



WEST VIRGINIA ELKS MAJOR PROJECT
DISABLED INDIVIDUALS CAMP



PLEASE NOTE THESE INSTRUCTIONS AND CHANGES

**APPLICATIONS FOR BOTH CAMPS MUST BE POST MARKED
NO LATER THAN APRIL 30, 2008**

APPLICATIONS MUST BE RETURNED IN THEIR ENTIRITY
Do Not Send "Physicians Form" separately.

YOU MUST PROVIDE A PHONE NUMBER WHERE THE PERSON IN
CHARGE OF THE CAMPER MAY BE REACHED AFTER 5:00pm.
WE WILL NOT ACCEPT AN ANSWERING SERVICE NUMBER.
Agency workers, do not send an application without an after 5:00 number.

PHYSICIAN MUST FILL OUT, SIGN , AND GIVE A PHONE NUMBER
WHERE THEY CAN BE REACHED IN CASE OUR DIRECTOR OR
NURSE NEEDS ADDITIONAL INFORMATION OR EXPLANATION.

A COPY OF CAMPER'S MEDICAL CARD AND/OR INSURANCE CARD
MUST BE GIVEN TO NURSE DURING CHECK-IN.
If cards do not come with camper, camper will not be allowed to stay.

PLEASE ADHERE TO OUR CHECK -IN/OUT TIMES
Those times are set for a reason.

YOU MUST SEND A COPY OF THE ENTIRE APPLICATION TO:
RICK ROMINO AND TAFFY HOWER, CAMP DIRECTOR

Rick Romino
214 Cochran St.
Fairmont, WV 26554
(304) 363-2292

Taffy Hower
1524 Moores Court
Brentwood, TN 37027
(808) 779-4855



WEST VIRGINIA ELKS
MAJOR PROJECT, INC.



Dear Parent, Guardian, Agency Supervisor,

As President of the Board of Directors for the WV Elks Major Project, Inc., I ask you to read carefully and pay close attention to the “Instructions and Changes “ on the cover page of the application.

Read the application in its entirety and answer each question. If a question does not apply to your child mark it ‘n/a’. Please cooperate and supply us with all the information about your child. Also, if you have a reward system or a certain routine, we need to know. If any part of the application is not properly completed, it can lead to the camper not being admitted to camp.

We know how delicate their lives are, and how precious they are to you, so bear in mind that we have their well-being and safety as our foremost priority.

All medications (prescription and non-prescription) must be in the original bottle from the pharmacy with the label in tact and readable. Enough medicine must be brought to last the entire week plus two days. Campers will not be permitted to stay if medications aren’t handled in this manner. No Exceptions!

The “Physicians Approval Form” (page 8&9) must be filled out by the camper’s primary doctor so we can get adequate information about your child. It must be returned with the rest of the application. Under no circumstance can you send it separately.

Please read carefully the “Camp Guidelines and Procedures” (page 6). They are in place to help ensure a safe environment.

Do to our work schedules, we must have a phone number where the person in charge of the camper can be reached after 5:00pm. If we can’t reach you, the application will be returned and the camper will not be registered for camp.

The Elks Major Project rent the 4-H facilities so it is essential that you abide by the check-in and check out times. There’s an enormous amount of work to be done in very short time, so please don’t show up early or keep your child waiting,

Check-in – 4:00 – 5:00 the Sunday camp starts. Late check-in is possible with advance notice.

Check out - Campers must be picked up by 10:00am the Saturday camp closes.

Camp Dates – North/Central – June 22-28 South – July 20-26

**Applications for both camps must be post marked no later than April 30, 2008.
There will be no exceptions.**

A copy of the entire application must be sent to Rick Romino and Camp Director Taffy Hower.

Rick Romino
214 Cochran St.
Fairmont, WV 26554

Taffy Hower
1524 Moores Court
Brentwood, TN 37027

If you have any questions or require addition information, feel free to call after 5:00pm at (304)363-2292.

Thank you for your cooperation.

Sincerely,

Rick Romino, Chairman
Board of Directors

WEST VIRGINIA ELKS MAJOR PROJECT DISABLED INDIVIDUALS CAMP



2008 CAMPER APPLICATION

INSTRUCTIONS/CRITERIA: Camper must be eight (8) years old, and have a mental and/or physical impairment.

* Parent/Guardian must complete and sign application and consent forms. All information provided must be accurate and complete. Any falsification or omission of information on this application will result in the refusal of admission to camp.

* Camper cannot fill out this application without the parent/guardian signature.

