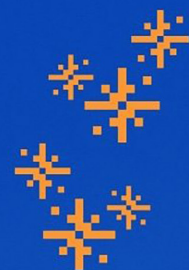


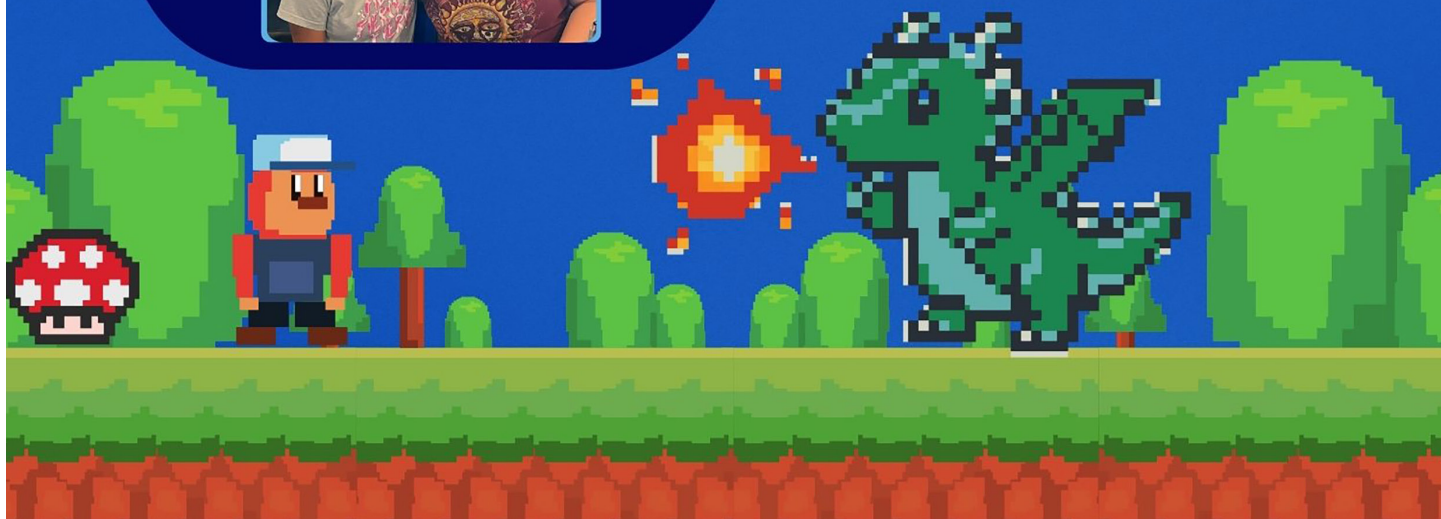
CAMP CLAPHANS



A camp for kids with disabilities



J.D. McCarty Center,
Norman, OK



Dear parents and guardians

My name is Bobbie Hunter and this is my 10th summer as director of Camp Claphans at the J.D. McCarty Center. I have a bachelor of science degree in education from Southeastern Oklahoma State University and have been an employee at the J.D. McCarty Center since 2012.

I started working as a direct care staff in July 2012. Once I started working with the kids that JDMC serves, I knew I would never do anything else. I worked my way up to recreational activities specialist in 2014 and started my job as camp director in 2017.

Having the opportunity to work with kids with disabilities is the most rewarding job. My only hope is that I can impact the lives of these children half as much as they have impacted my life. I am also so excited for our 13th year of Camp Claphans!

Our camp serves children with special needs, ages 8 to 20, who are developmentally, socially and/or physically delayed. Camp Claphans offers structured and well-thought-out programming in order to make an everlasting impression on campers' social, recreational and self-confidence development.

We do our best to place campers into sessions with similarly developing peers to encourage social skills, cooperation and self-esteem. If there is a specific week that you would like your child to attend or another camper that your child would like to have in his/her camp week, please specify this on the camp application.

Camp Claphans has a 1-to-1 staff to camper ratio, registered dietitians on site to address dietary needs for campers and a physician and nurses available to assist with medical needs.

