

# COLORADO LIONS CAMP

***The Mission of the Colorado Lions Camp** is to provide exceptional camping programs to individuals with special needs which promote independence, challenge their abilities and provide opportunity to discover his or her potential in a safe, positive environment.*

**Mailing address: PO Box 9043, Woodland Park, CO 80866**

**Physical Address: 28541 HWY 67N, Woodland Park, CO 80863**

**Phone: 719-687-2087**

**Email: [coloradolionscamp@msn.com](mailto:coloradolionscamp@msn.com)**

**Website: [www.coloradolionscamp.org](http://www.coloradolionscamp.org)**

**Fax: 719-687-7435**

Dear Camper/Caregiver/Family:

Thank you for your interest in the Colorado Lions Camp, a place where campers can participate in a variety of adapted outdoor and recreational activities, make new friends and explore new opportunities. Whether you are a returning camper or a first timer, there is always something new to experience at the Colorado Lions Camp! *All applications will be accepted on a first come, first serve basis. There is a limited amount of spaces for each session available. Once these spots have been filled, the session will be closed.*

Our program serves individuals with unique abilities, ages 8 to senior adult. Our activities are specifically designed to meet the needs for individuals with: Down syndrome, Autism Spectrum Disorders, developmental delays, intellectual challenges, blind/visual impairments, deaf/hard of hearing, physical disabilities or mental disorders.

**CAMP COST:** \$600.00 per camp session (this includes the **\$200.00** Non-Refundable Registration Fee)

**SPECIAL DIETS:** Campers with special dietary needs (gluten free, dairy free, diabetic, etc.) will be charged **\$75.00** for CLC Food Service to provide an alternative menu. You may also bring your own food for the week for no additional cost.

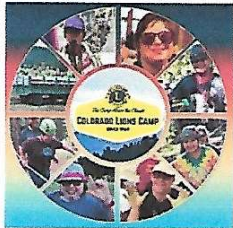
## **CAMPER REGISTRATION REQUIREMENTS**

- **NEW: ONLINE REGISTRATION:** Please visit our website to access the camper registration portal: [www.coloradolionscamp.org](http://www.coloradolionscamp.org)
- **PAPER APPLICATIONS:**
  - ☐ **2020 Completed Camper Application (pages 1- 13)** must be filled out completely and signed by camper or authorized guardian.
- **CAMP PHYSICALS:** Physicals must be completed within the **12 MONTHS** prior to your selected camp date. Expired (after the year) physicals will not be accepted. The camp physical must be signed by a licensed physician on CLC's Camp Physical Examination Form or another camp form provided by the physician's office. Physicals **MUST ARRIVE NO LATER THAN TWO WEEKS PRIOR** to the beginning of the scheduled camp session.
- **PLEASE BE ADVISED:** Whether you choose to register online or by paper application, your enrollment will not be complete until our office has received the required **\$200.00 non-refundable fee**. Payments can be made by Check, Money Order or Credit Card by phone. Please make checks **Payable to: Colorado Lions Camp**  
*If you are in need of financial assistance, please complete the enclosed Campership Application Form.*

Please call the camp at 719-687-2087 for more information. We look forward to sharing an awesome summer with you!

Yours in Camping,

Colorado Lions Camp



## Colorado Lions Camp

### *"The Camp Above the Clouds"*

#### **Updated 2020 Camp Information for New and Returning Campers**

The following policies and procedures have been implemented by the Colorado Lions Camp (CLC) over the past few years and all are a requirement for participants attending CLC Summer and Respite Camp programs. These changes are in accordance with state regulations and American Camp Association Accreditation standards. Our goal is to provide programs which are of the highest quality and incorporate best practices in all areas of operations. Please note: If any of these steps are not completed prior to check-in day, your camper **WILL NOT** be permitted to attend the scheduled camp program. **NO EXCEPTIONS!**

#### **PROGRAM**

- CLC is offering 8 weeks of residential summer camp and 4 weekend respites for the 2019-2020 camp season. All applications will be reviewed and accepted on first come/first serve basis.
- CLC has brought back our session for individuals with visual impairments/blind, hard of hearing/deaf for the week of June 7-12 (Session 1). 20 spots will be reserved for these campers and the other 20 spots will be filled by campers with varying abilities.
- CLC Camper Waiver and Release of Liability to Participate in Off-site Activities form will be included in the camper application packet. Please return with your completed camper application packet.
- Weekly camp themes will be celebrated each session. Please send campers with appropriate costumes, hats or shirts that align with the weekly theme for our daily dress up days.
- **CLC Cell Phone Policy:** CLC requests that no cell phones be brought to camp. Please send cameras for campers to take pictures. CLC takes numerous pictures throughout the week and campers/families/caregivers are able to purchase the link for \$5.00. Please note, if cell phones are taken out for use during camp time, CLC camp administration will be authorized to collect the phone and return back to camper during check-out day.

#### **REGISTRATION**

- CLC has launched a new online camper registration system in hopes of making the registration process easier and more effective. Once your camper profile is established, the online registration will allow for updates each year versus filling out a new application. If you are unable to access the online application, we will still be accepting paper applications. Please go to [www.coloradolionscamp.org](http://www.coloradolionscamp.org) and register online either at our home page or the program page. If you need technical assistance with this program you will call 1-866-433-4548.

#### **CAMPERSHIPS**

- All campership requests **MUST** be filled out completely and returned with the camp application along with the required financial documents to support the need for financial assistance.
- If the camper receives services through an agency, the agency must be contacted first to see if funding is available before a campership will be considered.
- CLC is a Medicaid/First Health provider and in many cases, the cost of camp can be worked into their service plan. If the cost of camp is worked into their service plan, a copy will need to be submitted to the camp office **BEFORE** their scheduled camp session. **NO EXCEPTIONS.**



- Camperships are provided on a first-come, first-serve basis and will be based on a sliding scale. Previous year's awards are not a guarantee that the campership amount will be the same.

**MEDICAL-Please note, this is very important! Please read this information carefully. If you or your camper does not meet the following requirements, they will not be permitted to attend the camp program:**

- All medication (prescriptions and over the counter) are required to be sorted by dosage in a med minder and marked with appropriate times/days for each medication prior to their arrival to CLC. In addition, you must bring the original prescription bottle, and/or bubble packs and over the counter med bottle with one pill in each bottle for identification purpose. Those bottles will be collected and locked in the medical office until check-out on Friday.
- Camper must have a current physical (within the year) that is signed by a Doctor or Nurse Practitioner. Physicals signed by a Registered Nurse or LPN will not be accepted. The physical must be submitted to camp two weeks prior to your camp session. If this is not current, you/your camper will not be permitted to attend camp. Physicals that expire prior to or during their scheduled camp week will not be accepted.
- If your camper uses a CPAP machine, please notate on the camp application and bring the CPAP to the camp nurse at check-in. In addition, please inform the medical staff of the proper setup and operation of the CPAP machine.
- All medications **MUST** match the approved medication list provided by the physician signed Medical Physical Examination Form and must be current at the time of check-in. Any medications changes must be addressed **PRIOR** to their arrival to camp.
- For additional information on the CLC medication process, please watch the demo video which will be shared on our CLC website and Facebook Page.

