assist the staff in facilitating a successful camp session for your guest.

General Health Information

Please explain any "Yes" answer(s) below. Incomplete applications will be returned for completion.

*Any changes between application and camp session must be reported to Camp Director or Nurse prior to check in day.

No	Yes	Has the guest <u>ever</u> :
		1. Had surgery? _____
		2. Had a head injury? _____
		3. Been knocked unconscious? _____
		4. Had frequent ear infections? _____
		5. Passed out during/after exercise? _____
		6. Been dizzy during/after exercise? _____
		7. Had chest pain during/after exercise? _____
		8. Had seizures? _____
		If so, when was the last seizure? _____
		9. Been on medication to control seizures? _____
		If so, what type of seizure? _____
		10. Had high blood pressure? _____
		11. Been on medication to control blood pressure? _____
		12. Had mononucleosis in the past 12 months? _____
		13. Had an eating disorder? _____
		Does the guest:
		14. Have a chronic or recurring illness/condition? _____
		15. See a cardiologist? _____
		16. Have frequent headaches? _____
		17. Wear glasses, contacts, or protective eyewear? _____
		18. Have orthodontic appliances he or she is bringing to camp? _____
		19. Wear a helmet? _____
		20. Have any skin problems (e.g., itching, rash, acne)? _____
		21. Have diabetes? _____
		22. Require blood sugar checks? _____

General Health Information Questionnaire continued on next page.

No Yes

23. Use an insulin pump? _____
If no, how do they manage their blood sugar? _____

24. Have asthma? _____
If yes, do they have a rescue inhaler? _____
25. Require a nebulizer or CPAP? _____
26. Have back problems? _____
27. Have problems with joints (e.g., knees, ankles)? _____
28. Wear orthopedic braces? _____
29. Have problems with sleep walking? _____
30. Have abnormal menstruation history? _____
31. Have problems with diarrhea or constipation? _____
32. Have a history of bedwetting? _____
33. Has the guest had any surgery, illness or infectious diseases within the past six months?*
- _____

If you answered "YES" to any of the questions above and need additional space, use the lines below.

Allergies & Dietary Needs

While we will do our best to accommodate dietary needs, we cannot guarantee a kitchen free of cross-contamination. Please contact the camp office with any specific dietary questions or concerns.

No Yes

Does the guest have any known food, medication or environmental allergies?

If yes, please explain below.

Does the guest have any special dietary needs?

If yes, please explain _____

List of known allergies

Describe reaction and management of reaction

Medications & Treatments

List all medications, treatments, supplements, vitamins, etc... taken on a regular basis to improve or maintain health. Guests should not plan to alter their medication plans while at camp.

Guests residing at home with their families or that live independently require:

1. Complete medication list (Medication List worksheet can be found on our website or you may attach a list that includes full name of medication, strength, dosage, time given, and reason for taking.)
2. Follow Labeling Guidelines in the Medication Addendum on website

Guests Residing in a Group Home require:

1. Two Pharmacy-Generated, Typewritten Medication Administration Records (MARs)
 - 1st MAR with initial application
 - 2nd MAR should be CURRENT (June MAR for sessions 1-4, the July MAR for sessions 5-7 and the August MAR for session 8). Please send a copy to camp via fax or email as soon as you receive the month in which your guest will attend camp MAR from the pharmacy. Fax number is 407.889.8072. Email address is CampThunderbird@QuestInc.org
2. All medications to be administered should be typed entries on the MAR.
 - Any Handwritten entries on the MAR must be accompanied by a prescription from an authorized prescriber (MD, DO, ARNP, PA...)

APD Clients residing in a group home, independent living, supported living, foster home or other non-familial setting must submit a Pharmacy MAR (as detailed in section II.)

Medication Administration Information

Medications are dispensed at the following times: Morning Meds at 8:15am (before breakfast), Lunch Meds at 1:00pm (with lunch), Snack Meds at 3:30pm (with food), Dinner Meds at 6:00pm (with food) and at Bedtime (HS) at 8:30pm.

Are there any special techniques used or information that may be helpful to camp staff regarding administering of medications to the guest? No Yes (If yes, please explain) _____

Have there been any changes in the guest's medications in the past 90 days?