Camp staff members also work with JDMC therapists and psychological clinicians to ensure campers' social and emotional needs are being fulfilled.

Our staff members are typically university students working toward a degree in allied health care fields, education, recreation, nutrition and other related fields. Prior to camp, our staff members attend intensive on-site training.



They are trained in first aid/CPR, ADL assisting techniques, safety guidelines and addressing behavioral issues.

I am excited to announce that we have grown our camp by adding additional camp dates. We now have a spring and fall session!

I am also happy to announce that some of our most popular evening activities will be returning, such as the talent show, dance party and stargazing with the local astronomy club!

Like previous years, we are offering parents the opportunity to experience a very special part of camp. Wednesday afternoon, prior to the pick-up time, we will wrap up camp with an awards ceremony to acknowledge each of our campers with a unique award specific to their talents and personalities. We will also show a video showcasing the fun activities at Camp Claphans!

Please take a moment to read this catalog where you'll find information about camp sessions and activities for the summer. You also will find our camp registration forms at the end of this catalog.

If you have additional questions about Camp Claphans, please contact me at 405-307-2865 or by email at bhunter@jdmc.ok.gov.

Sincerely,
Bobbie Hunter,
Camp Director

Camp sessions

Camp Claphans received a grant that covers tuition costs for each child, so there is no charge for kids who attend our camp.

This year will feature additional sessions for camp. We are adding one Friday through Sunday session in March and another Friday through Sunday session in October. If you're interested in your child attending our spring or fall camps, please select these dates on the application.

Our summer sessions consist of four-day, three-night camp sessions for children. Each session begins Sunday afternoon and ends Wednesday afternoon. Campers stay in cabins located on the J.D. McCarty Center property.

Please note: Our goal is to give as many children as possible the opportunity to attend Camp Claphans. Therefore, we can't guarantee that your child will get into all of our camp sessions. On the registration application, please prioritize your preferred session so we know what camp session works best for your child's schedule.

Registration

To make sure we will be able to meet each child's needs at camp, we will need to know some information in advance. Please fill out the registration application located in the back of this catalog.

Please submit an application as soon as possible. There are limited spots available for camp, and sessions fill up fast! We take applications on a first-come, first-served basis.

In order to process a registration application, we will need the application completed in full.



Camp activities

While at camp, kids can try horseback riding, archery, arts and crafts, swimming, games, fishing and canoeing! The fun doesn't stop at dinnertime. During the evening, we will have talent shows, dance parties, stargazing and more.

At the end of the week, we take our campers on a field trip to a local water park. In case of inclement weather, we will have an alternate field trip planned.



Camp schedule

Spring

March 27-29

Summer

Week 1 — June 7-10
Week 2 — June 14-17
Week 3 — June 21-24
Week 4 — June 28-July 1
Week 5 — July 12-15
Week 6 — July 19-22

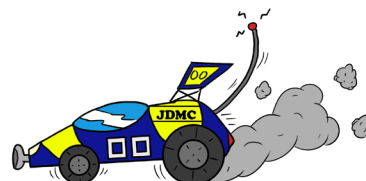
Fall

Oct. 16-18



■ Registration for camp starts Jan. 20 and ends Feb. 13 (for spring and summer camps).

■ The application deadline for fall camp is July 31.



Enrollment process

If your child is able to be placed into a camp session, you will receive an enrollment packet in the mail. The packet must be completed and returned as soon as possible to ensure placement into a camp session. Placement is based on a first-come, first-served basis and meeting the established selection criteria.

■ **A selection committee will review each application and make a determination if the applicant and Camp Claphans are appropriate for one another.**

■ The camp director will notify the camper's family of the selection committee's decision.

■ An enrollment packet will be sent to the camper's family. Included in this packet will be: release forms; requests for the camper's physical exam that has been completed in the last year and signed by a licensed physician; the camper's vaccination/immunization records that includes the date of his or her last Tetanus shot; and a copy of the camper's insurance card.