#### **CHECK-IN**

- Check-in begins at 2pm on Sunday. CLC uses a number system to control the order of registration. Numbers are passed out starting at 1pm in the order you arrive. Please do not arrive prior to this time.
- Please allow for 2 hours for the camper check-in process. CLC staff are extremely detailed and thorough to ensure that we collect all of the pertinent information to best meet the needs of the campers attending the program.
- A parent/guardian/caregiver must be present for the entire check-in process. **Transporters who have no signing authority are not permitted to represent the camper during this process.**

#### **CHECK-OUT**

- All campers must be picked up by 1pm on Friday. The CLC late fee is 75.00 an hour. Please contact our camp office in the event you have an emergency situation resulting in late pickup.
- At this time, campers will receive unused trading post money & receipt of purchases, photo link if purchased, medications and any incident reports from the week.
- All CLC campers are required to check out with the camp nurse prior departure, regardless if the camper did/did not have medications.

## CAMPER ELIGIBILITY POLICY

Colorado Lions Camp seeks to serve all qualified individuals with disabilities who meet the essential eligibility requirements enumerated below. These criteria are necessary to ensure not only the safety of participating campers, but also their ability to receive the maximum benefits of the camp program for which they have applied.

All acceptances of applications are conditional. Specifically, CLC reserves the right to accept or deny applications or defer admission on site or prior to attendance should it later become aware that the initial application was inaccurate or the campers health has severely declined or upon demonstration that a camper does not meet the applicable eligibility criteria. All deferrals or revocation of admission must be approved by the Camp Director.

### Essential Eligibility Requirements for Camp Admission:

1. Be of appropriate age or ability for session requested.
2. Have a physical, developmental or mental disability. Please contact the camp office if you are a wheelchair user to discuss accessibility.
3. Have the ability to effectively communicate needs to their camp counselor & medical personnel.
4. Have the ability to adapt to a group living routine of camp within 24 hours of check-in, without disruption to the group living environment. This includes, but is not limited to the following: not following directions of CLC staff or causing disruption to other campers' experiences. Accommodations are dorm-style sleeping quarters with no private rooms. Campers are expected not to disturb others during quiet hours of overnight sleep and rest time.
5. Applicant will be required to possess basic independent living skills such as: self-feeding, showering, dressing & toileting. Applicant must be continent & have the ability to maintain bowel routine. Our program is designed to meet the needs of our campers based on a 4:1 camper to counselor ratio. **We are not equipped to provide 1:1 assistance/supervision in a group setting.**
6. Is not abusive toward him/herself or others, i.e. does not physically, verbally, or sexually abuse self or others. Abuse may include hitting, biting, scratching, spitting, kicking, excessive swearing, excessive or inappropriate yelling or verbal degradation, inappropriate touching or fondling or other inappropriate behavior.
7. Does not have a medical condition or impairment that has a substantial risk or likelihood for complication or injury or requires specialized medical treatment (i.e. intravenous infusions, tube feeding, a communicable disease or condition).
8. Has ability to eat or drink amounts adequate for nutritional support & agrees to & accepts personal prescription medication from camp medical personnel.

Each camp session has a theme and activities which are designed to meet the needs of the campers we serve to include the participation of all campers despite their physical, emotional or developmental challenges. By maintaining a low camper to staff ratio, we can focus on each camper's strengths and potential. Activities include: Arts & Crafts, Swimming, Canoeing, Archery, Fishing, Hiking, Yoga, Drum Circles, Nature Studies, Cooking Classes, Sports & Games, Ropes Course, Dances, Gardening, Campfires, Miniature Golf, Drama, Skits & Much More!

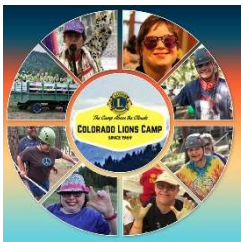
## 2020 CAMP SESSIONS

May 31-June 5 – Staff Training Week

Session 1	June 7-12	“Wild, Wild, West” (Ages 30+) Includes deaf & hearing impaired and blind & vision impaired campers ages 18+
Session 2	June 14-19	“Alien Invasion” (Ages 30+)
Session 3	June 21-26	“CLC Takes the Stage” (Ages 18+) Music and Theater Week
Session 4	June 22-July 3	“Pirate Invasion” (Ages 8-17) KID WEEK
Session 5	July 5-10	“Christmas in July” (Ages 18+)
Session 6	July 12-17	“Go for the Gold - Camp Style” (Ages 30+) Activities adapted to all abilities
Session 7	July 19-24	“Survivor Week” (Ages 18-35)
Session 8	July 26-31	“CLC Shipwrecked Island” (Ages 18+). This session is for <b>highly independent</b> campers who require minimal support. Camper to staff ratios will be higher this week.

### Letter of Confirmation

Upon receipt and approval of application, a letter of confirmation will be mailed to the applicant and/or parent/caregiver. Please notify the camp immediately in the event of cancellation or if there is a conflict with the assigned session. If your application is not approved, you will be notified directly by the camp office. Please do **NOT** wait to have the Camp Physical Examination Form filled out. You may mail/fax your application to our camp office upon completion. (Fax# 719-687-7435) If the 1st choice that you have applied for is full, you will be placed on a waiting list or placed in your 2nd choice. All parties will be notified in reference to any updates or changes to the assigned camp session.

**COLORADO LIONS CAMP**

PO Box 9043  
Woodland Park, CO 80866  
(719) 687-2087  
Fax# (719) 687-7435  
Email: coloradolionscamp@msn.com  
Website: www.coloradolionscamp.org

**For Office Use Only:**

Application Rec'd _____	Approved by _____
Deposit Rec'd _____	Week(s) _____
Campership _____	Missing Pgs _____
Amount Due _____	Name Tag _____
Nurse _____	Campwise _____
Conf. Pkt. Sent _____	

## Summer Camp Application

**All pages 1 - 13 of the application MUST be completed and returned to our office for registration.** Applications are processed on a first come, first served basis. **DO NOT** wait for Camp Physical Examination Form to be completed before sending in your application. Many of our weeks fill up quickly and you may not be placed in your first choice.

Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Camper's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: M / F Returning camper? Yes or No T-Shirt Size \_\_\_\_\_

Name of Camper's Legal Guardian: \_\_\_\_\_ (Self, Parent, Agency, Other: \_\_\_\_\_)

Parent or Caregiver/Group Home Name and Address \_\_\_\_\_

Phone Number: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Parent's Employer Name & Address \_\_\_\_\_

Camper lives with: ☐ independently ☐ parents ☐ group home ☐ host home ☐ foster family

**How do you wish to receive camp confirmation?** (please circle) Mail (Camper address or agency) Email or Fax

Email (Parent/Caregiver/Agency) \_\_\_\_\_ Fax: \_\_\_\_\_

Agency Name and Mailing Address \_\_\_\_\_

**#1 Emergency Contact Information****#2 Medical Emergency Contact Information**

(Must be someone OTHER than above listed parent/guardian)

(Who should be contacted if the camper needs to go to the ER, etc.?)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Anyone not authorized to pick up camper: \_\_\_\_\_

Has camper ever attended a different camp before? Yes or No If yes, name of camp: \_\_\_\_\_

How did you hear about Colorado Lions Camp? \_\_\_\_\_

**Choice of Camp Session:** First \_\_\_\_\_ Second \_\_\_\_\_

\*Refer to previous page for a complete listing of all summer camp sessions and themes.\*

**PAYMENT INFORMATION:** (This portion **MUST** be filled out for **ALL** campers.)

\* **Camp costs \$600.00. The \$200.00 non-refundable registration fee is part of the total camp fee.**

\* Full payment is due by the start of the session, unless a CCB, Agency, or Lions Club has agreed to pay the full camp fee.