*All information provided on this form will remain strictly confidential, and will be used by the WV Elks M.P. Camp Director and Camp Nurse to ensure a safe environment during camp.

*The WV Elks M.P., Camp Director, and Camp Nurse have the right to refuse admission to camp or dismiss from camp anyone whose mental or physical condition, behavior, conduct, or influence on other campers is deemed detrimental to the camp or its participants.

***** Acceptance to camp is not guaranteed upon completion of this form. Acceptance to camp is contingent upon evaluation of this application by the WV Elks M.P., Camp Director, Camp Nurse, and the availability of adequate staffing, and housing.**

**CAMPERS MAY ATTEND ONLY ONE CAMP
(PREFERABLY THE CAMP CLOSEST TO THEIR HOME)**

PLEASE CHECK CAMP YOU ARE APPLYING FOR

() North/Central Camp @ Camp Muffley , Morgantown -- June 22 – 28, 2008

() South Camp @ Glenwood Park 4-H Camp, Princeton -- July 20 - 26, 2008

DEADLINE FOR “BOTH” CAMPS IS APRIL 30, 2008

NO APPLICATION WILL BE ACCEPTED AFTER THIS DEADLINE

**CAMPER APPLICATION AND PHYSICIANS FORM MUST BE RECEIVED TOGETHER
NO CAMPER WILL BE ADMITTED TO CAMP UNLESS APPLICATION IS RECEIVED ON TIME
AND IN ITS ENTIRETY**

****** THERE WILL BE NO EXCEPTIONS ******

PLEASE PRINT CLEARLY. ATTACH ADDITIONAL SHEETS IF NECESSARY

General Information --- If camper is over 18, but lacks the legally qualified competence due to a mental/physical condition or impairment, a parent /legal guardian must sign and be responsible for all information given on the application.

**** CAMPERS MAY NOT FILL OUT THE APPLICATION.**

Camper Full Name (print) _____

Address _____

City _____ St _____ Zip _____

Nickname _____

Sex _____ Date of Birth _____ Age _____ T – Shirt Size _____

DIAGNOSIS / DISABILITY _____

** A day and evening phone number must be given. If you are an agency or caregiver filling this form out for a camper, we **must** have a number so we can reach the person in charge of the camper after 5:00pm. **The number can not be an answering service.** We must be able to contact a person in charge if there are questions about the information on this application.

Parent / Legal Guardian (circle one) _____
Address _____ City _____ St. _____ Zip _____
Phone – Day _____ night- _____ cell _____

Emergency Contact _____
Address _____ City _____ St. _____ Zip _____
Relationship to camper _____
Phone – Day _____ night- _____ cell _____

ATTENTION : If parent/guardian will be out of town for any part or all of the week of camp, please give the following information. If these plans change, please inform the Camp Director during check-in.

Destination – Name of hotel or person visiting _____
Phone numbers where you can be reached _____
Date of Departure _____ Return Date _____

GENERAL INFORMATION

Will ‘Caregiver ‘ stay with camper while at camp? Yes ___ No ___
** Caregiver must fill out ‘Staff Application’. Contact Rick Romino for application.

Is camper capable of following directions? Yes () No () Adapting to group activities? Yes () No ()
Does camper have kidney, bowel, bladder problems during the day? Yes () No ()
During the Night? If Yes, Explain _____

Does camper sleep well? Yes () No ()
Tendency to wake up during night? Yes () No () Explain _____
Can Camper Sleep away from home? Yes () No ()
Does camper have tendency to fall out of bed? How often _____

Does camper have a routine to help him feel at ease? _____
Does camper have fears or is uneasy around certain things (ie. darkness, loud noise, crowds, bugs, etc...)
Explain: _____

How does camper react when afraid, frustrated, upset, homesick, etc.? Explain : _____

How should staff handle these situations? _____

Is camper prone to – biting, hitting, cursing, throwing things, attention deficit disorder? Explain _____

How should staff handle the situation? _____

*** *If any of these situations continue, you will be called to come and take the camper home.*

Does camper have a daily routine or a reward system that we should know about? _____

Does camper walk? If 'No' explain _____

Does camper require use of any medical equipment? Please list & explain _____

Can Camper go to the pool? Yes ___ No ___ Restrictions _____

Can camper swim? Yes () No () Any restrictions? _____

Medical History

Is camper allergic to: Medication ___ Food ___ Latex ___ Poison Ivy ___ Insect Bites ___

List Medical Allergies: _____

What are symptoms: _____

List Food Allergies: _____

What are symptoms: _____

Diet Restrictions: _____

List any other Allergies & symptoms. _____

Illnesses and/or Conditions: Please check if camper is prone to any of the following.

