



Camp Civitan 2013 Main Summer Programs

The Civitan Foundation is a non-profit organization dedicated to serving individuals with Developmental Disabilities since 1968. Camp Civitan is our longest-running program offering overnight camping experiences in Williams, Arizona. **The Civitan Foundation is a qualified vendor with DDD/DES and is able to accept respite for camping experiences.** We pride ourselves on the fact that each year we have many returning happy campers. Camp is designed to foster peer socialization, educational programs, life skills, physical activities, gross and fine motor skills, teamwork, healthy living, food and nutrition, and tons of fun. Each session has a theme and includes some type of field trip. Other activities include guest speakers from the local communities, arts, crafts, fishing, hiking, and swimming, just to name a few. *Activities are all subject to availability, weather, and circumstances beyond our control. Sessions do sell out; please confirm your desired space ASAP.

The Civitan Foundation, Inc. is pleased to announce our 2013 camping schedule. We will DEPART on MONDAYS AND RETURN ON MONDAYS. Why? A Monday departure and return will give you, the parents and caregivers, not only a whole week of respite, but a full weekend as well. This will also enable us to attend and participate in many of the festivals and community events in Northern Arizona. Camp will be 7 nights: Monday to Monday. Each week requires an activity fee; this is used for field trips, arts and crafts, off-campus activities, and meals. We contract a charter bus company for weekly transportation, this is available on a first-come basis, and wheelchair space is limited. All applications must be completed in full and accompanied by a \$50.00 deposit. Once the applications are received, they will be processed and intake interviews will be scheduled for all new applicants.

Camp Application Instructions:

1. Parent and/or guardian must complete the entire application; LEAVING NO BLANK SPACES. Medical forms and releases must accompany application. All campers, returning or new, MUST COMPLETE all forms.
2. If using respite, authorizations for respite hours, **MUST** be approved and authorized by support coordinators **BEFORE** camp session.

Camp Session Fees: Private pay fees are \$745.00 per session plus a \$50 activity fee for all weeks, excluding horseback riding which requires a \$75 activity fee, and transportation costs.

1:1 Supervision will have an added fee of \$200 per week or \$100 per weekend (private pay or respite). Decisions regarding 1:1 supervision are determined before camp during the applicant's intake interview.

1. Payments and completed applications must be received no later than 3 weeks prior to the start of the camping session.
2. There will be an additional \$50 late filing fee for any registrations received after that date.
3. Full refunds will only be issued for cancellations made 2 weeks prior to the reserved camping session(s).
4. A partial refund of half of the amount paid will only be issued for cancellation during the 2 weeks prior to the reserved session(s).
5. No refund will be issued for last minute cancellations
6. No refunds will be issued for any clients who are sent home due to illness, behavior, or homesickness.

Registration/Deposits:

Make checks payable to: The Civitan Foundation, Inc. Mail to: 1106 E. Grovers Avenue, Phoenix, AZ 85022

All correspondence should be done with the main office using the following methods:

Phone: (602) 953-2944 • Fax: (602)953-2946 • E-mail: info@campcivitan.org

MEDICATIONS: Applicants will not be allowed to attend camp unless: all medications, including vitamins, are sent to camp **in daily pill binders (for all doses) breakfast, lunch, dinner, and bedtime...etc., accompanied by their original prescription bottles, and placed in a Ziploc bag labeled with the camper's name and brought to check in.** All medications must be listed on the medical form and approved by a physician. This policy will be enforced and campers will not be able to board the bus if not received this way. Please call our office if you have any questions regarding our policy.

Transportation: Charter bus transportation is available for \$60.00 round-trip per person. This service is limited and fills up quickly. Please indicate on page 2 if transportation is desired.

The bus will leave from Civitan's Corporate Headquarters (1106 E. Grovers Ave. Phoenix, AZ 85022) PROMPTLY AT 9AM

CHECK IN: PHOENIX 7:30-8:30AM MONDAY

RETURN TIME: PHOENIX 4:00PM MONDAY

CHECK IN: WILLIAMS (CAMP CIVITAN) after 2:00PM

PICK UP: WILLIAMS (CAMP CIVITAN) at or before 11:00AM

SCHOLARSHIPS: Need based financial assistance may be available, contact our office for more information.

CONFIRMATION: You will receive written or emailed confirmation approximately 2 weeks prior to your scheduled camp session(s). **Please do not assume acceptance.**

The number of RSP hours to attend camp
has been REDUCED!!! ~~168~~ → **96**

Introducing the 2013 Camp Civitan schedule! This year we have added a number of new adventures and activities to our sessions, and will continue to do so throughout the year as events and opportunities arise. Below are just a few of the things you or your loved one can expect to experience while at Camp Civitan.

