



# Registration application

Please return completed applications to us by:  
● Email: [bhunter@jdmc.org](mailto: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](mailto: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            |   |

*Seizure activity*

- None         
  Petit Mal (absence)         
  Grand Mal (generalized tonic/clonic)         
  Complete Partial (staring)

Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

Date of last seizure? \_\_\_\_\_

How is the seizure treated?

- Regular/scheduled meds         
  Emergency meds         
  Both

Please describe the camper before, during and after the seizure: \_\_\_\_\_

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*Transfers*

- Standby         
  Two person         
  Mechanical lift         
  Other \_\_\_\_\_  
 Independent         
  Stand and pivot         
 One person total lift         
  None

*Adaptive devices*

- None         
  AFO's         
  Leg braces         
  Prosthesis  
 Helmet         
  Glasses         
  Hearing aids         
  Splint  
 Other \_\_\_\_\_

**\*Parents/guardians will be asked to instruct camp staff on how to use special adaptive equipment when child arrives to camp.**

*Other medical items to be aware of:*

- Shunt         
 Rods         
 Other \_\_\_\_\_

*Swimming*

Can the camper swim with supervision?    Yes    No

Please describe your child's swimming experience and routine, including any required equipment:

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**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: \_\_\_\_\_

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*Dressing*

No assist       Partial assist       Total assist

Please describe dressing routine: \_\_\_\_\_

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*Sleeping*

Sleep walks?       Yes     No

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

Other information : \_\_\_\_\_

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**Medication information:**

Does the camper have any allergies?       Medication       Food       Other

If yes, please list: \_\_\_\_\_

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Does the camper take any medication?     Yes     No

If yes, please list: \_\_\_\_\_

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**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:

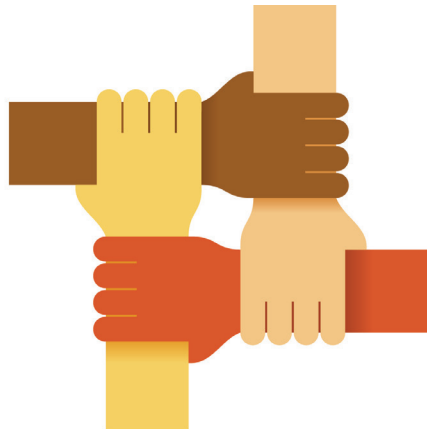
I give my permission for medications to be administered by the nurse and understand that WRITTEN INSTRUCTIONS ARE REQUIRED. This includes prescription and non-prescription drugs, as well as topical or external applications. Medications are to be labeled and given to the nurse at the start of camp; no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

