

WEST VIRGINIA ELKS MAJOR PROJECT CAMP

PLEASE READ CAREFULLY & KEEP WITH YOUR RECORDS

- * Parent/Guardian must complete & sign application and consent forms. Any falsification or omission of information will result in refusal to camp.
 - * The WV Elks M.P. Board, the Camp Director and Camp Nurse reserve the right to refuse admission or dismiss from camp, anyone whose mental or physical condition, behavior, conduct, or influence on other campers is deemed detrimental to the camp and/or its participants.
 - * “Camp Guidelines & Procedures” must be read and signed.
 - * All information provided will remain strictly confidential, and will be used by the Camp Director and Camp Nurse to ensure a safe environment at camp.
 - * Any question or part of application not properly completed, application will be rejected and returned.
 - * *People transporting campers* – You **must** stay with camper until completely registered, checked into camp, or onto the bus in Charleston or Parkersburg.
 - * Medications (prescription or non-prescription) must be in original pharmacy bottle with label readable and intact.
NOTE – Enough medicine must be sent for the entire week plus two days. *Under no circumstances will a camper be permitted to stay if medications are not handled in this manner.*
 - * The “Physicians Approval Form” must be completed by the camper’s primary physician. We are not asking for a physical exam, only verification of their condition and medication.
This must be sent with the rest of the application. Under no circumstances can it be sent separately.
- **** Agency Workers – We **must** have a phone number of the person in charge of the camper after 5:00pm. The number cannot be an answering service. If we cannot reach you, the application will be returned and the camper will not be registered for camp.

Both camps will be at the Glenwood Park, Mercer County 4-H Camp, Princeton, WV

FIRST CAMP -- Begins Wednesday July 19th with check-in starting at 12 noon.

Check out Sunday July 23rd at 2:00pm.

SECOND CAMP – Begins Monday July 24th with check-in starting at 12 noon.

Check out Friday July 28th at 2:00pm

NOTE: We will try to keep campers together who are used to being together. We will try to accommodate your choice of weeks, BUT keep in mind, there are many factors go into deciding which campers attend which camp.

A COPY OF THE ENTIRE APPLICATION MUST BE SENT

Elizabeth Pernell
2477 Waynesburg Pike Rd.
Moundsville, WV 26041

AND

Taffy Robertson, Camp Director
106 Ann St.
Beckley, WV 25801

If you have any questions or need further information please call Elizabeth Pernell, President Board of Directors 304 – 780 – 1180 or Taffy Robertson at 808-779-4855.

WEST VIRGINIA ELKS MAJOR PROJECT CAMP

2023 CAMPER APPLICATION

ATTACH A WALLET SIZE PICTURE OF CAMPER

place
photo
here

Please note:

- ** Camper must be between ages eight (8) and fifty (50) years old, and have a mental and/or physical impairment.
- ** Acceptance to camp is not guaranteed. It is contingent on evaluation of the application by Camp Director, Camp Nurse, adequate staffing, and housing availability.
- ** Application must be sent in its entirety. Do not send parts separately.
IF SENT SEPARATELY, THEY WILL BE RETURNED

CAMPERS MAY ATTEND ONLY ONE CAMP

FIRST CAMP July 19 – 23

SECOND CAMP July 24 – 28

APPLICATION DEADLINE IS APRIL 30, 2023-NO EXCEPTIONS

A COPY OF THE ENTIRE APPLICATION MUST BE SENT TO THE FOLLOWING:

Elizabeth Pernell
2477 Waynesburg Pike Rd.
Moundsville, WV 26041

AND

Taffy Robertson, Director
106 Ann St.
Beckley, WV 25801

PARENT / GUARDIAN / AGENCY PERSONEL must complete and sign all sections of the application and consent forms. Any falsification or omission of information will result in the rejection of the application
All information provided will remain strictly confidential

** CAMPERS MAY NOT FILL OUT THE APPLICATION

PLEASE PRINT CLEARLY

DO NOT USE FELT TIPPED PENS

Camper Full Name (print) _____ Sex _____

Address _____ T-Shirt Size _____

City _____ St _____ Zip _____

Nickname _____ Date of Birth _____ Age _____

DIAGNOSIS / DISABILITY _____

Agency & Caregivers - You must provide a number so we can reach the person in charge of the camper after 5:00pm. This number cannot be an answering service or a pager number.

If Agency - Person in charge of camper

Parent/Legal Guardian name

(circle one) _____

Address _____ City _____ St. _____ Zip _____

Phone – Day _____ night- _____ cell _____

Please attach a copy of Camper Insurance Card and write in Medicaid Insurance # _____

Please Note: Without this Insurance information, Camper will not be admitted to camp.

