



Camp Discovery Camper Application Form

Not another moment lost to seizures

Instructions: This form is due **by July 1**. **Please note:** Your doctor must review this application.
(1) Print clearly (2) For information call: 206-547-4551 (3) Complete entire form for each camper
(4) Mail only to: EFNW, 2311 N. 45th St., #134, Seattle, WA 98103

Camper Name _____ **Date** _____

Birth Date _____ Month _____ Date _____ Year _____ Gender: _____ Male _____ Female

Parent or Guardian Name(s) _____
(If parents live separately, please provide contact information on additional sheet or in Emergency Contact section)

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Fax _____

Email Address _____

Emergency Contact Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Fax _____

Email Address _____



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Camper Application Form

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General Physician Name _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____

Pager # _____ Fax _____

Email Address _____

Neurologist/Epileptologist Name _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____

Pager # _____ Fax _____

Email Address _____

REQUIRED FOR CAMP DISCOVERY

Note: Please see – “Neurologist’s Statement” form on the last page of this application. Your neurologist must review this application form and indicate he/she approves of the information included in the application before it is turned in to the EFNW office.



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Epilepsy Information

- Does this child have Epilepsy or any kind of seizure disorder? ____Yes ____No
(If no, proceed to next section)
- Seizure type(s):
- Please describe what the seizures look like to others:
- Has the child ever had Status Epilepticus? ____Yes ____No
- Date of last known seizure(s):
- Estimate how often seizures occur:
- Describe any seizure triggers that may occur for your child (i.e. certain sounds, heat, lack of sleep, emotional or physical stress, too much sun):
- Does your child experience an aura(s)? (i.e. warning signals of impending seizure, such as upset stomach, ringing in ears, dizziness):
- How long does it usually take your child to recover after a seizure?
- Describe changes in activities that might be needed after a seizure (i.e.: a nap or quiet time):

Other Camper Information

- Please indicate any other specific diagnosis or syndrome your child may have (i.e. autism, Angelman's Syndrome, Down Syndrome, etc.):

- **My child is:** (check all that apply)

- Mentally Disabled Hearing Impaired ADD Learning Disabled
- Visually Impaired Physically Disabled ADHD
- Other: _____

- **Communication:** (check all that apply)

- Verbal, okay Gestures (non-verbal) Has a Communication Board
- Verbal, hard to understand Sign Language Has a Communication Book
- Verbal, with adaptive equipment



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• **Toileting:** (check all that apply)

- Independent Needs to be reminded Stand-by supervision only
- Clothing removal and refastening Personal hygiene afterwards
- List specific times to be toileted (list):

• **Other Medical Conditions:** (check all that apply)

- Diabetes Skin sensitivity to sun or other substances
- Allergies (list):
- Other Conditions -Please describe:

• **Vagal Nerve Stimulator?** – Does your child have a VNS implant? _____Yes _____No

• **Eyeglasses?** _____ No . Yes If yes, will an extra pair be sent to camp? _____

• **Walks**

Wheelchair (leave blank if none)

- | | | | |
|--|---|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Independently | <input type="checkbox"/> Crutches | <input type="checkbox"/> Power | <input type="checkbox"/> Dependent |
| <input type="checkbox"/> With support | <input type="checkbox"/> Cane or Walker | <input type="checkbox"/> Manual | <input type="checkbox"/> Independent |

List other mobility considerations: _____

(Please note: The Camp Discovery location is not wheelchair friendly. We strongly advise considering another camp more suitable for wheelchair access and activities.)

• **Hiking restrictions?** _____No _____Yes List specific instructions:

• **Swimming/diving restrictions?** _____No _____Yes List specific instructions:

• **Contact sports restrictions?** _____No _____Yes List specific instructions:



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- **Behavior Summary** - How would you describe your child's usual behavior with caregivers (other than parents) and/or in unfamiliar situations?

- Very active Happy (generally) Moody Sometimes aggressive Nervous
 Overly jealous Sometimes-active Easy going Plays quietly Follows directions
 Demands attention Demanding

Has your child ever been away from home for more than one night? ___Yes ___No

Does your child have temper tantrums? Explain:

What are common triggers for behavior problems (i.e. lack of sleep, noise or activity, hunger)?

How do you usually avoid these behaviors at home?

Does your child get along well with other children?

Does your child understand personal boundaries (i.e. other's belongings, personal space)?

- **Eating Habits:** Please describe any restrictions to your child's diet.

Does your child have any food allergies? **(Please list – Please contact the EFNW office for meal planning)**

Does your child require assistance or supervision while eating? (Explain)

- **Sleeping Habits:** Does your child experience any nocturnal seizures, bed wets, regular nightmares, sleep walking, etc.? If so, please list:
- Can your child sleep in a top bunk bed? ___Yes ___No





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ATTENDANT CARE

PLEASE NOTE: If your child needs intensive assistance or attention (i.e. one-on-one supervision) in order to participate in camp activities, an attendant **MUST** accompany your child to camp. There is no camp registration cost for an attendant you provide. EFNW will not provide any one-to-one attendants and will not pay for any professional fees associated with your providing an attendant for your child.