Sinusitis	Yes () No ()	Wheezing	Yes () No ()
Constipation	Yes () No ()	Headaches	Yes () No ()
Swimmer's Ear	Yes () No ()	Bed Sores	Yes () No ()
Ear Infection	Yes () No ()	Bee Sting Reaction	Yes () No ()
Bed Wetting	Yes () No ()	Indigestion	Yes () No ()
Homesickness	Yes () No ()	Panic Attacks	Yes () No ()
Shortness of Breath	Yes () No ()	Diarrhea	Yes () No ()

If you answered "Yes" to any of the above, Please explain – last occurrence, severity, frequency, suggested treatment, was hospitalization required. _____

Is Camper diabetic? Yes ___ No ___ Can Camper test themselves? Yes ___ No ___

Can camper participate in strenuous activities? Yes () No () If 'No', explain _____

What are considered 'normal aches and pains', & how should we handle them. _____

Does camper have impairment or condition not listed or mentioned (hearing, sight, feeding tube, catheter, eating) that we should know about? _____

It is imperative that you inform us of every physical, mental, or emotional condition, so we can adequately evaluate the application and prepare our staff. Please list and explain any other pertinent information we may need. _____

IMPORTANT – YOU ARE REQUIRED TO NOTIFY THE WV ELKS MAJOR PROJECT OR THE CAMP DIRECTOR IF YOU OR YOUR CHILD (CAMPER) HAS BEEN EXPOSED TO A COMMUNICABLE DISEASE AFTER SUBMISSION OF THIS APPLICATION. NOTIFICATION MUST BE MADE BEFORE THE CAMPER IS BROUGHT TO CAMP.

Camper Pick-up

Campers must be picked up before 10:00am on Sat. June 28th in the North and Sat. July 26th in the South. ** If camper is leaving before then, the Camp Director must be notified in advance, so that proper arrangements may be made.

If you are not picking the camper up, we must know to whom the camper may be released. Make sure the person picking up the camper knows the pick-up time, and is able to transport their belongings.

No camper will be released to anyone unless we have proper documentation as requested below.
My Camper May Be Released to Myself and/or :

NAME	home phone	cell phone
------	------------	------------

NAME	home phone	cell phone
------	------------	------------

Relationship to camper

Parent/ Guardian Signature

print name

**** STATE REGULATIONS REQUIRE THAT ALL MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINERS, WITH THE PHARMACY LABELS IN TACT.**

Please bring enough medicine for the entire week, plus 2 (two) additional doses.

All medicines, prescription and non-prescription (vitamins,etc.), must be turned in to the Camp Nurse during Check-in. All medications will be reviewed with the parent/guardian during Check-in.

Please Note: The West Virginia Elks Major Project, Camp Director, and Camp Nurse reserve the right to use our best judgment in dealing with problems that may arise at camp. This includes contacting you for additional information and in cases of misconduct or unruly behavior, dismissing a camper from camp.

*** Applications will be reviewed by the Camp Director and Camp Nurse for approval. Failure to complete the application fully and honestly will result in rejection of the application.

*** It will be at the discretion of the WV Elks Major Project, Camp Director, and Camp Nurse to limit admittance to camp, if necessary, based on the availability of adequate staffing to safely handle the campers.

PHOTO RELEASE – Permission is hereby granted to the WV Elks Major Project, Inc. to take photographs, video or movie shots of my child/step-child/legal ward to be used by the WV Elks Major Project, Inc. for promotional, educational, or fund-raising purposes. **Both parents signature if possible.**

Father _____ Date _____

Mother _____ Date _____

Guardian _____ Date _____

Guardian _____ Date _____

CONSENT FCORM AND RELEASE OF LIABILITY

In consideration of my child / step-child / legal ward being permitted to the 2007 W V Elks Major Project, Inc. Disabled Individuals Camp, the undersigned does hereby expressly release, acquit, and forever discharge the West Virginia Major Project, Inc., The West Virginia Elks Association, the Mercer County 4-H Camp, Camp Muffley 4-H Camp, and the respective agents, employees, officers, and representatives of said entities, of and from any and all liability or claims for damages of whatever nature, which may arise, whether directly or indirectly, in whole or in part, from my child's/step-child's/legal ward's attendance at said camp. In executing this Release of Liability, it is the express intent of the undersigned to waive any and all claims for personal injury, property damage or loss of any kind and character, including, but not limited to, tort claims of any and all types, which may relate in any manner, no matter how remote, to my child's/step-child's/legal ward's attendance at said camp.