Emergency Contact _____
 Address _____ City _____ St. _____ Zip _____
 Relationship to camper _____ Phone: Home _____ Cell _____

AGENCIES– Emergency Medical Contact Person and phone number, answering service, no pager numbers.
 If Camper is a “Ward of the State”, person who makes medical decisions and permission for medical procedures.
 Name _____ Phone No. _____

Buddy at Camp – _____ **Parents** – Preference of week _____
Please Note: We weigh all factors and will try, but cannot guarantee we can accommodate.

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

Camper Pick-up

First Camp: Campers must be picked up **before** 2:00pm Sunday, July 23rd .

Second Camp: Campers must be picked up **before** 2:00pm Friday July 28th

**If camper is leaving early, please notify Camp Director so 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 person picking up 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
Relationship to camper _____		
Parent/ Guardian Signature	print name	

CAMPER DISSMISSAL:

Please Note: The WV Elks Major Project Board, Camp Director, Camp and Nurse reserve the right to refuse admission or dismiss from camp anyone where their mental and/or physical condition, behavior, conduct, or influence on other campers is deemed detrimental to the camp and/or its participants.

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

GENERAL INFORMATION

**** Parents/guardians/agency workers – You must stay with camper/s until camper’s medicine and belongings are checked onto the bus and/or registered and checked into camp.**

Has Camper ever been accused and/or acquitted or convicted of child molestation? Yes ___ No ___
If “Yes” explain _____

** Does Camper ride bus from Charleston? Yes ___ No ___ from Parkersburg? Yes ___ No ___
Does camper walk? Yes ___ If ‘No’ – Use Wheelchair _____ Use Walker _____
Does camper require use of any medical equipment? Please list & explain _____

Is camper a “Day Only Camper”? Yes ___ No ___ Will camper have a “caregiver”? Yes ___ No ___
Will ‘Caregiver’ stay with camper at camp? Yes ___ No ___

** If yes, Caregiver must be the same sex as the camper (no exceptions) and fill out ‘Staff Application’.

Contact Elizabeth Pernel for application. 304-780-1180

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 wet the bed? _____

Does camper sleep well? Yes ___ No ___ Tendency to Wake up during Night Yes ___ No ___

Can Camper Sleep away from home? Yes ___ No ___

Does camper have tendency to fall out of bed? How often? _____

Does camper have a daily / nightly routine or any type of reward system? _____

Does camper have fears or is uneasy around certain things (i.e. 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? _____

Does camper make up stories to get attention? If yes, explain _____

Can Camper go to Pool? Yes ___ No ___ Restrictions _____

Can Camper Swim? Yes ___ No ___ Restrictions _____

Does Camper get “Swimmers Ear”? If “Yes”, Preventive action _____

SANTA CLAUS GIFT – Please give 1 or 2 ideas of what camper might like Santa to bring them during the Christmas Party. Due to the increasing numbers of campers **Please adhere** to our \$20 price range.

Please be specific (ex. CD-country music/Blake Shelton)

Health / Medical Information – Complete all requested information

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

All medications/pills must be in the bottle from the pharmacy. Do not bring medication/pills to camp in a daily pill dispenser. Camper will be sent home or back on the bus if medications are not handled in this manner. Send 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.

Can camper have an MRI? If “No”, Explain _____

Does camper have implants that would prohibit any testing? List _____

Does Camper have a “Do Not Resuscitate” order? Yes ___ No ___

Does Camper have history of heart problem? High blood pressure? Yes ___ No ___

If “yes”, explain: _____

Does Camper experience seizure? Yes ___ No ___ If “yes”, Explain seizure activity/what happens

ALLERGIES: Latex ___ Poison Ivy ___ Insect Bites ___ Bee Stings ___

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 ()

Diarrhea Yes () No () Bed Sores Yes () No ()

Ear Infection Yes () No () Shortness of Breath Yes () No ()

Indigestion Yes () No () Panic Attacks 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 self-test? Yes ___ No ___

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

It is imperative you inform us of any physical, mental, or emotional condition, so we can adequately evaluate the application and prepare our staff. (hearing, sight, feeding tube, catheter, eating)

Please list and explain any pertinent information we may need.

Has Camper been exposed to a communicable disease (head lice, strep throat, mononucleosis) in last six months? Yes ___ No ___ If “yes”, explain _____

Please read the following thoroughly:

** If camper is found to have a temperature, lice, bed bugs, scabies, etc., you will be notified and must come after your child. The Camper will not be permitted to stay, and our staff will not be responsible for treating the Camper.

** If you send Camper with lice, bed bugs, scabies, etc. you will be held responsible for any infestation and thus be responsible for any and all charges incurred for disinfecting camp property, bedding, and any campers.

