

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 the 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 5:00 PM. 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 17, with check-in starting at 12 noon.

Check out Sunday July 21 at 2:00 PM.

SECOND CAMP – Begins Monday July 21 with check-in starting at 12 noon.

Check out Friday July 26 at 2:00 PM.

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 that go into deciding which campers attend which camp.

A COPY OF THE ENTIRE APPLICATION MUST BE SENT

Rick Romino
214 Cochran ST
Fairmont, WV26554

AND

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

If you have questions or need further information, please call
Rick Romino, President Board of Directors 304-363-2292 or Taffy Robertson at 808-779-4855.

WEST VIRGINIA ELKS MAJOR PROJECT CAMP

2024 CAMPER APPLICATION

place
photo
here

ATTACH A WALLET SIZE PICTURE OF CAMPER

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.
- The 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 17-21

SECOND CAMP July 22-26

APPLICATION DEADLINE IS APRIL 30, 2024-NO EXCEPTIONS

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

Rick Romino
14 Cochran ST
Fairmont, WV 26554

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 _____ State _____ 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 _____

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 _____

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** 2:00 PM on Sunday, July 21.

Second Camp: Campers must be picked up **before** 2:00 PM Friday July 26.

**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.

Does the camper ride the bus from Charleston? Yes _____ No _____

Does the camper ride the bus from Parkersburg? Yes _____ No _____

Has the camper every been accused or convicted of child molestation? Yes _____ No _____

Does the camper walk? Yes _____ No _____ ----- _____ Wheelchair _____ Walker

Does the 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 Rick Romino for application. 304-363-2292.

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? Yes _____ No _____ If yes, explain _____

Does camper wet the bed? Yes _____ No _____

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

Can camper sleep away from home? Yes _____ No _____

Tendency to fall out of bed? Yes _____ No _____ If yes, how often? _____

Does the 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): _____

CONSENT AND RELEASE FORMS

CONSENT FORM AND RELEASE OF LIABILITY

In consideration of my child/step-child/legal ward being permitted to the 2024 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 cannot 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.

Father/Stepfather: _____

Mother/Stepfather: _____

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/stepchild'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/stepchild/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/Stepfather: _____

Mother/Stepfather: _____

Guardian: _____

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.

**Very Important!! New Medical History Additions
The Health History/General Medical Information Pages and
Medications Administration Record Forms**

These must be completed and signed by the Campers primary health provider.
They must be returned with the application. DO NOT send separately.

They are changed to ensure we can adequately care for each camper.

- Rest Time – Every afternoon all campers will lie or sit down and not engage in any physical activity.
- All medications (prescription and non-prescription) must come to camp in the original container with pharmacy label intact. 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 vice 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 2:00 PM. Please do not leave the 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 Rick Romino
214 Cochran ST
Fairmont, WV 26554
Phone (304) 363-2292

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/Guardian unable to sign _____

Please read the following thoroughly:

- If camper is found to have an acute illness such as a fever, lice, bed bugs, scabies, etc., you will be notified and must pick up the camper. The camper will not be permitted to stay, and our staff will not be responsible for treating the camper.
- If the camper is sent to camp 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 Rick and Taffy if you or the camper have been exposed to a communicable disease after the submission of this application.
- All information included in the General Medical Information/Health History and Medication Administration Record must be reviewed and approved by the camper's Primary Health Care Provider at the bottom of each page. If forms are omitted or lack the provider's signature, the camper may not be permitted to attend camp.

THE CAMP DIRECTOR MUST BE NOTIFIED 10 DAYS PRIOR TO THE START OF CAMP
IF THERE ARE CHANGES IN THE CAMPER'S MEDICATION, MEDICAL COINDITION,
OR ANY PART OF THE CAMPER'S MEDICAL INFORMATOIN FORMS AFTER THE
APPLICATOIN IS SUBMITTED,

By signing below, you confirm that you read and understand the statements above.

X _____

Health / Medical Information – Complete all requested information

ALL information included in the Health/Medical Information must be reviewed and approved by the camper's Primary Health Care Provider at the bottom of each page. If forms are omitted or lack the provider's signature the applicant may not be able to attend camp. If you have any questions or concerns regarding the health forms, please call the camp nurse Hannah at 304-657-4102.

Camper's Full Name: _____ Date of Birth: _____

Person Completing the Form: _____ Relationship to Camper: _____

Age: _____ Gender: _____ Height: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip Code: _____

In Case of Emergency:

Primary Contact: _____

Relationship to Camper: _____ Phone #: _____

Alternative Contact: _____

Relationship to Camper: _____ Phone #: _____

Medical Insurance Information: Include copy of insurance card; Legibly copy both sides of card.