\* CLC accepts credit card payments for full camp fees. Call the camp office to pay with card.

\* Failure to contact the camp prior to the start of the scheduled camp session will result in the forfeit of all fees.

\* No refunds will be made if the camper leaves camp because of behavior problems, illness, or other reasons by the Executive Director.

**The Camper's fee will be paid by (please fill in all that apply):**

\$ \_\_\_\_\_ Parents/Self \$ \_\_\_\_\_ Lions Club \$ \_\_\_\_\_ Agency/CCB \$ \_\_\_\_\_ SLS or CES Waiver \$ \_\_\_\_\_ Campership

**ALL SLS & CES WAIVERS MUST HAVE PRIOR AUTHORIZATION FROM THE AGENCY**

**If CCB or Agency will be paying, please fill out the following information completely:**

Name of Agency/CCB: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The Colorado Lions Camp is licensed through the Department of Human Services, and as the licensing agency, they require the following information. The Civil Rights Act of 1964 prohibits the discrimination based on race, color, religion, sex, nor national origin. This information will not be used to determine the eligibility of your camper.

Ethnic Heritage: (circle one) Asian Hispanic Black Native American White Other \_\_\_\_\_

Camper Name \_\_\_\_\_

## CAMPER QUESTIONNAIRE

Please provide as much detail as possible so that our staff can best meet the needs of the camper. This questionnaire must be completed before the application can be approved. If there are any changes after submission of the application, please contact our office directly.

Primary Diagnosis \_\_\_\_\_ Secondary Diagnosis \_\_\_\_\_

Please list any additional diagnosis or current medical conditions we need to be aware of: \_\_\_\_\_

Is the camper's mental and functional age different than their actual age? Yes or No

\*If Yes, what is their mental age? \_\_\_\_\_ What is their functional age? \_\_\_\_\_

Please use the following space to explain: \_\_\_\_\_

Does the camper have medically diagnosed seizures? Yes or No

If Yes, Seizure Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Date of Last Seizure: \_\_\_\_\_ Triggers: \_\_\_\_\_ Medication: \_\_\_\_\_

Please indicate if there is a seizure plan in place that may include a Vagus Nerve Stimulator or Emergency medication? \_\_\_\_\_

Does the camper have a cardiac condition? Yes or No

Does the camper have respiratory problems? Yes or No

If Yes, will inhaler be provided? \_\_\_\_\_

Does the camper use oxygen? (must supply own Oxygen) Yes or No

If Yes, PRN 24 hours Night (circle one)

Does the camper fatigue easily? Yes or No

Does the camper have any medically diagnosed allergies? Yes or No

Does the camper have an allergy that requires an Epi-Pen? Yes or No

If Yes, will the Epi-Pen be provided? \_\_\_\_\_

Does the camper have any of the following allergies? Food Environmental Medication Digesting Airborne

If Yes, please use the following space to explain: \_\_\_\_\_

Is the camper sensitive to the heat or the sun? If yes, please explain.

Does the camper suffer altitude sickness? If yes, please explain.

Does the camper struggle with sensory processing? If yes, please explain.

### **Behavior/Social Interaction** (please check all that apply or have occurred within the past year)

NO HISTORY	Destructive	Self-Abusive	Inappropriate Sexual Behaviors
Gets upset easily	Physically Aggressive	Invades Space	Sexually Aggressive
Pulls hair	Threatens	Wanders/Runs Away	Sexually Passive
Hits/Scratches others	Curses/Verbally Abusive	Screams	Other:
Bites	Lies or Steals	Bangs Head	

How often do these behaviors occur? (Please circle)

**Seldom** (1x or less per month)

**Often** (1x or less per week)

**Frequently** (more than 1x per week)

**Daily**

Does the camper have a behavior management or safety plan in place? Yes or No (If Yes, please submit copy with application)

Has the camper been separated from home before? Yes or No

Does the camper wander away from groups? Yes or No

Has the camper ever run away from home/school? Yes or No

Does the camper have unusual fears? Yes or No

Are there any precautions you wish to have observed at camp? Yes or No

Does the camper have dangerous tendencies that could result in harm to self? Yes or No

Does the camper have dangerous tendencies that could result in harm to other campers or staff? Yes or No

If you answered Yes to any of the above questions, please use the following space to explain:

What usually triggers challenging behavior? \_\_\_\_\_

Please explain how the camper's challenging behavior is handled.( i.e. positive reinforcements, calming activities, rewards the camper likes to work towards) \_\_\_\_\_

**Camper Name:** \_\_\_\_\_

During the past year, has the camper seen or is currently seeing a professional to address mental/emotional health concerns?

Yes or No If Yes, please give a brief plan of care camper is following: \_\_\_\_\_

Has the camper had a significant life event (death of a loved one, family change, group home change, trauma, etc) that has occurred in the last year? Yes or No If yes, please specify and give additional detail as needed: \_\_\_\_\_

**Personal Care Needs:**

Toileting/Showering & Dressing (please check all that apply)	Independently	With Verbal Cues	Some Assistance	Total Assistance
Uses Toilet* (see below)				
<b>*We understand that toileting accidents occur. Please circle frequency:</b> Never Rarely Occasionally Frequently <b>*Camper must be continent. Depends are okay, but camper must be able to change and cleanup <u>without assistance</u>.</b> <b>*STAFF are unable to assist campers with wiping after toileting.</b>				
Menstrual Care				
Shampooing/Soaping/Shaving				
Hair Care				
Brushing Teeth				
Dressing				
Misc. Ointments, Eye Drops, etc.				
Sunscreen Special Instructions:				

**Communication:** (circle all that apply) VERBAL NON-VERBAL SIGN LANGUAGE GESTURES  
READS LIPS ASSISTIVE DEVICES HEARING LIMITATIONS

**Specific Eating Requirements:** (circle all that apply)

No assistance Some assistance Food needs to be cut Diabetic diet Gluten-free diet Lactose Intolerant

Does the camper have any special dietary requirements? \_\_\_\_\_

Will the camper bring food for special dietary needs or do you want CLC to provide food for \$75? \_\_\_\_\_

**Mobility:** The camp is built on the side of a mountain, and the camper dorms are uphill from the Main Lodge. Can the camper walk up or maneuver the hill? Yes or No Comments: \_\_\_\_\_

Does the camper have any injuries or physical limitations? Yes or No If Yes, please explain: \_\_\_\_\_

Does the camper use a walker/walking cane? Yes or No Comments: \_\_\_\_\_

Does the camper use a wheelchair? Yes or No If Yes, is it **power** or **manual** - **independent** or **needs assistance** - **transfer independently** or **needs assistance** Comments: \_\_\_\_\_

**Can the camper sleep on the top bunk?** Yes or No If No, please explain: \_\_\_\_\_

\*Bottom bunks are assigned on a first-come, first-serve basis, with those with oxygen and specific medical needs taking first priority. If camper is unable to sleep on top bunk, and bottom bunks are full, you may be placed in another week to accommodate your request.