- **Permanent Features-** Miniature golf course, hay wagon, outdoor theater and staging area, TotTurf® multiplex, field house, inflatable obstacle course, greenhouse and playground.
- **Weekly Programming-** Sports and games, food and nutrition education, art and creative expression, gardening, golf, music therapy and hiking.
- **Ongoing Field Trips-** Fishing at Kaibab Lake, Bearizona, swimming at Williams Aquatic Center and community events and festivals.
- **Nighttime Activities-** Karaoke, skit performances, carnival games, themed dances, barbecues, campfires and hayrides.
- **Guest Speakers & Instructors-** Smokey Bear, Forest Service and AZ Game and Fish presenters, local dance and physical fitness instructors and area musicians and entertainers.
- **Socialization-** Campers develop friendships, create lifelong memories and gain social skills.

Weeks DO sell out, please book early! For reservations, please complete and return this form with your deposit(s). DDD authorizations must be confirmed prior to participation.

Name: _____ Phone: _____ E-mail: _____

SUMMER CAMPS- SEE REVERSE FOR MORE DETAILS

| Will Attend | Dates (7 Nights) | Depart/Arrive | Camp Theme/Main Field Trip | Private Pay | Respite Hours | Activity Fee | Bus/Van \$30 ea. Way |
|----------------------------|------------------|-------------------|---|--------------------------------|-----------------------------|--------------|---|
| <input type="checkbox"/> 1 | June 10-17 | Mon. 9am-Mon. 4pm | Home on the Range Week- Horseback Riding | <input type="checkbox"/> \$745 | <input type="checkbox"/> 96 | \$75 | <input type="checkbox"/> To Camp <input type="checkbox"/> Home |
| <input type="checkbox"/> 2 | June 17-24 | Mon. 9am-Mon. 4pm | Wild West Week- Rodeo & Horseback Riding (Optional) | <input type="checkbox"/> \$745 | <input type="checkbox"/> 96 | \$50/\$75 | <input type="checkbox"/> To Camp <input type="checkbox"/> Home |
| <input type="checkbox"/> 3 | June 24-July 1 | Mon. 9am-Mon. 4pm | The 7 Wonders of the World Week- Grand Canyon | <input type="checkbox"/> \$745 | <input type="checkbox"/> 96 | \$50 | <input type="checkbox"/> To Camp <input type="checkbox"/> Home |
| <input type="checkbox"/> 4 | July 1-8 | Mon. 9am-Mon. 4pm | Wet and Wild Patriotic Week- 4 th of July Parade | <input type="checkbox"/> \$745 | <input type="checkbox"/> 96 | \$50 | <input type="checkbox"/> To Camp <input type="checkbox"/> Home |
| <input type="checkbox"/> 5 | July 8-15 | Mon. 9am-Mon. 4pm | Hollywood Week- Williams Community Theater | <input type="checkbox"/> \$745 | <input type="checkbox"/> 96 | \$50 | <input type="checkbox"/> To Camp <input type="checkbox"/> Home |
| <input type="checkbox"/> 6 | July 15-22 | Mon. 9am-Mon. 4pm | Holidaze Week- Bowling | <input type="checkbox"/> \$745 | <input type="checkbox"/> 96 | \$50 | <input type="checkbox"/> To Camp <input type="checkbox"/> Home |
| <input type="checkbox"/> 7 | July 22-29 | Mon. 9am-Mon. 4pm | Girls ONLY Diva Week- Shopping, Dancing & Makeovers | <input type="checkbox"/> \$745 | <input type="checkbox"/> 96 | \$50 | <input type="checkbox"/> To Camp <input type="checkbox"/> Home |
| <input type="checkbox"/> 8 | July 29-Aug. 5 | Mon. 9am-Mon. 4pm | Boys ONLY Adventure Week- Cardinal's Training Camp | <input type="checkbox"/> \$745 | <input type="checkbox"/> 96 | \$50 | <input type="checkbox"/> To Camp <input type="checkbox"/> Home |

WEEKEND CAMPS- Please note we are also taking reservations for the fall/winter weekends at this time. We have made every effort to schedule holiday weekends to coincide with school holidays; however, additional individual requests are also considered.