Your child's spot in a camp session will not be secured until this information is received.

**Please note:
Vaccinations
are required for
campers.**

■ The completed enrollment packet, along with all supporting documents, must be returned to camp staff as soon as possible.

■ Once the completed enrollment packet is received, a confirmation letter will be sent to the camper's family with detailed information about the assigned camp session dates and times. A packing list and any other pertinent information will also be included.

■ Deadlines:

- Paperwork for the **spring** session is due **March 6**.
- Paperwork for the **summer** session is due **May 8**.
- Paperwork for the **fall** session is due **Sept. 25**.



Our selection criteria

Children must have a diagnosis befitting our camp. Campers will be placed into a session by taking into consideration social skills, activity level, sensory needs and developmental age. By doing this, we hope to promote friendship, cooperation and social skills building among campers.

■ Children must be between the chronological ages of 8 to 20.

■ Children must be socially appropriate, not exhibiting maladaptive behaviors, which warrant removal from a group activity or setting.

■ Camp Claphans is only able to serve a limited number of campers each summer; thus, each application goes through a thorough selection process. All applications undergo medical and behavioral review prior to being approved for camp. Selection of campers is based on a number of factors, including the child's medical history, behavioral history and the child's ability to participate and gain from the camp program.

■ Final approval is decided by a committee made up of experienced staff members of various applicable backgrounds. This committee will make determinations based on the above criteria and other information as deemed appropriate.

■ The guardians of approved campers will be scheduled for a phone interview to discuss their child and the camp program in more detail. If an application is not selected, we will notify the family as soon as possible.

■ At this time, Camp Claphans cannot accommodate campers with chronic or severe aggressive, disruptive or destructive behavior. To gain the most from our camp program, a camper must be able to follow instructions and adhere to safety rules.



Follow us on Instagram:
@campclaphans

Health & safety

Your camper's safety is our top concern. Camp Claphans adheres to the safety policies of the J.D. McCarty Center. Here are some of our safety procedures:

- Camp Claphans is staffed by a qualified camp director and nurse 24 hours a day. In addition, a local physician is on call should those services be needed.
- Campers receive a health screening at check-in, where the camp nurse evaluates for illness, injury or communicable diseases, verifies health information and collects all medications.
- Campers will be assisted in taking all medications, including vitamins or topical medications.
- All medications at camp remain locked in the nurse's station and are administered by the camp nurse.

***A note about medication:** Medications that are brought to camp must be in the original container (prescription and nonprescription), not expired, have the camper's name listed on it and the label must include the dosage amount and frequency of administration.



Contact info

For more information about camp or registration, please contact Camp Director Bobbie Hunter at 405-307-2865 or email bhunter@jdmc.ok.gov.

For information about working or volunteering at camp, contact Volunteer Coordinator Jennifer Giamelle at 405-573-5342 or email jgiamelle@jdmc.ok.gov.



Important dates

Please note these deadlines for 2026:

- **Jan. 20 to Feb. 13** — Camp registration period for spring and summer sessions.
- **March 6** — Spring session paperwork due for campers selected for that camp.
- **May 8** — Summer session paperwork due.
- **July 31** — Fall camp registration closes.
- **Sept. 25** — Fall session paperwork due.

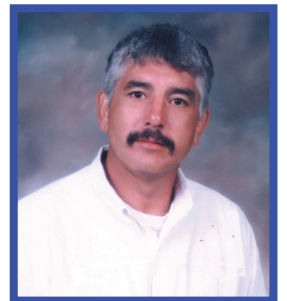
Camp namesake

Camp Claphans is named in honor of Sammy Jack Claphan, a citizen of the Cherokee Nation and an Oklahoma native.

Sammy Jack played football for the University of Oklahoma and graduated with a degree in special education. Afterward, he played in the NFL for the Cleveland Browns and the San Diego Chargers.

After retiring from football, Sammy Jack returned to Oklahoma and became a coach and a special education teacher.