**CAMP ACTIVITIES:**

Can Camper participate in the following activities? (Please Circle)

<b>SWIMMING POOL:</b> YES NO (There is a shallow end of pool and lifeguard on-duty)	
<b>LOW-ROPES COURSE:</b> YES NO	<b>HIGH-ROPES COURSE:</b> YES NO
<b>ARCHERY:</b> YES NO	<b>CANOEING:</b> YES NO
<b>NATURE HIKING:</b> YES NO	<b>SPORTS &amp; GAMES:</b> YES NO

Camper Name \_\_\_\_\_

**MEDICATIONS: (TO BE FILLED OUT BY PARENT/GUARDIAN/AGENCY)**

Colorado State Law and Regulations require a written medication order from an authorized prescriber, (physician, dentist, advanced practice registered nurse or physician's assistant) for the nurse or designated trained personnel to administer medication. Please provide complete information on all medications, including prescription and non-prescription medications, dietary supplements, and homeopathic remedies.

**Nonprescription, dietary supplements and homeopathic remedies will NOT be given at camp unless prescribed by a physician.**

**PLEASE CHECK ONE OF THE FOLLOWING:**

☐ - Camper takes no medication

☐ - Camper takes daily medication as follows: **standard camp medication times are listed in the chart below. Please complete the chart with accurate and current medication information or attach a copy of the MAR Form.**

**MEDICATION SHEET** (PLEASE PRINT CLEARLY)

**Any attachments must clearly state the medication, dosage, and reason for use and the time meds must be given.**

Medication	Dosage	Reason for Use	8:00am Breakfast	12:00pm Lunch	3:30pm Snack	6:00pm Dinner	8:30pm Bedtime	Other

Does the camper experience any side effects from the above medications? Yes or No If Yes, please explain: \_\_\_\_\_

**PERSONS CHECKING-IN CAMPERS MUST be able to answer questions regarding camper's medication, special diets, behaviors and medical equipment.**

**INSURANCE INFORMATION:**

**PLEASE ATTACH A COPY OF INSURANCE/MEDICAID/MEDICARE CARD**

Health Insurance Company (if no insurance, please write none) \_\_\_\_\_

Co. Address \_\_\_\_\_ Telephone \_\_\_\_\_

Policy # \_\_\_\_\_ Certificate # \_\_\_\_\_

Name of Insured \_\_\_\_\_ Company Name \_\_\_\_\_

By signing this application, I agree that the information included throughout is complete and true to the best of my knowledge. If there are any changes to medication or condition of participant I agree to notify Colorado Lions Camp at least 2 weeks prior to camp session the participant will be attending.

**Form completed by:** \_\_\_\_\_ (printed name) \_\_\_\_\_ (signature)

**Relationship to Camper:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



Camper Name: \_\_\_\_\_

**ALTITUDE AWARENESS DISCLOSURE**

Has the camper attended the Colorado Lions Camp before? \_\_\_\_\_

Where are you coming from? \_\_\_\_\_ What is the elevation? \_\_\_\_\_

Are you aware of the risks of travelling to a higher altitude and elevation? \_\_\_\_\_

Has the camper experienced altitude sickness in the past? \_\_\_\_\_

**Does the camper have any of the following preexisting medical conditions? (Please check all that apply)**

<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Emphysema
<input type="checkbox"/>	Arrhythmias	<input type="checkbox"/>	Congenital Heart Problems	<input type="checkbox"/>	Migraines
<input type="checkbox"/>	Heart Failure	<input type="checkbox"/>	Pulmonary Hypertension	<input type="checkbox"/>	Strokes
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	COPD	<input type="checkbox"/>	Seizures
<input type="checkbox"/>	Other: Be Specific:				

**PLEASE READ AND INITIAL**

<b><u>PREEXISTING MEDICAL CONDITIONS AT ALTITUDE</u></b>	<b><u>INITIAL</u></b>
<b>HIGH BLOOD PRESSURE:</b> It is not uncommon for lowland visitors with a history of HBP to experience temporarily high blood pressure at high altitude. This occurs even if you are on blood pressure medication and have well controlled blood pressure at sea level. A small percentage of these people will have unusually unstable blood pressure. HBP at altitude usually returns to your baseline blood pressure after 1-2 weeks of altitude. Some persons with HBP, however, develop lower blood pressure on ascent to high altitude. You generally do not need to change your blood pressure medication dosage. Increasing your dosage could result in dangerously low blood pressure upon returning to low altitude. If you are having symptoms from your high blood pressure such as headache, dizziness, chest pain, or shortness of breath, you should seek medical treatment. Persons with difficult-to-control blood pressure can use oxygen, especially at night, to avoid problems.	
<b>HEART DISEASE (Coronary Artery Disease):</b> Altitude creates some stress on the heart, which is minimal at rest but can be significant during exercise. Reduce your exercise at high altitude to a bit less than you exercise at low altitude, especially the first few days. Stay on your regular medications. Spend an extra 1-2 days acclimating and avoid altitude sickness.	
<b>ARRHYTHMIAS:</b> PVCs or premature ventricular contractions occur frequently at altitude. The heart throws an extra beat every so often and while they are quite harmless, they can be uncomfortable. Avoidance of caffeine may help. Many patients with irregular heart rhythms, such as supraventricular tachycardia (SVT), or atrial fibrillation (a-fib) travel safely to altitude every year. Irregular heart rhythms should be in good control before going to high altitude.	
<b>CONGENITAL HEART PROBLEMS:</b> Persons born with heart problems such as ventricular septal defect (VSD), atrial septal defect (ASD), patent ductus arteriosus (PDA), or tetralogy of Fallot that is partially corrected may experience increased symptoms at altitude. These conditions may predispose to HAPE. As the blood pressure in the lungs rises, normal blood flow through the heart may get pushed through these holes in the heart in what is called right to left shunting. This potentially contributes to altitude symptoms as there is less blood getting loaded with oxygen in the lungs. Caution should be exercised when considering high altitude exposure in people with these issues. Use of oxygen at high altitude will prevent any problems.	
<b>HEART FAILURE:</b> Heart failure (HF) has not been studied extensively at altitude. Persons with HF have increased sensitivity to fluid retention. Since retaining fluid at altitude occurs frequently with or without AMS, this could potentially cause a worsening of heart function. Patients with HF, if they are careful, can likely travel to moderate altitudes safely.	

<b><u>PREEXISTING MEDICAL CONDITIONS AT ALTITUDE</u></b>	<b><u>INITIAL</u></b>
<b>PULMONARY HYPERTENTION:</b> This condition of high blood pressure in the lungs can occur from many causes. Since high blood pressure in the pulmonary vessels is a main mechanism that leads to HAPE, persons with pulmonary hypertension have a much higher risk of developing HAPE and need to consider this risk before coming to altitude. The risk should be discussed with the physician. One approach is to use supplemental oxygen during the altitude stay, which will alleviate concern for any problems.	
<b>ASTHMA:</b> Persons with asthma do better at high altitude, contrary to some opinions. If one suffers allergic asthma, they do better at altitude than at sea level. As always, any asthmatic should continue their asthma medications and carry a relief inhaler with them at altitude just as they would at sea level or lower elevation.	
<b>COPD/EMPHYSEMA:</b> Patients with chronic lung disease have difficulty transporting oxygen from their lungs to their blood stream. Visiting moderate altitude for those with emphysema may be feasible. Testing blood oxygen levels at low altitude in these people may help give us a better picture of who will do okay at altitude. Those with emphysema who wish to visit high altitude should visit their doctor to optimize their condition and may want to consider additional oxygen while visiting high altitude. Oxygen at high altitude will help anyone with lung disease and is easily available.	
<b>MIGRAINES:</b> Persons with migraine headaches are not at increased risk of altitude illness. If a migraine develops at high altitude, however, it might be difficult to distinguish this from an altitude headache, although altitude headache does not have an aura and is not unilateral. A recent study suggests that low oxygen levels can trigger migraines. If you suffer from migraines, you should use your regular migraine medication at altitude if your headache seems like your typical migraine. If your medication is not effective, then you may need oxygen in addition to other treatments, as your headache may be due to AMS.	
<b>STROKE/TIA:</b> Occasionally, stroke-like symptoms such as weakness on one side of the body or partial blindness have been reported in otherwise young healthy persons climbing at very high altitude. These symptoms resolve with oxygen or returning to lower altitude. If you or someone you know experiences these symptoms, you should seek medical treatment immediately. If you have had a prior stroke and you decide to go to altitude you should continue to take all your medications as directed by your doctor and consider limiting your activity at high altitude. Persons taking a blood thinner such as Coumadin or Plavix need to be careful to avoid trauma, because of the risk of increased bleeding when on the medications.	
<b>SEIZURES:</b> Persons with seizure disorder well controlled on medications do well at high altitude, and it is generally considered safe to travel to altitude with epilepsy that is controlled with seizure medications. High altitude may unmask a seizure disorder in someone who has never had a previous seizure. In addition, the stress altitude, usually in combination with other factors such as cold, overexertion, lack of sleep, may cause a single seizure in persons without any type of seizure disorder. Persons who have been on seizure medication in the past but who have discontinued it might want to consider taking it again for a high-altitude trip, especially a longer trip or if going to a very high altitude.	