| Will Attend | Dates | Depart/Arrive | Weekends | Private Pay | Respite Hours | Activity Fee | Charter Bus/Van RT |
|--------------------------|----------------------------|-------------------|-------------------------------------|--------------------------------|-----------------------------|--------------|-------------------------------|
| <input type="checkbox"/> | February 15-18 (3 nights) | Fri. 3pm-Mon. 4pm | Meet the "Mushers" Weekend | <input type="checkbox"/> \$350 | <input type="checkbox"/> 42 | \$25 | <input type="checkbox"/> \$30 |
| <input type="checkbox"/> | March 15-17 (2 nights) | Fri. 3pm-Sun. 4pm | St. Patrick's Day Weekend | <input type="checkbox"/> \$300 | <input type="checkbox"/> 30 | \$25 | <input type="checkbox"/> \$30 |
| <input type="checkbox"/> | April 19-21 (2 nights) | Fri. 3pm-Sun. 4pm | Earth Day Weekend | <input type="checkbox"/> \$300 | <input type="checkbox"/> 30 | \$25 | <input type="checkbox"/> \$30 |
| <input type="checkbox"/> | September 20-22 (2 nights) | Fri. 3pm-Sun. 4pm | Fall Festival Weekend | <input type="checkbox"/> \$300 | <input type="checkbox"/> 30 | \$25 | <input type="checkbox"/> \$30 |
| <input type="checkbox"/> | October 11-14 (3 nights) | Fri. 3pm-Mon. 4pm | Pumpkin Train Weekend | <input type="checkbox"/> \$350 | <input type="checkbox"/> 42 | \$25 | <input type="checkbox"/> \$30 |
| <input type="checkbox"/> | October 25-27 (2 nights) | Fri. 3pm-Sun. 4pm | Halloween Weekend & Masquerade Ball | <input type="checkbox"/> \$300 | <input type="checkbox"/> 30 | \$25 | <input type="checkbox"/> \$30 |
| <input type="checkbox"/> | November 8-11 (3 nights) | Fri. 3pm-Mon. 4pm | Veterans Celebration Weekend | <input type="checkbox"/> \$350 | <input type="checkbox"/> 42 | \$25 | <input type="checkbox"/> \$30 |
| <input type="checkbox"/> | December 26-30 (4 nights) | Thu. 9am-Mon. 4pm | Winter Wonderland – Snow Activities | <input type="checkbox"/> \$400 | <input type="checkbox"/> 60 | \$25 | <input type="checkbox"/> \$30 |

Registration/Deposits: Make checks payable to: Civitan Foundation, Inc. 1106 E. Grovers Avenue, Phoenix, AZ 85022

*All weeks are subject to change based on weather, availability and circumstances beyond our control.

Camp Civitan 2013 Summer Camping Season

June 10-17, 2013- Home on the Range Week: Come to your home away from home, Camp Civitan! This week we will enjoy the best of our camp activities, including a visit to Bearizona to see those deer and antelope play, a hayride, a sing along by the campfire, horseback riding through the range, a wild west BBQ with western entertainment, western leather crafts inspired by local native Americans and western Karaoke. We'll close out the week with a line dance to the best of country music. Seldom is heard a discouraging word and the sky is not cloudy all day at Camp Civitan!

June 17-24, 2013- Wild West Week: Welcome to our ranch on the American frontier, in a dusty little town the locals call Williams. Frontier towns like Williams, situated at the edge of civilization, can be dangerous places. Our particular town is often beset by outlaws. These bandits will roll into town taking gold, money and food before riding back out to the range. The Sheriff needs to deputize a few good men and women to restore order. Join us for a week filled with crackling campfires under the western moon, gold rush days, cowboys and outlaws, the Cowpuncher's Rodeo, horseback riding and an old-fashioned hoedown barn dance on Sunday.

June 24- July 1, 2013- The 7 Wonders of the World Week: Join us for a whirlwind trip around the world as we travel to each of the 7 Natural Wonders...with a little help from our imaginations! We will begin our trip at Arizona's own Wonder, the Grand Canyon, as we travel to the canyon and experience the Wonder first hand. Each day we will travel to a new country by experiencing the food, games and music from each new worldly destination. We will visit the Mount Everest, Canada's Victoria Falls, the Great Barrier Reef, Mexico's Paricutin Volcano, and many more exciting destinations on our grand adventure. Come experience all the world has to offer during the 7 Wonders of the World week at Camp Civitan.

July 1-8, 2013- Wet and Wild Patriotic Week: This week we'll be splishin' and a-splashin', movin' and a-groovin' and rockin' and a-rollin' as we celebrate the joy of being American. Being American in July means splashing down a slip-n-slide, barbecues with hot dogs and ice cold coke, and parades down Main Street. In honor of this one-of-a-kind heritage, we will have wild and wet activities each day including water slides, a trip to the Williams aquatic center, water games, and many beautiful and extraordinary outdoor adventures here at Camp Civitan. For the icing on the cake (or the ice cream on the apple pie), our campers will ride on a festive float in the Williams 4th of July Parade. Come discover what makes America Great! Join us for a wild week of water games and patriotic wacky fun. You are sure to find plenty of ways to beat the heat during this very wet, very wild celebration of America!

July 8-15, 2013- Hollywood Week: Lights, camera, CAMPING! We're rolling out the red carpet for you at our Hollywood Gala on Sunday night. Don't settle for 15 minutes of fame, come to camp for a whole week of stardom! Camp Civitan is proud to present the first annual Camp Civitan Film Festival! Campers will participate in writing, scripting, creating costumes and filming a movie. We will edit the film and have our own movie premier on Saturday night at the big stage in town. We will also perform some live skits at our big red carpet Gala event along with our screening in Williams. Come let your inner star shine! Each camper will come home with a copy of our finished movie to share with family and friends.