IMPORTANT: You are required to notify Elizabeth and Taffy if you or your child has been exposed to a communicable disease after the submission of this application.

Please sign signifying that you read & understand _____

CAMP DIRECTOR MUST BE NOTIFIED 10 DAYS PRIOR TO START OF CAMP IF THERE ARE CHANGES IN CAMPER’S MEDICATION, MEDICAL CONDITION, OR ANY PART OF THE “PHYSICIANS FORM” AFTER APPLICATION IS SUBMITTED.

CONSENT FORM AND RELEASE OF LIABILITY

In consideration of my child / step-child / legal ward being permitted to the 2023 WV Elks Major Project, Inc. Disabled Individuals Camp, the undersigned does hereby expressly release, acquit, and forever discharge the West Virginia Elks Major Project, Inc., The West Virginia Elks Association, the Mercer County 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 under-signed 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.

Signature this _____ day of _____, 2023.

Father / Step Father _____

Mother / Step Mother _____

Guardian _____

PHOTO CONSENT RELEASE – The West Virginia Elks Major Project, Inc. regularly photograph and film activities during camp and also invite local TV stations to cover our camps. These are used for fund-raising and publicity. The following consent form allows the WV Elks Major Project to use your child’s/ step-child’s / legal ward’s photograph or film for these purposes.

I hereby give my consent to the WV Elks Major Project, Inc. to take pictures, video, or movie shots of my child / step-child / legal ward and be include in TV coverage to be used by the WV Elks Major Project, Inc. for promotional, educational, or fund-raising purposes or television coverage of the camp.

Both parents’ signature

Father _____ Mother _____ Date _____

Guardian _____ Date _____

**WV ELKS MAJOR PROJECT CAMP
GUIDELINES AND PROCEDURES**

Please read carefully and sign.

The WV Elks Major Project is committed to providing a safe and fun environment for the Campers and each camper will be expected to follow our guidelines and abide by our camp procedures.

- 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 the Camp Nurse during check-in, and kept in a locked container.
- VALUABLES– Please do not send valuables of any kind, clothing of high value, electronic gadgets, or money. The WV Elks provides food, drink, and snacks; thus, there is no need for money. *Neither 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.
- MEDICAID INSURANCE CARD (**A copy must be attached to the application and number recorded**)
- 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: Both Camps 12:00 noon Check out: Campers must be picked up before 2:00pm. Please do not leave camper waiting. ***Please adhere to these times!!***

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 _____

IMPORTANT – You are required to notify the WV Elks Major Project and the Camp Director if you or your child or guardian (the camper) has been exposed to a communicable disease after submission of this application. **Notification must be made before camper is brought to camp.**

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Health Care Provider: _____

Patient's Name: _____
Please Print

Address _____

Phone Number _____ Social Security Number _____

Date of Birth _____

Release to: West Virginia Elks Major Project, Inc.
c/o Elizabeth Pernel
2477 Waynesburg Pike Rd.
Moundsville, WV 26041
Phone (304) 780-1180

Purpose of disclosure: To determine patient's ability to attend a disabled individual's 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 re-disclosed.

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 CAMP

PHYSICIAN – MEDICAL APPROVAL FORM

It must be sent with rest of the application. Under no circumstances may you send it separately.

PLEASE NOTE: Physician approval form must be completed by camper's primary care physician who is familiar with camper's disability, and is used to determine if camper is eligible to attend our camp.

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

CAMPER'S NAME (print) _____

Age _____ Date of Birth _____

Diagnosis / Disability (Please Print) _____

Does Camper have Medical Allergies?

Symptoms

Please List:

Does Camper have Food Allergies?

Symptoms

Please List:

Diet or Food restrictions _____

Can camper have an MRI? If "No", Explain _____

Does camper have implants we and/or medical personnel need to know about? Please list _____

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 () Asthma Yes () No ()

Bee Sting Reaction Yes () No () Bone Fractures Yes () No ()

Hepatitis or exposure Yes () No () Pneumonia Yes () No ()

Diabetes 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

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

Have any seizure medications been changed recently? If yes, any side effects or precautions we should be aware of? _____

** Are Camper's immunizations up to date? Yes () No () ** Date of last Tetanus: _____

PHYSICIAN – MEDICAL APPROVAL FORM CON'T

Please list all current medications.

Include over the counter drugs, vitamins, and herbal remedies. Attach additional pages if necessary.

NOTE: Do not state “twice a day” as frequency. You must give specific time. Always state time of day for all doses.

DRUG	DOSE	FREQUENCY	TIMES

All “over the counter” medication must be labeled with camper’s name. 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 Softener – 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 # _____