Insurance Company: _____ Policy #: _____

Subscriber: _____ Phone #: _____

General Medical Information/Health History

Camper's Full Name: _____ Date of Birth: _____

Person Completing Form: _____ Relationship to Camper: _____

Health History

Primary Diagnosis/Disability: _____

Can the camper have an MRI if necessary? Yes No Explain: _____

Does the camper have a "Do Not Resuscitate" order? Yes No

Is the Camper up to date on their vaccinations? Yes No Last Tetanus Dose: _____

Is the camper prone to or has ever been treated for the following conditions?

Yes	No	Condition	Explain (Symptoms, treatment, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Controlled with Medications <input type="checkbox"/> Controlled with Diet <input type="checkbox"/> Uncontrolled Can the camper self-test blood glucose? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Physician recommended frequency of fingersticks: _____ Provide any important treatment information: _____
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (High Blood Pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Heart Conditions/Problems	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA(Mini stroke)	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/Reactive Airway Disease	Last Attack Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lung/Respiratory Disease	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/Eyes/Nose/Sinus Problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/Skeletal conditions/ Broken Bones	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/Concussion/TBI	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/Psychological or Emotional Difficulties	<input type="checkbox"/> Panic Attacks <input type="checkbox"/> Aggression <input type="checkbox"/> Other (please specify): _____ Please explain how best handled: _____
<input type="checkbox"/>	<input type="checkbox"/>	Neurological Disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures or Epilepsy	Date of Last Seizure: _____ Environmental Triggers: _____ Treatment: _____ Recent changes to treatment: _____
<input type="checkbox"/>	<input type="checkbox"/>	Blood Disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/Stomach/Digestive Problems	
<input type="checkbox"/>	<input type="checkbox"/>	Dysphagia/Difficulty Swallowing or Aspiration/Choking	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Disease	

Allergies

Does the camper use an Epinephrine Autoinjector (EpiPen)? Yes No

Does the camper use a Rescue Inhaler? Yes No

Does the camper have any other emergency medications? Yes No If yes, explain: _____

List all allergies below (medications, food, plants, insects, etc.):

Allergen	Reaction/Severity	Treatment

Medications

PLEASE READ: Medications must be identifiable by the staff administering them.

STATE REGULATIONS REQUIRE THAT ALL MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINERS, WITH THE PHARMACY LABELS INTACT. All medications must be in their original packaging, bottle, etc.

Please be sure that medication has not expired and that all medications are included on the medication list that is submitted.

Do not bring medication to camp in a daily pill box. The medications are not identifiable in the container.

The camper may not attend camp if medications are not handled in this manner.

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

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

Please check below if applicable:

Camper does not take any routine medications Camper has emergency medication

Camper has a pre-printed MAR form provided through Agency

PRN/As Needed Medication: Please check if camper is allowed to take the following over-the-counter medications. If "no", provide alternative medication and dose.

		Medication	Alternative medication (if "no")
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diphenhydramine 25mg q6 hours prn for allergic reaction	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ibuprofen 200mg q4 hours as needed for pain/fever	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Acetaminophen 325mg q4 hours as needed for pain/fever	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Colace 100mg daily prn	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Milk of Magnesia 30cc daily prn for constipation	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Imodium 4mg daily prn for diarrhea	

Continue to the Medication Administration Record on the next page to provide information on scheduled medication.

Health Care Provider Verification (Please sign):

Medication Administration Record (MAR)

This form must be up to date and include all medications that are brought to camp. If the camper has a pre-printed MAR through agency, this form does not need to be completed.

Camper's Full Name:

Date of Birth:

Person Completing Form:

Relationship to Camper:

Medication Administration Record (MAR)

Medication	Time Due	Day 1	Day 2	Day 3	Day 4	Day 5
Example: Name: Example Medication Dose: 25 mg Frequency: Three times daily Reason: Anxiety	8 am 12 pm 7 pm					
Name:						
Dose:						
Frequency:						
Reason:						
Name:						
Dose:						
Frequency:						
Reason:						
Name:						
Dose:						
Frequency:						
Reason:						
Name:						
Dose:						
Frequency:						
Reason:						
Name:						
Dose:						
Frequency:						
Reason:						

Provider Verification:

By signing below, you confirm that you have reviewed all information provided on this page and verify that all is accurate.

Health Care Provider signature and title: _____ Date _____

General Medical Information/Health History

Camper's Full Name:

Date of Birth:

Person Completing Form:

Relationship to Camper:

Medication Administration Record (MAR)-continued

If additional pages are needed, print this page again.

Medication	Time Due	Day 1	Day 2	Day 3	Day 4	Day 5
Name:						
Dose:						
Frequency:						
Reason:						
Name:						
Dose:						
Frequency:						
Reason:						
Name:						
Dose:						
Frequency:						
Reason:						
Name:						
Dose:						
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Name:						
Dose:						
Frequency:						
Reason:						
Name:						
Dose:						
Frequency:						
Reason:						

Provider Verification:

By signing below, you confirm that you have reviewed all information provided on this page and verify that all is accurate.

Health Care Provider signature and title: _____ Date: _____