July 15-22, 2013- Holiday Week: Welcome to Camp Civitan, where every day is a holiday and every meal is a feast. This week we've taken the best days of the entire year and put them into a single week. We'll celebrate Easter with egg-tastic activities, Halloween with costumed glory, Thanksgiving feasts and traditions, Christmas inspired games, and end the week with a blowout New Year's Eve ball. Come celebrate the best of the year's Holiday in one week!

July 22-27, 2013- Girls Only Diva Week: Girls only week is a great opportunity to spend quality time with other girls and make new, lifelong friends. It is a chance to develop new skills and build self-confidence through exciting and challenging activities that encourage teamwork. Have fun with your new friends, and indulge in all things girly. Come and experience spa day, a chocolate fondue party, Death by Chocolate murder mystery, chick flicks and our PJ fashion show. Come join in on all things feminine and let your inner Diva Shine!

July 29-August 5, 2013- Boys Only Adventure Week: Come strut your inner man and bask in the joy of a girl free zone. You will spend the week learning to fish, becoming an expert at building a campfire, picking up some clubs and learning to golf, and getting your hands on a bow and arrow and learning about archery. Finally, we'll cap off the week with a visit to Flagstaff to see the Cardinals Training camp. Come experience Camp Civitan's "man cave" and bond with other men!



Attach
Photo

2013 Civitan Foundation Participation Form

Please check all boxes and fill in all blanks that pertain to the participant:

- New Camper Returning Camper
- Seizures Bee Stings Diabetic Wheelchair
- Food Allergy _____
- Dietary Restrictions _____

Positive Reinforcers _____

Bunk Bed Choice (Physical/Medical needs are addressed first) Upper Bunk Lower Bunk

T-Shirt Size: S M L XL XXL XXXL

Respite Private Pay

Participant's Name: _____ DOB: _____ Male Female

Address: _____ City/State: _____ Zip: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Participant's Age: _____

Distinguishing Marks or Features: _____

First & Last Name of Person Participant lives with: _____ Relationship to participant: _____

Phone #: _____ Cell #: _____ Work #: _____

First & Last Name of Parent/Guardian: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Work #: _____ Cell#: _____

Email Address (PLEASE PRINT): _____

Alternate Emergency Contact: _____ Phone #: _____ Cell #: _____

Relationship to Participant: _____

How did you hear about us? _____

PERSON RESPONSIBLE FOR DROPPING OFF/PICKING UP PARTICIPANT:

Name: _____ Phone: _____

DDD RESPITE CLIENTS: DDD District: _____ Support Coordinator: _____

Phone: _____ Ext.: _____ I, the Parent/Guardian will arrange authorization with the support coordinator.

If DDD does not authorize hours for camp, I understand that I am fully responsible for the total of all camp fees.

SIGNATURE: _____ **DATE:** _____

INSURANCE INFORMATION (Copy of Insurance Card must be included with application)

Name of Insurance Co.: _____ Policy #: _____

Name of Policy Holder: _____ Relationship: _____

Copy of Insurance Card included

Is a Behavior Management plan/program being used with camper? Yes No If yes, you must provide a copy.

Total Care: with a 1 on 1 direct care provider while at camp. This is defined as wheelchair bound and needing physical assistance feeding, bathing, bowel and bladder care, and grooming. 1 on 1 will also be required for all campers with behavioral plans. This service will be billed at an additional \$200.00 per week (\$100.00 per weekend). These services will be determined at intake and must be reserved in advance: Yes No

Camp Civitan provides three healthy nutritional meals and snacks daily. If applicant requires special foods and/or meals, we ask that you pack all necessary food, with detailed menus and an explanation of preparation in detail. We will make every effort to comply and prepare what is sent. Please be sure to send enough for the entire camp stay. We are able to accommodate food allergies with proper notification.

OFFICE USE ONLY

Session(s): _____ Deposit Received: _____ Medical Received: _____

Respite: _____ Private Pay: _____ Intake Completed: _____ Confirmation Sent: _____ Photo Media: Y N

PLEASE READ AND INITIAL EACH AND SIGN BELOW.

I hereby give my consent for (camper's name) _____ to attend the Civitan Foundation, Inc.'s programs.

Photos/Media: I grant permission to the Civitan Foundation, Inc. to use likeness, voice, and words of the participant in TV, newspaper, film/video, or other media, for the purpose of promoting Civitan Foundation, Inc. programs.

Please initial: _____

Search and Seizure: As a condition of participation and in order to provide a safe environment for all campers, Civitan Foundation enforces a policy of reasonable search and seizures of the person and or personal property in situations of suspected theft, illegal drugs, or possession of contraband items such as weapons, fireworks or alcohol. Your signature is deemed as written consent to such reasonable search and seizure and a waiver of all claims made against Civitan Foundation, Inc.

Please initial: _____

Release: As a further condition to ensure the safety of all campers, I authorize Civitan Foundation, its agents, and employees, to call appropriate agencies, including Child Protection Services, law enforcement agencies, and mental health providers if (camper's name) _____ becomes violent or is a threat to his/her own safety or the safety of others.