I, \_\_\_\_\_ (Parent/Caregiver/Guardian) have read and understand the risks associated in travelling and staying at the Colorado Lions Camp for the duration of a week session (Sunday to Friday) for (Camper Name) \_\_\_\_\_.

These risks have been provided to me and I am choosing to allow \_\_\_\_\_ (Camper Name) to stay and participate at the Colorado Lions Camp despite the associated risks.

\_\_\_\_\_  
Parent/Caregiver/Guardian printed name

\_\_\_\_\_  
Association to Camper

\_\_\_\_\_  
Parent/Caregiver/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date

**MANDATORY FOR ALL CAMPERS. PLEASE COMPLETE****Colorado Lions Camp****Seizure Action Plan****Effective Date**

This camper is being treated for a seizure disorder. The information listed below is to assist our camp staff in the event a seizure occurs during their camp stay.

Camper's Name

Date of Birth

Parent/Guardian/Host Home Provider

Phone

Cell

Treating Physician

Phone

**Seizure Information** (Please check all that apply)

- ☐ Past or current seizure activity      Date of last seizure: \_\_\_\_\_
- ☐ No seizure history or activity

Seizure Type	Length	Frequency	Description

**SEIZURE TRIGGERS OR WARNING SIGNS:****CAMPER'S RESPONSE AFTER A SEIZURE:****BASIC FIRST AID: Care & Comfort**

Please describe basic first aid procedures:

**Emergency Response: Please attach copy of current seizure protocol if available**

A "seizure emergency" for this camper is defined as:

Seizure Emergency Protocol (check all that apply)

- ☐ Contact Camp Nurse (camper will always be examined immediately following seizure activity)
- ☐ Call 911 after \_\_\_\_\_ amount of time
- ☐ Does camper have VNS (Vagal Nerve Stimulation) device? \_\_\_\_\_
- ☐ Notify parent or emergency contact
- ☐ How is emergency medication administered? \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ Notify Doctor
- ☐ Other \_\_\_\_\_

**Basic Seizure First Aid**

- Stay calm & Track Time
- Keep camper safe
- Do not restrain
- Do not put anything in mouth
- Stay with camper
- Record Seizure in log

**For tonic-clonic seizure**

- Protect head
- Keep airway open
- Turn camper on side

A seizure is generally considered an emergency when one of the following occurs at Colorado Lions Camp discretion:

- Convulsive (tonic-clonic) seizures lasts longer than 5 minutes
- Camper has repeated seizures without regaining consciousness
- Camper is injured or has diabetes
- Campers has first-time seizure
- Camper has breathing difficulties
- Camper has seizure in water

**Special Considerations and Precautions (regarding activities, sports, trips, etc.)**

Describe any special consideration or precautions:

Parent/Guardian/ Host Home Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Camper Name \_\_\_\_\_

## PARENT/LEGAL GUARDIAN/AGENCY AGREEMENT

### REQUIRED – Signature of applicant, if legally represents self; parent, legal guardian or authorized agency

Please read the following statements carefully and sign your name to each.

I hereby give consent for the camper named above, to participate in all Colorado Lions Camp sponsored programs and supervised activities. I certify that the information on the application is true, accurate, and complete. CLC emphasizes safety first; however, participation in CLC programs has inherent risks that may result in injury.

### ACCEPTANCE CONDITIONS

The Colorado Lions Camp reserves the right to refuse to provide services to any individual if the camp staff determines that the individual cannot be provided with adequate support by CLC. These decisions are made on an individual basis, by the Executive Director, Camp Director and/or Nurse. Parents/Guardians/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 Camp Physical Examination Form which must be completed and signed by a licensed physician, must indicate that there is no evidence of any condition that might present health or safety risks to the camper, other campers or staff members.

### Applications and Medical Paperwork must be submitted annually.

I agree to the acceptance conditions above. Should it become necessary for my camper to leave camp, or any Colorado Lions Camp function, for any reason, I will make provisions to bring the camper home. I hereby certify that to the best of my knowledge, all the information contained in this application is true and complete. I hereby authorize the release of any and all pertinent information regarding this camper to the Colorado Lions Camp. I agree to notify CLC of any changes that need to be made in this application before camp begins.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Date: \_\_\_\_\_

### ASSUMPTION OF RISK

I, \_\_\_\_\_ (Parent/Guardian/Agency), of \_\_\_\_\_ (camper), who desires to participate in the activities offered and organized by the Colorado Lions Camp, hereby acknowledge that I am aware of potential, significant risks associated with participation in camp, including, without limitation, the risk of serious bodily injury or death. On behalf of myself, the agency, my spouse and my successors, I willingly assume such risks. By signing this document I am providing a clear, written expression of my agreement to assume all of the risks and dangers my camper may encounter at camp.

Yes or No Parent/Guardian/Agency: \_\_\_\_\_

### PERSONAL PROPERTY

I, \_\_\_\_\_ (Parent/Guardian/Agency) recognize that the Colorado Lions Camp cannot accept responsibility for camper's personal property. To help eliminate losses, the undersigned ensures that all clothing is labeled with camper's name and a list of belongings has been included in luggage. This includes clothing, bedding, personal care items, electronics and equipment.

Yes or No Parent/Guardian/Agency: \_\_\_\_\_

### MEDICAL RELEASE

I, \_\_\_\_\_ (Parent/Guardian/Agency), authorize that in the event that an emergency should arise while \_\_\_\_\_ (camper) is at, going or returning from, camp requiring medical or surgical care or treatment, the Colorado Lions Camp staff may select and designate nurses, physicians and surgeons to furnish such medical and/or surgical care as, in the judgement of a physician and/or surgeon holding a physician's certificate issued by the Board of Medical Examiners of the State of Colorado, may be needed and proper. I authorize the CLC staff to render any aid and assistance to my camper, and to administer medication to my camper. I authorize the camp medical staff to dispense medications. I agree that medications for life threatening conditions (e.g., Epi-Pen, inhaler), will be carried by a camp staff member and I authorize their use for my camper as needed. I agree to pay for any prescribed medication or treatment my camper may need. I release and absolve the Colorado Lions Camp, nurses, physicians and surgeons elected and designated by them, from any and all liability for their acts rendered in good faith.