No Yes (If yes, please explain)

Guest Illness History

Has guest ever had: No Yes Vaccinated

Measles?

Chicken Pox?

German Measles?

Mumps?

Hepatitis A?

Hepatitis B?

Hepatitis C?

Tuberculosis Test

Date of last test _____

Result Positive Negative

Guest Vaccination History

Please give all dates of immunization for each vaccine listed below.

Vaccine	Mo/YR	Mo/YR	Mo/YR	Mo/YR	Mo/YR
DPT					
TD (tetanus/diphtheria)					
Tetanus					
Polio					
MMR					
or Measles					
or Mumps					
or Rubella					
Haemophilus influenza B					
Hepatitis B					
Varicella (chicken pox)					

By signing this, I acknowledge that the immunization information documented is true and accurate to the best of my knowledge.

Parent/Guardian/Group Home Manager _____ Date _____

For the safety of our participants, we ask that all guests have the above vaccinations. If you have any questions or concerns, please contact the camp office.

Physician Contact Information

Primary Physician Name _____ Specialty _____

Phone Number _____ Address _____

City _____ State _____ Zip Code _____

Secondary Physician Name _____ Specialty _____

Phone Number _____ Address _____

City _____ State _____ Zip Code _____

Insurance/Medical Information

Medical Insurance—please attach a copy of the insurance card(s) with front and back views.

Is the individual covered by medical/hospital insurance? No Yes (If yes, fill out information below.)

Insurance Company _____ Policy Number _____

Phone Number _____ Address _____

City _____ State _____ Zip Code _____

Name of Policy Holder _____ Relationship _____

Physical Examination by Licensed Medical Professional (MD, DO, ARNP, PA)

The section below must be completed **in full** by a **licensed medical professional** who has conducted a physical examination of the individual anytime within 12 months before he or she arrives at Camp Thunderbird.

I examined (full legal name of guest) _____ on (date of exam) _____

Blood pressure _____ Weight _____ Height _____

The applicant is under the care of a physician for the following (must state all medical diagnoses treated) _____

Restrictions/recommendations at camp (if none, state "no restrictions") _____

Medications to be administered (name, dosage, frequency—if none, state "no medications") _____

The following nonprescription medications and treatments are used by the Camp Thunderbird nursing staff on an as-needed basis. Please select any items the individual **should not be given while at camp**.

Pain Management/Fever

Acetaminophen (Tylenol)

Ibuprofen (Advil)

Stomach Ache/Bowel Management

Bismuth subsalicylate (Pepto)

Milk of Magnesia

Cold/Sinus/Allergies

Pseudoephedrine (Sudafed)

Dextromethorphan

Phenylephrine (Sudafed PE)

Guaifenesin

Diphenhydramine (Benadryl)

Cough Drops

Topical

Calamine lotion

Hydrocortisone 1% cream

Topical Antibiotic cream

Aloe

Sunscreen

Bug Spray

Known allergies? (If none, state "no allergies") _____

Additional Information _____

I have reviewed the health history form in its entirety and have conducted a physical examination. In my opinion, the applicant is able to participate in an active special needs camp program (except as noted).

Licensed Medical Professional Signature _____ Date _____

Printed Name _____ Title _____

Phone _____

Office stamp required.



I have understood the licensed medical personnel's recommendations and restrictions (if any) for the guest. (Required)

Guest/Guardian Signature _____ Date _____

Lost and Found / Property Damage

LOST AND FOUND: We will make every effort to return lost items to their owners – but we are only able to do so if the item has a name and/or phone number on it. Label each piece of your guest’s camp gear and clothing (including bags, backpacks, sleeping bags and pillows) with his or her first and last name.

If you mistakenly receive someone else’s item, please contact Camp Thunderbird at 407.889.8088 to make arrangements to return the item to its owner. Parents/guardians are responsible for cost to mail/return said items. Quest, Inc. and Quest’s Camp Thunderbird are not responsible for ANY lost, damaged or stolen items.