Please initial: _____

Disclosure: I have fully disclosed (camper's full name) _____ health conditions, including any propensities towards violent behavior. I authorize Camp Civitan to share this information with their counseling staff.

Please initial: _____

Waiver of Responsibilities: The undersigned does hereby release and discharge Civitan Foundation, Inc. and any and all of its agents or affiliates, employees or volunteers from any and all claims, liabilities, demands or rights which I (we), or any friends or relatives, may have against said corporation, or any of its agents, affiliates, employees, or volunteers on account of, connected with, or growing out of, any injury, accident, loss, damage or suffering, I (we) may hereafter sustain while on the premises or property owned, leased, or used by Civitan Foundation, Inc., arising out of granting permission for camping and recreation programs or usage of the said premises, whether said property be known as Camp Civitan or any other named designation or location. I authorize the Civitan Foundation, Inc. staff to secure medical treatment if necessary in the event of an emergency.

Please initial: _____

Off Camp Trips: I agree and consent that on occasion my camper may leave the Camp Civitan property if so authorized by the Director or persons in charge.

Please initial: _____

Camp Civitan is a camp for a special population; however we are not equipped to service individuals who are medically fragile, with communicable diseases, or technologically dependent persons. Due to the nature of Camp Civitan, we are unable to accommodate individuals with psychological, emotional, and conduct disorders that are exhibiting aggressive tendencies. In making a final selection of clients, the Director reserves the right to take into consideration the needs of the applicant, other clients, and the expertise of the Staff. Each camping session will be balanced to best accommodate our clients' needs. The Camp Director, based on past experience or recent evaluation, may request that a personal attendant (supplied by the client) accompany any client for their stay at camp. This attendant must adhere to and follow all camp policies and meet with the Director prior to camp. Additional fees will be assessed and determined on a case by case basis.

Please initial: _____

Should it become necessary for my camper(s) to leave camp, or any Camp Civitan function, for any reason, I will make provisions to bring the camper(s) home. If the need arises to pick up my participant prior to the end of his camping session, I agree to promptly pick up my participant from camp.

Please initial: _____

I hereby certify that to the best of my knowledge, all of the information contained in the application is true and complete.

Please initial: _____

I hereby authorize the release of any and all pertinent information regarding this camper to Camp Civitan.

Please initial: _____

I agree to notify Camp Civitan with any changes that need to be made in this application before camp.

Please initial: _____

I have read and understand the above statements. I agree to the Acceptance Conditions above.

Signature: _____ **Date:** _____

Demographic Information Disclaimer:

The demographic information you provide the Civitan Foundation, Inc. is very important, particularly as it allows us to provide current and potential funders with accurate information about the individuals we serve. Please help us fulfill this responsibility by filling out the below information accurately and completely. Doing so will allow us to continue to provide quality, affordable services and ensure that we are meeting the needs of those that we serve.

The Civitan Foundation, Inc. respects an individual’s right to keep certain personal information private. Any information provided in this demographic questionnaire is recorded anonymously and will be used solely by the Foundation for the important purposes of improving our service offerings and fundraising. The Civitan Foundation, Inc. will not sell, trade, or transfer an individual’s personal information to any third party or entity. If you have any questions or concerns regarding the information requested below, please contact us, (602) 953-2944.

Participant: _____ Date: _____

Household/Demographic Information: The household and demographic information is required for federal funding and reporting purposes only. The information provided will not affect eligibility for camp.

Total number of persons living in household: _____ Is applicant disabled? Yes No
Is applicant a female head of household Yes No Age of applicant _____ Male Female

Mark the number of persons living in your household and on the same line mark your total annual household income.
(Combined gross annual income of all persons in the house regardless of whether they assist with household expenses)
(Check off your income in one of these boxes)

| Total No. of Persons Living in Household | Total Combined Household Annual Income | Total Combined Household Annual Income | Total Combined Household Annual Income | Total Combined Household Annual Income |
|--|--|--|--|--|
| Check one | Less Than Check one | Less Than Check one | Less Than Check one | MORE Than Check one |
| 1 | \$12,150 | \$20,250 | \$32,400 | \$32,400 |
| 2 | \$13,900 | \$23,150 | \$37,050 | \$37,050 |
| 3 | \$15,650 | \$26,050 | \$41,700 | \$41,700 |
| 4 | \$17,350 | \$28,950 | \$46,300 | \$46,300 |
| 5 | \$18,750 | \$31,250 | \$50,000 | \$50,000 |
| 6 | \$20,150 | \$33,600 | \$53,750 | \$53,750 |
| 7 | \$21,550 | \$35,900 | \$57,450 | \$57,450 |
| 8 | \$22,950 | \$38,200 | \$61,150 | \$61,150 |
| 9 | \$24,300 | \$40,550 | \$64,850 | \$64,850 |
| 10 | \$25,700 | \$42,850 | \$68,550 | \$68,550 |

Race: White Black/African American Asian American Indian/Alaskan Native Hawaiian Native/Pacific Islander
Are you Hispanic/Latino? Yes No (Includes Mexican, Cuban, Puerto Rican, Central & South American or other Spanish culture or origin regardless of race) Residence city: _____ Zip Code: _____

ACCEPTANCE CONDITIONS: PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN YOUR NAME BELOW.

