



Registration application

Please return completed applications to us by:
● Email: bhunter@jdmc.org
● Fax: 405-307-2801

● Mail:
J.D McCarty Center
Attn: Camp ClapHans
2002 E. Robinson St.
Norman, OK 73071

Dear Parents/Guardians,

Due to the constant change of circumstances involving COVID-19 and other factors that could affect our summer 2022 sessions, we have not scheduled specific dates for camp. We are waiting for more information. However, we are asking families to still fill out an application for your child so we can determine campers for 2022. If you have questions or concerns, please call or email Camp Director Bobbie Hunter at 405-307-2865 or bhunter@jdmc.org. Thank you!

Camper name:

Address:

City: State: ZIP

Phone: Age: Date of birth:

Male: Female:

Parent or guardian name:

Email: Camper's shirt size:

Health insurance information:

Carrier: Group # ID #

Name of primary insured:

Relationship to camper:

Primary care doctor:

Phone: Date of last examination:

Emergency contacts - Please list someone other than parent/guardian listed above, and someone who will know how to contact you if we are unable to reach you.

Name: Phone:

Relationship to camper:

Name: Phone:

Relationship to camper:

Camper's diagnosis: (Check all that may apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Down syndrome | <input type="checkbox"/> Autism | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Diabetes: Type I or II | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Asperger's | <input type="checkbox"/> Blind | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Developmental delay | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Communication delay | <input type="checkbox"/> Obesity | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> Muscular dystrophy |
| <input type="checkbox"/> Multiple sclerosis | <input type="checkbox"/> Other | | |
| <input type="checkbox"/> Spinal cord injury: Quadriplegic or paraplegic | | | |
| <input type="checkbox"/> Breathing difficulties: | | | |

*Trach: Specify type _____

*Any important surgeries, hospitalizations or medical complications that may affect the child's camp experience? _____

Medical information:

Vision

- | | | |
|--|--|--|
| <input type="checkbox"/> Sighted/ Normal | <input type="checkbox"/> Night blindness | <input type="checkbox"/> Legally blind |
| <input type="checkbox"/> Partially sighted | <input type="checkbox"/> Color blind | <input type="checkbox"/> Other _____ |

Hearing

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Partial hearing | <input type="checkbox"/> Legally deaf |
| <input type="checkbox"/> Normal with aid | <input type="checkbox"/> Partial hearing with aid | <input type="checkbox"/> Other _____ |

Communication

Is the camper able to understand and communicate his/her needs to others? (Ex. Food, drink, bathroom, help) Yes No

- | | | | |
|-------------------------------------|--|--|-----------------------------------|
| <input type="checkbox"/> Verbal | <input type="checkbox"/> Communication board | <input type="checkbox"/> PECS | <input type="checkbox"/> Gestures |
| <input type="checkbox"/> Non-verbal | <input type="checkbox"/> Electronic device | <input type="checkbox"/> Sign language | <input type="checkbox"/> Other |

If other, please explain: _____

Mobility

- | | | |
|---|--|---|
| <input type="checkbox"/> Ambulatory (no assist) | <input type="checkbox"/> Wheelchair- power | <input type="checkbox"/> Wheelchair- manual |
| <input type="checkbox"/> Cane(s) | <input type="checkbox"/> Walker | |

Behavior:

General disposition: (Check all that may apply)

- Generally easygoing Unsure of new situations Wanders
- Temper tantrums Shy/withdrawn Helpful

Is this your child's first time staying away from home? _____

What does your child like? What is he/she afraid of? _____

In your opinion, what is your child's developmental age? _____

Please indicate how often your camper exhibits the following behaviors and the consequences:

Behavior	How many times does behavior occur? Daily or monthly?	What causes behavior?	How do you address this behavior?
Scratches, pinches or hits self or others			
Bangs head			
Grabs others			
Touches others inappropriately			
Throws things			
Gets into personal belongings			
Runs away			
Climbs on furniture			
Uses inappropriate language			
Spits on others			
Dumps food or liquids			
Strips clothing			
Other			

Personal care information:

Eating

- No assist Partial assist Total assist

Please describe any assistance required for feeding: _____

List adaptive equipment needed for feeding: _____

Diet

- Normal Chopped food Blended/puree Diabetic
 G-Tube only G-Tube and oral foods

Food allergies or special dietary needs: _____

Does the camper have any difficulty swallowing? Yes No

List any strongly liked or disliked foods: _____

Toileting

- Bladder control: No assist Needs reminder Occasional accidents
 Incontinent Total assist
- Bowel control: No assist Partial assist Total assist

Please explain home toileting routine: _____

Does your child wear:

- Underwear Pull-ups Diapers Pull-ups at night only
 Other _____

Bathroom aids:

- Urinal Toilet chair Catheter Other _____

Menstrual care

- Non-applicable No assist Needs reminder Partial assist Total assist

Please explain any assistance needed: _____

Washing/ showering

No Assist Partial assist Total assist

Please describe bathing routine: _____

Dressing

No assist Partial assist Total assist

Please describe dressing routine: _____

Sleeping

Sleep walks? Yes No

Needs to be awakened or turned during the night? Yes No

Other information : _____

Medication information:

Does the camper have any allergies? Medication Food Other

If yes, please list: _____

Does the camper take any medication? Yes No

If yes, please list: _____

The following non-prescription OTC medications may be used on an as-needed basis to manage illness and injury.

Please check all that apply. Camp ClapHans has permission to give camper the following:

- Laxatives for constipation (Ex-Lax) Aloe vera gel, topical Calamine lotion, topical
- Bismuth Subsalicylate for diarrhea (Pepto-Bismol) Lice shampoo or cream (Nix or Elimite)
- Antibiotic cream, topical Sore throat spray Generic cough drops
- Diphenhydramine antihistamine/allergy medicine (Benadryl) Antihistamine/allergy medicine
- Dextromethorphan cough syrup (Robitussin DM) Guaifenesin cough syrup (Robitussin)
- Acetaminophen (Tylenol) Pseudoephedrine decongestant (Sudafed)
- Phenylephrine decongestant (Sudafed PE) Ibuprofen (Advil, Motrin)

Consent:

This health history is correct as far as I know. My child has my permission to engage in all camp activities, including horseback riding, unless exceptions noted:

I give my permission for medications to be administered by the nurse and understand that WRITTEN INSTRUCTIONS ARE REQUIRED. This includes prescription and non-prescription drugs, as well as topical or external applications. Medications are to be labeled and given to the nurse at the start of camp; no medications can be left with your child for self-medication.

In the event of injury, I hereby give permission to the medical personnel selected by the camp staff to order X-rays, routine tests and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for my child.

Signature of Parent/ Guardian _____

Date _____

Note: Parents/guardians, please send a current photo of your child with this application.



Camp ClapHans