Sammy Jack died in 2001. He was 45.



We want to thank volunteer Adam Cobble for contributing graphics to this catalog. This year's theme is "Game On."

Adam is a graphic artist and photographer. He has volunteered at the camp since it opened in 2013.



Registration application

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

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

This application is meant to assist Camp Claphans in creating the best possible experience for campers with disabilities. Please complete the sections as they apply to your child. Thank you!

Camper name: _____

Address: _____

City: _____ State: _____ ZIP _____ Phone: _____

Age: _____ Date of birth: _____ Male: _____ Female: _____

Parent or guardian: _____

Email: _____ Camper's shirt size: _____

Health insurance information:

Carrier: _____ Group number _____ ID number _____

Name of primary insured: _____

Relationship to camper: _____

Primary care doctor: _____

Phone: _____ Date of last examination: _____

Emergency contacts:

*** Please list someone other than the 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: _____

Camp sessions: Please rank your preferred camp session:

_____ Spring: March 27-29 _____ Summer: June & July (dates below) _____ Fall: Oct. 16-18

If you chose the summer session, please select your preferred dates:

☐ June 7-10 ☐ June 14-17 ☐ June 21-24 ☐ June 28-July 1 ☐ July 12-15 ☐ July 19-22

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

- ☐ Asthma ☐ Down syndrome ☐ Autism spectrum disorder ☐ Cerebral Palsy ☐ Epilepsy
☐ ADHD ☐ Diabetes: Type I or II ☐ Heart condition ☐ Blind ☐ Dyslexia
☐ Traumatic brain injury ☐ Seizure disorder ☐ Hypertension ☐ Developmental delay
☐ Visual impairment ☐ Deaf ☐ Communication delay ☐ Obesity ☐ Learning disability
☐ Spina Bifida ☐ Intellectual disability ☐ Hearing impaired ☐ Muscular dystrophy
☐ Multiple sclerosis ☐ Other _____
☐ Spinal cord injury: Quadriplegic or paraplegic
☐ Breathing difficulties

*Trach: Specify type _____

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

Medical information:

Vision

- ☐ Sighted/ Normal ☐ Night blindness ☐ Legally blind
☐ Partially sighted ☐ Color blind ☐ Other _____

Hearing

- ☐ Normal ☐ Partial hearing ☐ Legally deaf
☐ Normal with aid ☐ Partial hearing with aid ☐ Other _____

Communication

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

- ☐ Verbal ☐ Communication board ☐ PECS ☐ Gestures
☐ Non-verbal ☐ Electronic device ☐ Sign language ☐ Other _____

If other, please explain:

Mobility

- ☐ Ambulatory (no assist) ☐ Wheelchair- power ☐ Wheelchair- manual
☐ Cane(s) ☐ 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:

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:

Behavior:

General disposition: (Check all that may apply)

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Generally easygoing | <input type="checkbox"/> Unsure of new situations | <input type="checkbox"/> Wanders |
| <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Shy/withdrawn | <input type="checkbox"/> 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?
Aggression toward adults			
Aggression toward peers			
Self-injurious behaviors			
Uses inappropriate language/ verbal aggression			
Cries loud/ disruptive behavior			
Throws things/ property damage			
Gets into personal belongings			
Runs away			
Spits on others			
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

☐ Regular ☐ Chopped food ☐ Blended/ puree ☐ Diabetic ☐ Ground foods
☐ G-Tube only ☐ G-Tube and oral foods ☐ J-Tube only

If tube fed, please include more information (Ex: bolus feeds, continuous pump, etc.)

Does the camper require any nutritional oral supplements (Ex: Pediasure, Boost, etc.):

Food allergies or special dietary needs:

Does the camper have any difficulty swallowing or chewing? ☐ 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 prescribed medication or over-the-counter medicines, including supplements?

☐ 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)

Note: Parents/guardians, please attach a current photo of your child.

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 _____

For office use only:

RCV _____ NRS _____ PSY _____