Camp Civitan does not discriminate on the basis of race, color, religion, sex or sexual orientation. Camp Civitan reserves the right to refuse to provide services to any individual when the camp staff determines that the individual cannot be provided with adequate support by Camp Civitan. These decisions are made on an individual basis, by the Camp Director, or Executive Director. Parents, care-providers, and the DDD Support Coordinator (or other appropriate agencies) will be notified in the event of any serious injury or illness requiring more than basic first aid, or in the case of any significant incident or behavioral problem. The separate Medical History and Exam (Form B), signed by a physician must indicate that there is no evidence of any condition that might present health or safety risks to the applicant, or to other campers or staff members.

Signature: _____ Relationship to Participant: _____ Date: _____



2013 Medical Form Instructions

Directions for Health History Form:

1. Form A (2 pages) must be completed by parent/guardian and signed. All lines must be completely filled out. Put "N/A" if not applicable.
2. Form B (2 pages) must be completed and signed by camper's physician.

The camper's physician must complete and sign a **NEW** medical form EACH YEAR. However, the actual exam (check-up) can be within 12 months of scheduled camp session. Please call your physician EARLY. Sometimes "physical exams" need to be booked months in advance, especially if you have AHCCCS, HMO, PPO, or a CRS.

Forms A & B must be received before check-in.

3. Parents/Caregivers are responsible for picking up the medical forms from the doctor's office and mailing or faxing to our office no later than 2 weeks prior to the start of camp.
4. **MAILING INFORMATION: PARENTS MUST MAIL MEDICAL FORMS AND COPY OF MEDICAL INSURANCE CARD DIRECTLY TO CIVITAN FOUNDATION, INC. at the same time. DO NOT HAVE YOUR PHYSICIAN FAX FORMS.** If your camper is confirmed for a certain session, and you do not have the medical form in on time, your camper will lose his/her space. Mail forms to Civitan Foundation, Inc., 1106 E. Grovers Avenue, Phoenix, AZ 85022.
5. You should **ALWAYS** keep a copy of this completed application form for your records.

Instructions for Medications:

- **The Medication Administration Record form must be completed, signed by the parent/guardian, and brought to check-in.** Group home MAR's forms will be accepted.
- Medications, including vitamins and supplements must be sent in individual daily pill binders, for each dosage given (ie. Morning, Noon, Night).
- All medication bottles, including vitamins in daily pill packets, blister packs, or medication sets, must be labeled with the camper's name.
- Original, labeled pill bottles/containers with at least one pill in the bottle must be provided with the dosed medication.
- **All medications MUST be checked in before departure. Place all pill binders and original bottles in a gallon Ziploc bag with camper's name on it.**
- ALL medications, vitamins, and supplements MUST BE LISTED on Form B: Medical History and Exam, approved, and signed by the physician.
- **DO NOT PLACE ANY MEDICATIONS IN CAMPER'S BACKPACK OR LUGGAGE.**
- If camper must take medication while on the bus trip to camp, place that dose of medicine in a separate sealed envelope or Ziploc bag (with camper's name). Please be sure to advise staff at check-in.

NO DEVIATIONS OF DOSAGES FROM THE PHYSICIAN'S ORDERS WILL BE ADMINISTERED.
PLEASE BE SURE TO PACK ENOUGH MEDICATION for the entire session.

Please note: ALL MEDICATIONS WILL BE PACKED IN RETURNING LUGGAGE.



Promoting Lifelong Fun Adventures for the Developmentally Disabled Since 1968

FORM A: Medical History and Exam
To Be Completed by Parent/Guardian

Participant: _____ Date: _____

Participant's Primary Disability/Diagnosis

- Autism, Behavioral Disorder, Cerebral Palsy, Epilepsy, Hearing Impairment, Other, Heart Condition, Learning Disability, Mental Illness, Mental Retardation, Multiple Sclerosis, Muscular Dystrophy, Spina Bifida, Spinal Cord Injury, Stroke/Brain Injury, Visual Impairment

Check all that apply to the participant:

- Anemia, Asthma, Blood Clots, Cancer, Chicken Pox, Chronic Bronchitis, Chronic Ear Infections, Chronic Nose Bleeds, Constipation, Diabetes, Diarrhea, False Teeth, Gall Bladder Problems, Gastritis, Glasses, Head Trauma/Injury, Hearing Aids, Heart Disease/Murmur, Hepatitis, High Blood Pressure, High Fever, Immune Suppressed Disorder, Kidney Disorder, Liver Disorder, Measles, Meningitis, Mental Illness, Migraine Headaches, Mumps, Pacemaker, Pneumonia, Polio, Rheumatic Fever, Spina Bifida, Substance Abuse/Addiction, Thyroid Disorder, Tuberculosis, Ulcers, Valley Fever, Venereal Disease

Seizure History: Type: _____ Frequency: _____ Average Length: _____ Meds Prescribed: _____

Vagus Nerve Stimulator: _____ Last Seizure date: _____ Procedure to follow if seizure exceeds 3 min.: _____

Allergies Yes No If Yes, describe below:

Seasonal: Watery eyes, runny nose & congestion.