ITEMS LEFT AT CAMP At the end of each session, we will attempt to return lost and found items to guests before they leave camp. Parents/Guardians should check the lost and found table during the check-out process. All lost and found items remaining at the end of each session will remain at Camp Thunderbird for two weeks. Call 407.889.8088 to locate lost items. Two weeks after your guest’s camp session ends, items will be donated to charity.

Items of extreme value or personal attachment should not be brought to camp as Quest is not responsible for their loss or damage.

Guests/guardians are responsible for any property destruction caused by the guest. **Initial here** _____

Authorization / Refund Information

I have read this application and give permission for (guest name) _____ to attend Camp Thunderbird. I understand that all applications require a \$200 non-refundable application fee. Applications will not be processed without the application fee. Only in the event that Camp Thunderbird directors or Quest leadership determine that a guest is not eligible to attend camp, will application fee refund requests be considered. **Initial here** _____

Guests will not be entitled to a refund if they leave camp because of (a) homesickness; (b) refusal to participate in scheduled camp activities; (c) a change in family plans; or (d) the guest’s or legal guardian’s desire to remove the individual from camp for reasons other than documented illness, accident, death or emergency, regardless of how long their stay was at camp. **Initial here** _____

If the camp director requests that a guest leave camp because of reasons including, but not limited to, the violation of regulations or procedures, or because of conduct that interferes with the health or well-being of the individual or others, no refunds will be issued. Failure to disclose behavioral or health concerns may result in dismissal without refund. **Initial here** _____

If a refund is approved, it can only be credited to the extent of the original payment. Discounts, financial aid awards, or scholarships will be redistributed back to Camp Thunderbird. **Application fees are non-refundable.** Refund requests will not be considered after the guest’s session has begun. **Initial here** _____

I also give Quest, Inc. specific permission to use photographs or videos that may be taken of this guest, or in which they may be included with other people, in any form or type of distribution, either by themselves or with other photographs, unless specified below:

Completed by: Guest Parent Guardian Group Home Manager Other _____

Signature _____ **Date** _____

Authorization

This application and health history form is complete and correct to the best of my knowledge. I give (guest name) _____ permission to engage in all activities, except as noted. I give Camp Thunderbird permission to administer prescribed medication(s), over-the-counter medications, and first aid; to seek medical treatment including x-rays, hospitalization, or tests as needed; and to provide nursing care while guest is at camp. I agree that Camp Thunderbird can arrange for emergency transportation related to medical needs. I agree to the release of any records necessary for treatment, referral, or billing purposes.

Completed by: Guest Parent Guardian Group Home Manager Other _____

Signature _____ Date _____

Session Selection & Financial Information

***To receive early pricing for camp, all information must be received no later than March 1, 2018.** The complete application, application fee, and 2 photos must be submitted with your application. Early bird discount is \$50 off per 6-day session.

Session	Ages	Supervision
July 15—20, 2018 (\$775—Residential)	7—17	___ 3:1 Close Supervision (\$50/day)
		___ 1:1 Supervision (\$100/day)

_____ + _____ = _____
 Session Fees Supervision Fees Total Camp Fee

Completed forms can be mailed to Camp Thunderbird at 909 E. Welch Rd., Apopka, FL 32712, faxed to 407.889.8072 or emailed to CampThunderbird@QuestInc.org. The camp does not confirm the receipt of each form. Instead, we will send email alerts to the application contact if a page appears to be missing or incomplete.

Did you remember to include:

2 attached guest photos (4x6 or larger) Application Fee (\$200)
 Application (completed and signed) Copy of insurance card

- If you write a check for camp payment and it does not clear the bank for any reason, an additional fee of \$35 per incident will be added to the amount due.
- Payment in full and all paperwork is due 30 days prior to the start of the camp session the guest plans on attending or admission to camp could be forfeited.
- A non-refundable application fee of \$200 is due at the time of application.

Responsible for Payment: Guest Parent Guardian
 APD (District #) _____ Contact Name _____ Phone _____

FOR CAMP THUNDERBIRD USE ONLY: Date Received _____

_____ + _____ - _____ - _____ = _____
 Session Cost Special Needs Discounts Application Fee **TOTAL DUE**
Close (\$50/day) / 1:1 (\$100/day)