If during the course of camp activities it is determined your child needs intensive assistance and/or attention, and you have not already provided an attendant, you will be asked to provide an attendant to camp immediately, or you will be asked to come pick up your child to return home.

My child's attendant will be attending camp:

Attendants Name: _____ Age: _____ Gender: ___M ___F

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Fax _____

Email Address _____

My attendant is a registered health care professional: ___Yes _____State _____No

*Please attach a page to provide any further information the counselors should know about your child.



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CONFIRMATION OF HEALTH INSURANCE COVERAGE

It is mandatory that everyone at Camp Discovery be covered by Health and Accident Insurance. Campers are usually covered under family policies, such as Blue Cross/Blue Shield, Group Insurance, or Medicaid. Camp Discovery does not carry accident insurance for the campers.

Camper's Name:	
Name of Policy Holder:	
Health Insurance Company:	
Agent/Company:	Phone Number:
Policy or Certificate Number:	
Category Number:	Group Number:

FEE INFORMATION

- A. Camper with epilepsy - No charge
- B. Sibling of camper with epilepsy - No charge. Limit up to two siblings per family only.

____ I have enclosed a check or money order payable to Epilepsy Foundation Northwest

For siblings, please send check or money order **with this form** payable to:

Epilepsy Foundation Northwest, 2311 N 45th St., #134, Seattle, WA 98103

Please charge my credit card:

Credit care type: _____(Visa, MasterCard, American Express, Discover)

Credit card number: _____

Expiration date: _____

Name on card: _____





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PARENT/GUARDIAN AGREEMENT (please read carefully)

In signing this form, I fully agree to the following conditions and I fully understand the following items:

- I give permission for my child to attend Camp Discovery.
- With any Camp Discovery activity there may be a degree of physical and emotional risk involved.
- There may be physical activities involved with Camp Discovery programs that could harm my child.
- My child may be outdoors in the natural elements for some Camp Discovery programs.
- My child may be exposed to cold water, swimming, kayaking, boating and other water activities.
- My child runs the risk of experiencing hypothermia and drowning in water related activities.
- My child may be walking on logs, rocks or cables and may climb walls while harnessed in ropes.
- My child will be exposed to outdoor cooking, camp fires, use of stoves and other kitchen materials.
- My child may be exposed to wildlife and the risk of forest fires and other fire dangers.
- Accidents may occur even if Camp Discovery staff and volunteers do their best to ensure safety.
- In the event that parent/guardians cannot be reached, the Director of Camp Discovery or the Camp Medical Staff has my permission to act as the agent of the parent/guardian in an emergency concerning the health and welfare of my child the camper/applicant.
- I hereby give permission that authorized Medical Staff may give medications to my child as outlined in the medication section of this form and as the circumstances may require.
- I also agree that any first-aid treatment may be given to my child as needed.
- I hereby consent to the use, publication, display, and/or media broadcast by or on behalf of the Epilepsy Foundation Northwest or Camp Fire USA, any photograph, video or digital image and any reproduction thereof in which I or my minor child may be portrayed or identified, and that the Epilepsy Foundation Northwest and Camp Fire USA may use, publish, broadcast and display such photographs, videos, digital images or reproductions thereof, in whole or in part, for any business purpose in their individual discretion, including media coverage of Epilepsy Foundation Northwest or Camp Fire USA activities or programs. I waive any claim for compensation of any type for such use.
- Camp Discovery retains the right to enforce its rules and if necessary send home, without refund, any camper infringing on the rights of others (see Attendant Care section of this form).
- I agree not to hold Camp Killoqua, Camp Fire USA – Snohomish County Council, Camp Fire USA, Camp Discovery, the Epilepsy Foundation Northwest, or the Epilepsy Foundation of America; it's staff or volunteers from all responsibility and liability of any nature, including claims for injury, illness, death, loss or damage, resulting from my child's participation in any camp activities associated while attending Camp Discovery.
- My child who is a Camper-applicant is given permission to fully participate in camp programs (except as noted by physician or parent on health form), on or off premises, subject to the camp policies, rules and regulations.
- I have read all Camp Discovery materials and have inquired about questions or concerns I may have.
- All camp forms will be completed and returned by **July 1**.

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Address _____

City _____ State _____ Zip _____



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NEUROLOGIST'S STATEMENT
REQUIRED FOR CAMP DISCOVERY
DUE: July 1

To be completed and signed by the camper's Neurologist and mailed to:
Epilepsy Foundation Northwest, 2311 N 45th St., #134, Seattle, WA 98103

Camper's Name: _____ Age: _____

Neurologist/Epileptologist Name _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____

Pager # _____ Fax _____

Email Address _____

Date of Camper last Neurological exam: _____

Please check all boxes below:

- _____ I have examined the person herein described and have reviewed his/her neurological history.
- _____ I have examined and reviewed the Camp Discovery application completed by the Camper's parent or guardian, and agree with the information provided to Camp Discovery on the forms.
- _____ It is my opinion that the Camper is physically able to engage in camp activities, except as noted.

Physician Signature: _____ **Date:** _____



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