Procedures to follow if allergic reactions are detected: _____

Medication Allergies

Procedures to follow if allergic reactions are detected: _____

Food Allergies

Procedures to follow if allergic reactions are detected: _____

Other Allergies

Procedures to follow if allergic reactions are detected: _____

If participant must take medications, vitamins, or supplements while at camp, they MUST be listed on the Medication Administration Record and be reviewed by his/her physician. All medications MUST be checked in prior to departure.

Place all pill binders and original bottles in a Ziploc gallon bag with camper's name on it. I understand that medication times could be adjusted within 1 hour before or after the written times. *Seizure medication will be given as close to the directed time as possible. Please initial: _____

If camper must take medication on the bus trip to camp, place that dose of medication in a separate sealed envelope or bag (with camper's name). Please be sure to advise staff at check-in.

Insurance Information (Copy of Insurance Card must be included with application)

Name of Insurance Co.: _____ Policy #: _____

Name of Policy Holder: _____ Relationship: _____

Copy of Insurance Card included

Has camper spent a week away from a parent before? Yes No Comments: _____

Has camper attended any other camp before? Yes No If yes, where? _____

Has camper been to Camp Civitan before? Yes No If yes, when (most recent date)? _____



Promoting Lifelong Fun Adventures for
the Developmentally Disabled Since 1968

FORM A – Section 2: Medical History and Exam
To Be Completed by Parent/Guardian

Participant: _____ Date: _____

Special Instructions for Individual Needs (Please explain in detail.)

| No | Yes | Client Name: |
|----|-----|---|
| | | Special Diet |
| | | Mode of Communication |
| | | Behaviors |
| | | Falling |
| | | Fears |
| | | Aggression |
| | | Wandering |
| | | Food Allergies |
| | | Seizures |
| | | Sexually Active |
| | | Self Stimulates |
| | | Self Injures |
| | | Sleep Habits |
| | | Glasses/Hearing Aid |
| | | Bed Wetting (If yes, please provide diapers/pull-ups & extra bedding.) |
| | | Medication Times |
| | | Life vest |
| | | Swim Level <input type="checkbox"/> Non <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced |

Does camper wear diapers/pull-ups? Day Yes No Night Yes No

If so, please send enough for your camper's needs.

| Independent | Assisted | Total Care | |
|-------------|----------|------------|--|
| | | | Eating |
| | | | Toileting |
| | | | Showering |
| | | | Dressing |
| | | | Shaving |
| | | | Menstrual Care (Must provide your own supplies.) |
| | | | Activities |

I, the undersigned, hereby represent that I am the parent or legal guardian of this participant, and state the health history is correct to the best of my knowledge. I agree that he/she may participate in Civitan Foundation, Inc. programs. I consent that in the event of sickness and accidents, Civitan Foundation Inc. will not be held liable. In the event I am unable to be reached, I authorize Civitan Foundation Inc. to seek necessary medical attention for _____ in the event of an emergency. I agree to pay for any prescribed medication or treatment my participant may need.

Signature of Parent/Guardian: _____ Date: _____



FORM B: Medical History and Exam
To Be Completed by Physician Only

Participant: _____ Date: _____

Date of Birth: _____ Gender: _____ Height: _____ Weight: _____

Primary Disability: _____

Secondary Disability: _____

If mentally challenged, give functioning age: _____ Are immunizations current? Yes No

Previous illness, conditions, or characteristics (Check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Heart Disease/Condition | <input type="checkbox"/> Stroke: When? _____ | <input type="checkbox"/> Special Issues _____ |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Cancer: Remission? _____ | <input type="checkbox"/> Noise Issues _____ |
| <input type="checkbox"/> Seizure Type: _____ | <input type="checkbox"/> Communicable Disease | <input type="checkbox"/> OCD |
| Frequency: _____ Duration: _____ | <input type="checkbox"/> Other Psych. Disorders | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Emotional/Behavioral Difficulties | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Recent serious illness/surgery |
| <input type="checkbox"/> In the last 12 months, seen a professional to address mental/emotional concerns? | | <input type="checkbox"/> Recent minor illness/ailments |
| <input type="checkbox"/> Had a significant life event that continues to affect the participant's life? | | |

*Please explain any checked boxes: _____

Allergies/Sensitivities (including medications): _____

Other pertinent diagnoses and/or current treatments: _____

Any prescribed meal plan or dietary restrictions: _____

Hearing Capacity: _____ Vision Capacity: _____

Is participant cleared for 7,000 feet elevation? Yes No

Activity Level Advised: I approve supervised camping activities, including participation in, but not limited to, arts and crafts, Go-Karts, recreation, overnight campouts & swimming. Non-strenuous Minimum Moderate Full