**Parents/Guardians/Agencies will be notified immediately of any treatment sought.**

Parent/Guardian/Agency Signature: \_\_\_\_\_

Camper Name \_\_\_\_\_

#### **MEDIA RELEASE**

The Colorado Lions Camp uses photographs, images or recordings of campers for publication in brochures, email, website, Facebook, social media and various other media to promote services or to recruit volunteers and staff. The camper named above **MAY be included** in these promotional materials unless you contact the camp directly.

Yes or No Parent/Guardian/Agency: \_\_\_\_\_

#### **CAMP SLIDESHOW ON PHOTO WEBSITE WITH LIMITED ACCESS**

We will be offering the Friday Camp Slideshow on a photo website that requires a personal login and password. The undersigned does hereby give consent to the Colorado Lions Camp to use photographs of said camper in the Camp Slideshow.

Yes or No Parent/Guardian/Agency: \_\_\_\_\_

#### **RELEASE OF INFORMATION**

I authorize release of any medical information requested by representatives of local, state or federal agencies, insurance companies or other organizations as may be required for payment of claims.

Parent/Guardian/Agency Signature: \_\_\_\_\_

#### **ASSIGNMENT OF BENEFITS**

If a Medicare patient, I certify that the information given by me in applying for payment under TITLE XVII of the Social Security Act is correct. I request the payment of authorized benefits be made in my behalf. (Please Skip if **Not Applicable**)

Parent/Guardian/Agency Signature: \_\_\_\_\_

#### **NOTICE OF PRIVACY**

In accordance with the Health Insurance Portability and Accountability Act (HIPPA) of 1996, clients of the Colorado Lions Camp are entitled to the greatest degree of privacy possible. Colorado Lions Camp will strive to ensure that client information is used only for the authorized purpose as agreed to by the client.

Parent/Guardian/Agency Signature: \_\_\_\_\_

#### **RELEASE AND WAIVER**

In consideration of the permission granted by the Colorado Lions Camp for \_\_\_\_\_ (camper) to participate in activities at camp I, \_\_\_\_\_ (Parent, Guardian, Agency), hereby agree to release and discharge the organization, its officers, agents and employees from all claims, demands, actions or causes of action, which the camper, his or her personal representatives, heir and next of kin may or might have against the Colorado Lions Camp, its officers, agents and employees on account of injury to or death of the camper, or damage to the property of the camper arising out of the camper's participation in activities at camp. I further agree to indemnify and hold harmless the Colorado Lions Camp from any loss, liability, damage or costs that may be incurred due to the acts of the camper using the camper's participation in activities at camp.

Yes or No Parent/Guardian/Agency: \_\_\_\_\_



Camper Name: \_\_\_\_\_ Session: \_\_\_\_\_

**COLORADO LIONS CAMP**  
**Ropes Course Consent and Liability Release**

**THIS IS A RELEASE OF LIABILITY. PLEASE READ BEFORE SIGNING. DO NOT SIGN OR INITIAL THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH THE TERMS LISTED.**

1. I have asked to participate in the Colorado Lions Camp Ropes/Challenge Course. I understand that high and low elements on the rope course may be strenuous and should not be performed by persons with heart or cardiovascular ailments or other serious illness.
  2. I understand that low and high ropes course activities include the risk of falls, encounters with manmade and natural obstacles or conditions, and equipment failure may result in personal injury, death, and property damage.
  3. I understand that participation in high ropes course activities include the use of ropes and other climbing equipment. I understand the use of this equipment carries with it the risk of equipment failure and out of necessity requires a participant to rely on cooperation, skill, and ability of other participants that which can result in personal injury, including death and property damage.
  4. I do hereby agree to indemnify and hold the Colorado Lions Camp and its employees harmless from any and all damages. This includes claims, expenses, or costs of whatever nature, causes of action, suits, and liability of every kind including attorney's fees. This covers injury to or death of camper or for damage to any property arising out of or in connection with the use of the Colorado Lions Camp facilities and/or Ropes/Challenge course.
  5. I further agree on my own behalf and on the behalf of my camper to hold Colorado Lions Camp, its employees harmless and to indemnify them of the following: personal injuries and property damage to others, resulting from my own participation or my camper's participation in the Colorado Lions Camp Ropes/Challenge course.
  6. I understand that the signature of the parent or guardian of a minor child on this agreement shall make all provisions of this release and agreement applicable to and binding on the minor child. This agreement shall be legally binding upon heirs, assigned legal guardians, personal representatives, and me.
- ☒ I have carefully read this agreement and understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into this agreement on behalf of myself, and/or my camper of my own free will.
- ☒ I accept to participate in low ropes course only.
- ☐ I accept to participate in both high and low ropes course.
- ☒ I decline for participation in the high or low ropes course.

\_\_\_\_\_  
Parent/Legal Guardian/Agency Signature

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Camp Elim  
Release and Understanding  
for children under the age of 18**

**Indicate your consent to each item below by initialing the provided space.**

\_\_\_\_\_ I hereby give permission for my child to attend Camp Elim and to participate in all activities. I will not hold Camp Elim or its agents liable for injury caused by common accident, illness or the rendering of emergency care. I give permission for this child to participate in any off-site activities during camp and to be transported to and from these activities, including emergency situations (if any) by authorized vehicles.

\_\_\_\_\_ I understand that in the event of an emergency, every effort will be made to contact a responsible parent or guardian of the camper. In the event that contact cannot be made, I hereby give permission to the camp administration and the physician they may select to secure proper treatment for, to hospitalize, and to order such injections, anesthesia or operations as may be urgently necessary for this child. In the event of a claim, family insurance (if any) will be billed. Camp Elim's insurance provides secondary coverage for injuries sustained at Camp.

\_\_\_\_\_ I give permission to Camp Elim to use video or photography of me or my family members for promotional purposes.

Please note any exceptions to the above:

\_\_\_\_\_

Camper's Name \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Daytime Phone Number(s) \_\_\_\_\_

Evening Phone Number(s) \_\_\_\_\_

Family Insurance Policy Company & Number \_\_\_\_\_

Parent'/Guardian Signature \_\_\_\_\_

**Camp Elim  
Release and Understanding  
for adults**

**Indicate your consent to each item below by initialing the provided space.**

\_\_\_\_\_ I hereby acknowledge my willful decision to attend Camp Elim and to participate in all activities. I will not hold Camp Elim or its agents liable for injury caused by common accident, illness or the rendering of emergency care. This release includes participation in any off-site activities during camp and to be transported to and from these activities, including emergency situations (if any) by authorized vehicles.

\_\_\_\_\_ I understand that in the event of an emergency, every effort will be made to contact a responsible relative of the camper. In the event that contact cannot be made, I hereby give permission to the camp administration and the physician they may select to secure proper treatment for, to hospitalize, and to order such injections, anesthesia or operations as may be urgently necessary for me. In the event of a claim, family insurance (if any) will be billed. Camp Elim's insurance provides secondary coverage for injuries sustained at Camp.

\_\_\_\_\_ I give permission to Camp Elim to use video or photography of me or my family members for promotional purposes.