In the event that an emergency should arise, and the Camp Director and/or Camp Nurse can not get in touch with you at once, the undersigned hereby give consent to secure proper treatment for my child / step-child / legal ward to the nearest hospital.

The undersigned expressly represents that he / she has read the foregoing Release of Liability; that he / she understands the meaning and effect of the Release of Liability; and that he / she has signed the same at his / her free act and deed, with full knowledge of the consequences thereof.

WITNESS my signature this _____ day of _____, 200__.

Father / Step Father _____

Mother / Step Mother _____

Guardian _____

Guardian _____

**** A COPY OF THE CAMPERS MEDICAL AND/OR INSURANCE CARD MUST BE BROUGHT TO CAMP AND GIVEN TO THE CAMP NURSE DURING CHECK-IN.**

**** WITHOUT THE CARD/S CAMPER WILL NOT BE PERMITTED TO STAY.**

**** ANY MEDICATION CHANGES OR CHANGES IN ANY PART OF THE "PHYSICIANS FORM" THAT ARE MADE AFTER THE APPLICATION HAS BEEN SENT IN, THE CAMP DIRECTOR MUST BE INFORMED AT LEAST 7 (SEVEN) DAYS PRIOR TO CAMP.**

THE "PHYSICIAN – MEDICAL FORM" PAGES 8 & 9 MUST BE COMPLETED AND SIGNED BY THE CAMPER'S PRIMARY CARE PHYSICIAN. It must be sent with the rest of the application.

WV ELKS MAJOR PROJECT CAMP GUIDELINES AND PROCEDURES

Please read this carefully. The WV Elks Major Project is committed to providing an environment where the Campers can enjoy a week of learning, fun and meeting new friends. Each Camper will be expected to follow our guidelines and abide by our camp procedures.

Please sign the compliance statement that follows.

* Campers and Staff will show due respect to each other, as well as the health and well-being of each other. In respecting the rights and feelings of all participants, ridiculing, off color jokes, fighting, cursing, or disrupting activities will not be tolerated. Repeatedly doing so, will result in dismissal from camp.

- Rest Time – Every afternoon all campers will lie or sit down and not engage in any physical activity.
- All campers must have the “Physical – Medical Form” attached to the application when turned in.
- All medications (prescription and/or non-prescription) must come to camp in the original container with pharmacy label in tact. If they are not, the camper will not be permitted to stay.
- All medications will be given to Camp Nurse during Check-in, and kept in a locked container.
- VALUABLES– Please do not send valuables of any kind, clothing of high value, or money. The WV Elks provide food, drink, and snacks, thus, there is no need for money. The WV Elks nor the staff will be responsible for lost or damaged valuables.
- CELL PHONES – Campers have no need for them. Upon request, camp phone numbers will be given.
- CLOTHING – Campers engage in many daily activities & dance every night. Please send adequate clothing for the entire week. Clearly mark clothing to help identify clothing at the end of camp.
- NO SMOKING or SMOKELESS TOBACCO – regulations at the 4-H Facilities, smoking is prohibited.
- NO ALCOHOL OR DRUGS - Possession or use of any type of alcohol or illegal drugs is strictly forbidden and will be grounds for immediate dismissal. Any visitor who is believed to be under the influence of alcohol or drugs will be asked to leave.
- NO WEAPONS –No weapons (leave pocket knives home) of any kind will be permitted. They will be confiscated and camper will be dismissed from camp.
- CAREGIVERS – If Camper has a full time caregiver, that person must be the same sex as the camper. We do not allow girls to stay in the boy’s cottage and visa versa.
- MEDICAL / INSURANCE CARD – They **must be brought to camp** and given to Camp Nurse.
- CHECK-IN & OUT – These times must be adhered to. We rent these facilities and are on very tight schedule getting in and out of the camps.

Check-in – DO NOT ARRIVE before 4:00pm on the Sunday camp starts. There is an enormous amount of work and final staff meetings and we are unable to handle the campers until then.

Check out – Campers must be picked up before 10:00am Saturday morning. Please do not leave your camper waiting anxiously for their ride.

This only gives us two hours to pack up all our supplies and equipment, and clean the facility.

Please adhere to these times because we cannot impede on someone else’s picnic.

LEAVING – No camper will be released to any individual unless we have prior permission as given on page 4 of the application.

I have read the “Guidelines and Procedures” and fully understand that they must be adhered to. I also understand that my child / stepchild / legal ward must adhere to them. I further understand that they are put forth to ensure the safety and well being of the campers and to create an environment where everyone can enjoy the camp experience.