Current Medications

| Current Medication Name | Dosage (How much?) | Frequency (Times given) | What is medication for? |
|-------------------------|--------------------|-------------------------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Statement of Physician: I have examined participant _____. I have found no evidence of communicable disease and found him/her to be in satisfactory condition to participate in camp programs to:

- A. _____ full extent without restrictions
 B. _____ limited extent. Conditions as follows: _____

Signature of Physician: _____ Date: _____



FORM B – Section 2 Standing Orders for Over the Counter Medications
To Be Completed by Physician Only

Camp Civitan will not administer any over the counter medications unless this form has been filled out by your physician. The Arizona State Department of Health is requiring that summer camps have an individualized set of standing orders for each attending camper. These standing orders specify which over-the-counter medications may be administered to an individual camper and under what conditions. This form pertains to only over-the-counter medications, and must be completed and signed by a physician, physician's assistant, or nurse practitioner. Medications must come with the camper in original bottles and containers. We will not have these medications available at camp.

In case of medical emergencies we will contact 911 or transport to the nearest urgent care facility or hospital.

INDIVIDUALIZED ORDERS FOR: **Name:** _____
Age: _____ **Weight:** _____

| Drug Name | Route Please circle preferred formulation(s) | Dosage | Schedule and Indications | Camper Health-Care Provider Order | | Comments |
|--------------------------------|---|--------------------------------------|--|-----------------------------------|----|----------|
| | | | | Yes | No | |
| Tylenol (Acetaminophen) | PO (Chewable Tabs, Elixir) | Per Label Instructions by Age/Weight | Q 4 hr prn for Pain or Fever > _____°F | Yes | No | |
| Motrin (Ibuprofen) | PO (Chewable Tabs, Sus-) | Per Label Instructions by Age/Weight | Q 6 hr prn for Pain or Fever > _____°F | Yes | No | |
| Robitussin | PO (Syrup) | Per Label Instructions by Age/Weight | Q 4 hr prn for Cough | Yes | No | |
| Mylanta | PO (Chewable Tabs, Liquid) | Per Label Instructions by Age/Weight | TID-QID prn for Stomach Upset | Yes | No | |
| Tums | PO (Chewable Tabs) | Per Label Instructions by Age/Weight | BID-TID prn for Stomach Upset | Yes | No | |
| Benadryl (Diphenhydramine HCL) | PO (Elixir or Tabs) | Per Label Instructions by Age/Weight | Q 4-6 hr prn for Allergy | Yes | No | |
| Midol | PO (Chewable Tabs) | Per Label Instructions by Age/Weight | Q 4-6 prn for Menstrual Symptoms | Yes | No | |
| Imodium AD (Loperamide) | PO (Tabs) | Per Label Instructions by Age/Weight | 1 caplet after 1 st BM, and ½ caplet after each subsequent loose BM | Yes | No | |
| Benadryl (Diphenhydramine HCL) | PO (Elixir or Tabs) | 25-50mg/HS | Hx. of all night wakefulness | Yes | No | |
| Melatonin | PO (Tabs) | 3 mg/HS | | | | |
| Prune Juice/ Prunes | PO | 4 oz or 5-10 prunes | No Bowel Movement in 2 days | Yes | No | |
| Milk of Magnesia | PO (Liquid) | 1 oz @ AM/HS | No Bowel Movement in 3 days | Yes | No | |
| Glycerin Suppository | PR | 1/HS | | Yes | No | |
| Other | | | | Yes | No | |

Doctor's Name: _____ Phone #: _____
 Signature: _____ Date: _____



Medication Administration Record

PLEASE DO NOT MAIL THIS FORM!! IT MUST BE FILLED OUT AND BROUGHT WITH MEDICATION TO CHECK-IN

*You will not be able to board the bus until complete. Please list all medications (prescription & PRN's). All meds must be dosed out in daily pill containers labeled with times of dosage. You must also send original prescription bottles with at least 1 dosage.

| | |
|-------|--|
| Month | |
| Year | |

| | | | | |
|-------|-----------------------|-----------------|--------|------|
| Name: | Medication Allergies: | Food Allergies: | Cabin: | DOB: |
| | | | Bunk: | Age: |

Special Instructions: _____

Medical Diagnosis: _____

Parent Signature: _____ Emergency number: _____

| Med./Dose/How Given/Freq. | Time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---------------------------|-----------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | Rx <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Rx <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Rx <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Rx <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Rx <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|----------|-----------|----------|-----------|
| Initials | Signature | Initials | Signature |
| | | | |

I understand that medication times could be adjusted within 1 hour before or after the written times. *Seizure medication will be given as close to the directed time as possible.

Parent Signature: _____ Date: _____ Emergency Phone: _____