Please note any exceptions to the above:

\_\_\_\_\_

Camper's Name \_\_\_\_\_

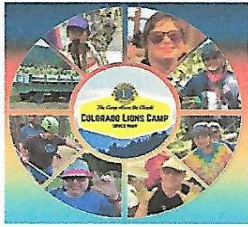
Emergency Contact: \_\_\_\_\_

Daytime Phone Number(s) \_\_\_\_\_

Evening Phone Number(s) \_\_\_\_\_

Family Insurance Policy Company & Number \_\_\_\_\_

Camper's Signature \_\_\_\_\_



## Colorado Lions Camp Camper Waiver and Release of Liability

I, \_\_\_\_\_ understand that there is an inherent risk by participating in camp activities that may result in personal injury. I hereby consent for the below named camper to participate in all camp activities. I hereby unconditionally release, waive, consent not to sue, and hold Colorado Lions Camp and its officers, directors, agents, employees and volunteers, harmless from any and all claims or actions on account of injury (including death), or damage to property, while participating in the activities at Colorado Lions Camp. Camp activities will include indoor and outdoor activities during their camp session, including some off-site activities. Campers and staff will always be transported in the Colorado Lions Camp buses with trained CLC drivers per our CLC Trip and Travel Policy.

CLC Campers participate in the following off-site activities:

Activity	Distance from CLC Camp
Sky High Ranch (Girl Scout Camp); Demo Farm	4.4 miles
Camp Elim; Swimming Pool	4.8 miles
Manitou Lake; canoeing, fishing, paddle boating	4.9 miles
North Pole Amusement Park; specific weeks	15 miles

This waiver, release, assumption of risk, and agreement not to sue discharges Colorado Lions Camp in advance from all liability even though that liability may arise out of Colorado Lions Camp active or passive negligence.

Camper Name: \_\_\_\_\_

Parent/Guardian/Caregiver/Self-Name: \_\_\_\_\_

Parent/Guardian/Caregiver/Self-Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Session #: \_\_\_\_\_

Camper Name \_\_\_\_\_

**COLORADO LIONS CAMP  
PARENT/GUARDIAN/AGENCY CHECKLIST**

**PLEASE READ AND INITIAL ALL THE FOLLOWING LINES AND RETURN WITH APPLICATION:**

The camper application and camper questionnaire forms are **completely** filled out and signed by the Camper/Parent/Legal Guardian/Agency. Please note that these forms should be forwarded to the camp as soon as possible to reserve your preferred camp date.

INITIAL \_\_\_\_\_

The **Camp Physical Examination Form** is completely filled out and signed by an authorized Physician within 12 months of the camp session. The Camp Physical Examination Form must be returned **TWO WEEKS** prior to camp. **Failure to return the Camp Physical Examination Form may result in the camper being dropped from the camp session and no refund for the registration fee of \$200.00 will be given.**

INITIAL \_\_\_\_\_

I understand that all medications/vitamins/supplements **MUST** be pre-poured into a med minder box by a Parent/Legal Guardian/Agency. I must bring the original bottles with one pill in the original container and/or complete bubble pack with remaining pills (this includes vitamin & supplements.) Any changes in medication times or dosage or if it differs from the prescription bottle/bubble pack, it must be verified by the physician in writing or the Camp Nurse **WILL REFUSE** to administer it. Any medication not accompanied by the original prescription bottle/bubble pack will not be accepted. A signed **RELEASE OF LIABILITY FOR THE ADMINISTRATION OF PRE-POURED MEDICATIONS FORM** by the individual who pre-poured the medications must be provided to the Camp Nurse during check-in. Nonprescription, dietary supplements and homeopathic remedies will **NOT** be given at camp unless they have been approved by a physician.

INITIAL \_\_\_\_\_

I understand that the Colorado Lions Camp does **NOT** provide **1:1 assistance/supervision** during our camp sessions. In the event it is determined that the camp program is not equipped to properly meet the needs of the camper (medically or behaviorally) the camp may require me to pick up the camper before the end of the scheduled session. **No refunds will be made due to an early departure for inappropriate behavior issues.**

INITIAL \_\_\_\_\_

If cancellations are not made within 30 days prior to the beginning of the camper's scheduled session, the registration fee of \$200.00 will be forfeited and will be non-refundable.

INITIAL \_\_\_\_\_

**CHECK-IN:** is **Sunday** between the hours of **2:00 p.m. and 5:00 p.m.** A parent/guardian/agency will be required to assist the camper and remain with the camper(s) during the **entire** check-in process.

INITIAL \_\_\_\_\_

**CHECK-OUT:** is **Friday by 1:00 p.m. for all campers.** Parent/Legal Guardian/Agencies are encouraged to attend the Camp Awards Ceremony and lunch on Friday, beginning at 12:00pm. **All early pickups must be prearranged. LATE PICKUPS WILL BE CHARGED \$75/HOUR TO COVER ADDITIONAL STAFF COSTS. Please plan accordingly.**

INITIAL \_\_\_\_\_

I understand that upon receipt of the camper's application, Camp Physical Examination Form and the review/approval by the Camp Director and Camp Nurse, I will receive a confirmation packet with additional camp session details. In the event the Camp Director or Camp Nurse needs additional information, I will be contacted directly to discuss.

INITIAL \_\_\_\_\_

**Printed Name & Relationship to Camper:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_





# COLORADO LIONS CAMP

## *Campership Application*

Please complete in its entirety to be considered for financial assistance from funding through Lions Club Camperships. Financial requests **MUST** accompany the initial camp application. Colorado Lions Camp receives campership funding through Lions Clubs throughout the state of Colorado and from various grants and fundraising opportunities. Unfortunately, as the actual cost of camp continues to increase, our funding continues to decrease. Our week at camp costs campers **\$600**, but our actual cost is **\$950** for a camper to attend a one week camp session. Camperships will be provided on a first-come, first-serve basis to those eligible for financial assistance. Campers are eligible to receive assistance towards one camp session each summer and will need to reapply each year. Previous year's awards are not a guarantee that the campership amount will be the same. Our campership awards will be based on a sliding scale.

If the camper receives services through an agency, the agency must be contacted **FIRST** to see if funding is available before a campership will be considered. CLC is a Medicaid/First Health provider and in many cases, the cost of camp can be worked into their service plan under "Respite Camp." Please contact your case manager for more information.

**DUE TO THE NUMBER OF CAMBERSHIP REQUESTS RECEIVED, ALL CAMBERSHIP REQUESTS MUST HAVE FINANCIAL DOCUMENTATION ATTACHED SHOWING ELIGIBILITY NEEDS.** Incomplete requests will be returned and your camp application may be put on hold until all documentation is received.

### **What we need from you:**

1. Completed application, including all the financial information for those who are asking for financial assistance.
2. Please make a copy of your most recent W2, 1099, tax refund, SSDI, SS, and or Medicare/Medicaid statement. Something that shows your income and eligibility needs.