Father / Step Father _____ Date _____

Mother / Step Mother _____ Date _____

Guardian _____ Date _____

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Health Care Provider: _____

Patient's Name: _____

Please Print

Address _____

Phone Number _____ Social Security Number _____

Date of Birth _____

Other Names _____

Release to: West Virginia Elks Major Project, Inc.

c/o Richard Romino
214 Cochran Street
Fairmont, WV 26554
Phone (304) 363-2292

Purpose of disclosure: To determine patient's ability to attend a disabled individuals camp sponsored by
The West Virginia Elks Major Project, Inc.

This shall authorize the health care provider identified above to release all information requested in the accompanying Physicians Approval Form, including, but not limited to, the following:

- A. Any and all information regarding serious communicable diseases including, but not limited to, HIV / AIDS, and hepatitis
- B. Mental health / psychiatric information
- C. Drugs /Alcohol diagnosis treatment or referral information
- D. Genetic testing information

This information may be revoked in writing at any time by the patient. Revocation of this authorization will not apply to information that has already been released.

Once protected information is disclosed to others, it may no longer be protected by HIPAA privacy standards and the information may be redisclosed.

Consent will expire on : _____(One year from date of signature if not specified)

I do not need to sign this authorization in order to ensure treatment or payment for health care.

I may inspect or request a copy of the information to be used or disclosed.

Signature of this authorization is voluntary.

Signature of patient or Parent or Guardian (if patient is a minor)

Signature of Parent/Guardian

Reason Patient unable to sign. _____

**WV ELKS MAJOR PROJECT
DISABLED INDIVIDUALS CAMP**

**PHYSICIAN – MEDICAL FORM
PHYSICIANS APPROVAL FORM**

**THIS FORM MUST BE COMPLETED AND SIGNED BY THE
CAMPER’S PRIMARY PHYSICIAN**

(Failure to do so will result in camper’s rejection to camp)

Applicant must be at least 8 (eight) years old

Applicant must have a mental and / or physical disability

Under no circumstances can the Parent/Guardian fill out any part of this form.

Please Print or Type

CAMPER’S NAME (print) _____

Age _____ Date of Birth _____

MEDICAL HISTORY

Diagnosis / Disability(Please Print) _____

Does Camper have Medical Allergies?	Symptoms
Please List: _____	_____
_____	_____
_____	_____
_____	_____

Does Camper have Food Allergies?	Symptoms
Please List: _____	_____
_____	_____
_____	_____
_____	_____

MEDICAL CONDITIONS

Does Camper have any of the following illness or prone to any of these conditions?

Seizure / Convulsions	Yes () No ()	Heart Condition/Problems	Yes () No ()
Urinary Tract Infections	Yes () No ()	Ear Infections	Yes () No ()
Bee Sting Reaction	Yes () No ()	Bone Fractures	Yes () No ()
Hepatitis or exposure	Yes () No ()	Pneumonia	Yes () No ()
Diabetes	Yes () No ()	Developmental Delay / Autism	Yes () No ()
Asthma	Yes () No ()	ADD / ADHD	Yes () No ()
Anxiety / Depression / Emotional Problems	Yes () No ()		

----- If “ yes “ to any of the above , please explain: if necessary use back or additional sheet

Restrictions/ Limitations

Does the camper have restrictions on any of the following ? Please explain:

Swimming -- _____
Diet / Food – _____
Strenuous Activity – _____
Exposure to Sun/Heat -- _____

If Camper has / had a seizure disorder, please describe type, frequency , & precautions. _____

Has any seizure medications been changed recently? If yes, are there any side effects or precautions that we should be aware of ?

Are Camper’s immunizations up to date? Yes () No ()
Date of last Tetanus. _____

** Please list all current medications on the following form. (Include over the counter drugs, vitamins, and herbal remedies. Attach additional pages if necessary.)

DRUG	DOSE	FREQUENCY	TIMES

Please review the over-the-counter medications below. If you recommend something different, please do so in the space provided.

YOU RECOMMEND

Benadryl – 25mg – Q6hours PRN _____
Advil -- 200mg –Q4hours PRN _____
Tylenol -- 325mg – Q4hours PRN _____
Stool Soften – One tab daily PRN _____
Imodium AD pm for Diarrhea _____
Milk of Magnesia 30cc daily PRN for Constipation _____
Please give any special instructions: _____

_____ (use back of page if necessary)

APPLICATIONS MUST BE APPROVED & SIGNED BY A LICENSED PHYSICIAN.

Physicians Name (Please print) _____
Physicians Signature _____
Address, City, State _____
Phone # _____ Emergency # _____