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M or F

Parent/Caregiver Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Has Camper attended Lions Camp before? \_\_\_\_\_ Has Camper received CLC campership before? \_\_\_\_\_

Sessions First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

**Total amount you are able to contribute towards camp?** \_\_\_\_\_

1. Does the camper live with parents, family member, group home, host home, or on their own? \_\_\_\_\_
2. If applicable, what is the family's gross annual household income? \_\_\_\_\_
3. Is the camper employed? \_\_\_\_\_ Weekly Income? \_\_\_\_\_
4. Is the camper over 21 years of age and his/her income is SS or SSDI? \_\_\_\_\_
5. Will the camper be using SLS or CES Waiver to fund camp? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

**If the cost of camp is worked into the camper's service plan, a copy will need to be submitted to the camp office **BEFORE** their scheduled camp session. NO EXCEPTIONS.**

**Please attach a brief explanation of financial need. (Examples: unemployment, disability, out-of-pocket medical bills, etc.)**

**I/We verify that the above information is true and accurate.**

\_\_\_\_\_  
**Signature of camper/parent/caregiver/agency**

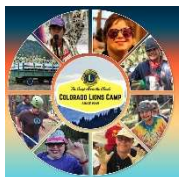
\_\_\_\_\_  
**Date**

**Please return Campership Application with complete camp application to:**

Colorado Lions Camp  
PO Box 9043  
Woodland Park, CO 80866  
719-687-2087 or Fax: 719-687-7435  
Email: [coloradolionscamp@msn.com](mailto:coloradolionscamp@msn.com) or [mwerner@coloradolionscamp.org](mailto:mwerner@coloradolionscamp.org)

**\*You will be notified by  
phone, email or  
confirmation letter  
showing the campership  
amount awarded.**





Colorado Lions Camp  
PO Box 9043  
Woodland Park, CO 80866

Phone: (719) 687-2087  
Fax: (719) 687-7435

Email: coloradolionscamp@msn.com

FOR OFFICE USE ONLY:  
Date Received \_\_\_\_\_  
Session: \_\_\_\_\_

### ***Camp Physical Examination***

***This form must be completed and signed by a Licensed Physician NOT by parent or caregiver.***

We request this form or a copy of a physical dated no later than **12 months** from your camp date be received in our office at least **TWO WEEKS** prior to scheduled camp session.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Diagnosis: \_\_\_\_\_

Is any condition present, which may result in an emergency? Please describe: \_\_\_\_\_

Allergies (Drug/Food/Environmental): \_\_\_\_\_

#### **EXAMINATION COMPLETED BY PHYSICIAN**

Height:	Weight:	Mouth/Throat/Nose:
Pulse:	BP:	Temp:
Hearing Loss: NONE PARTIAL COMPLETE Hearing Aids Worn? Cochlear Implant?		Neck/Thyroid & Lymph Sys:
Vision Loss: NONE PARTIAL COMPLETE Glasses Worn? Contacts Worn?		Nervous System/Reflexes/Gait/Sensations:
Cardiac:		Bringing to camp: CPAP or Oxygen (CIRCLE) DAY NIGHT (CIRCLE)
Lungs:		GI Distress - upper - lower (please specify)
Abdomen:		Headaches:
Musculoskeletal:		Bedwetting:
Back/Spine:		Incontinence – Urinary - Fecal (please specify)
Skin:		Respiratory/Asthma/Emphysema (please specify)
Diabetic: Insulin: YES NO Frequency of glucose monitoring:		Sleep Apnea/COPD:
Mobility		Seizures: Type: Frequency: Last:
		Uses: WALKER CANE WHEELCHAIR

**PREVIOUS ILLNESS** (give age when these occurred): Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_  
Mumps \_\_\_\_\_ MRSA \_\_\_\_\_ Shingles/Herpes \_\_\_\_\_ Strep Throat \_\_\_\_\_ Hepatitis \_\_\_\_\_ Frequent  
UTI \_\_\_\_\_ Frequent URI \_\_\_\_\_ Chronic Cough \_\_\_\_\_ High BP \_\_\_\_\_ Other \_\_\_\_\_  
**IMMUNIZATION HISTORY** Please give dates (month/year) of immunizations and most recent booster dates:  
(DPT) \_\_\_\_\_ MMR \_\_\_\_\_ Polio \_\_\_\_\_ Smallpox \_\_\_\_\_ Influenza \_\_\_\_\_  
TB Test \_\_\_\_\_ Hepatitis b series \_\_\_\_\_ Tetanus \_\_\_\_\_ Type \_\_\_\_\_ **(REQUIRED)**

**\*Campers ages 8-21 must attach copy of current immunization record. If records are unavailable, please send statement to that effect. Statement "up-to-date" not acceptable.**

#### **QUESTIONNAIRE**

- Is camper free from communicable diseases? YES/NO If no, please describe: \_\_\_\_\_
- How would you access the applicant's current health? GOOD FAIR POOR
- Has the applicant been hospitalized or treated in the emergency room in the last year? YES NO
- If yes, please explain. \_\_\_\_\_
- Is the applicant a carrier of Hepatitis B or C has he/she been exposed to Hepatitis B or C? YES NO
- Are there medical reasons to limit or restrict this individual from participating in the following camp activities: swimming, horseback riding, supervised ropes course, hiking, and archery? \_\_\_\_\_ Any limitations? \_\_\_\_\_

Colorado State Law and Regulations require a written medication order from an authorized prescriber, (physician, dentist, advanced practice registered nurse or physician's assistant) for the nurse or designated trained personnel to administer medication. Please provide complete information on all medications, including prescription and nonprescription medications, dietary supplements, and homeopathic remedies. **Nonprescription, dietary supplements and homeopathic remedies will NOT be given at camp unless prescribed by a physician.**

Camper's Name: \_\_\_\_\_

Any changes in how the medication is given or in a dose that differ from those on the bottle must be verified by a physician in writing or the healthcare staff **WILL REFUSE** to administer it.

**PLEASE CHECK ONE OF THE FOLLOWING:**

☐ - Camper takes no medication

☐ - Camper takes daily medication as follows: **standard camp medication times are listed in the chart below. Please complete the chart with accurate and current medication information.** If camper cannot adhere to these times, please indicate alternate time and why medication must be given at that time. Please indicate number of tablets, capsules, amount of liquids, or puffs of inhalers, etc. in the box below the time medication is given.

**MEDICATION SHEET**  
**PLEASE PRINT CLEARLY**

**Any attachments must clearly state the medication, dosage, and reason for use and the time meds must be given.**

Medication	Dosage & # of pills, puffs, liquid	Reason for Use	8:00am Breakfast	12:00pm Lunch	3:30pm Snack	6:00pm Dinner	8:30pm Bedtime	Other

*Camp Nurse may administer age/weight appropriate dose of the medications listed below from approved CLC Standing Orders.*

Triple Antibiotic Ointment (Neosporin)	Yes or No	Ibuprofen (Motrin/Advil)	Yes or No	Milk of Magnesia	Yes or No
Anti-diarrhea (Loperamide/Imodium)	Yes or No	Acetaminophen (Tylenol)	Yes or No	Pepto Bismol	Yes or No
Glycerin Suppository or Enema	Yes or No	Antacid (Tums/Mylanta)	Yes or No	Bug Spray	Yes or No
Diphenhydramine (Benadryl)	Yes or No	Hydrocortisone Cream	Yes or No	Sunscreen	Yes or No
Dulcolax or Bisacodyl tabs	Yes or No	EpiPen (Allergic Reactions)	Yes or No		

Does the camper experience any side effects from the above medications? YES / NO

If yes, please explain. \_\_\_\_\_

**Does this camper have a diagnosis, such as Atlantoaxial Instability or any other, that will prevent him/her from participating in any activities such as climbing, horseback riding or outdoor activities? Yes or No If Yes, please explain: \_\_\_\_\_**

**Physician's signature: (MANDATORY)** \_\_\_\_\_ **Date** \_\_\_\_\_

Physician's Name (Please Print) \_\_\_\_\_ Phone: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Name of Person Filling out Form and Title: \_\_\_\_\_