MEPHIBOSHETH MINISTRIES

Camp Mephibosheth Overnight Application

Please Complete ALL Items

Camper Information

Camper's Name: _____ Sex: _____ Age: _____ Birthdate: _____
Mailing Address: _____ Home Church: _____
City, State Zip: _____ T-shirt Size (S-XXL): _____
Home Phone: _____

Please Check One: ◯ Group Home ◯ Private Residence ◯ Facility ◯ Supportive Living

Person(s) Responsible

Parent/Care Provider Name: _____ Home Phone: _____
Mailing Address: _____
City, State, Zip: _____ Email: _____

Person(s) Responsible for Transportation To and From Camp

Name: _____ Daytime Phone: _____
Mailing Address: _____ Evening Phone: _____
City, State, Zip: _____ Email: _____

Who should confirmation materials be sent to? _____

Emergency Contacts

Please designate the person(s) to contact in the event of an emergency if we are unable to reach the primary contact.

Name: _____ Phone: _____
Mailing Address: _____ Alt. Phone: _____
City, State, Zip: _____ Relationship to camper: _____

Name: _____ Phone: _____
Mailing Address: _____ Alt. Phone: _____
City, State, Zip: _____ Relationship to camper: _____

Name: _____ Phone: _____
Mailing Address: _____ Alt. Phone: _____
City, State, Zip: _____ Relationship to camper: _____

Disability Information

Please list all disabilities including developmental and physical: _____

Please check all that apply:

Legs: ☐ R ☐ L Arms: ☐ R ☐ L Hands: ☐ R ☐ L ☐ Head ☐ Breathing

Mobility

Independent with ○ Assistance ○ Walker ○ Crutches ○ Wheelchair* ○ Electric wheelchair*

*If in a wheelchair: ○ Propels Self ○ Must be pushed

For non-ambulatory campers, it is the responsibility of the parent/guardian/caregiver to provide a wheelchair and any necessary augmentative device that is safe and in operational condition. Be certain wheels, brakes and seatbelts are safe and fully operational.

Vision

○ Normal ○ Glasses ○ Contacts ○ Vision Impaired ○ Legally Blind

Hearing

○ Normal ○ Hard of Hearing ○ Deaf ○ Hearing Aids *Bring extra batteries*

Communication

☐ Verbal ☐ Speech Difficulty ☐ Nonverbal ☐ Signs ☐ Gestures ☐ Communication Board

Seizure Disorder

Type and frequency: _____

Wears helmet ○ Yes ○ No Date of Last Seizure: _____

Special care for seizures: _____

Level of Care Required

Showering ○ Independent ○ Verbal Reminders ○ Assistance in/out of the shower ○ Needs Total Assistance

Partial Assistance ☐ Brushing Teeth ☐ Hair ☐ Washing Upper Body ☐ Washing Lower Body ☐ Shaving

Toileting ☐ Uses Urinal/Toilet ☐ Uses Bedpan ☐ Catheterizes Self ☐ Must be Catheterized ☐ Wears Depends ☐ Prompts after toileting ☐ Assistance after toileting

Mealtime ☐ Uses Utensils ☐ Uses Fingers ☐ Special Container ☐ Requires Bib ☐ Uses Straw

Dietary Restrictions: _____

Special Foods/Textures: _____

Other Mealtime Provisions: _____

Nighttime ☐ Nighttime Incontinence ☐ Wears Depends ☐ Gets Up At Night ☐ Develops Bedsores

Sleeps on ☐ Back ☐ Stomach ☐ Side ☐ R ☐ L

Other nighttime considerations: _____

Other

Allergies: _____

Precautions/Special Instructions: _____

Other Needs: _____

Discipline/Inappropriate Behavior Concerns: _____

Likes/Dislikes: _____

Reading Skill: ○ Yes ○ No ○ With Assistance Writing Skill: ○ Yes ○ No ○ With Assistance

Other Pertinent Information that would be helpful for staff: _____

Has this individual ever been a victim of abuse? ○ Yes ○ No

Please explain: _____

Has this individual ever been charged with abuse or related misconduct? ○ Yes ○ No

Please explain: _____

MEPHIBOSHETH MINISTRIES

Camp Mephibosheth Health History

You must attach a copy of camper's medical insurance card to this form.

Camper Information

Camper's Name: _____ Sex: ____ Age: ____ Birthdate: _____
Mailing Address: _____
City, State Zip: _____
Home Phone: _____

Person(s) Responsible

Parent/Care Provider Name: _____ Home Phone: _____
Mailing Address: _____
City, State, Zip: _____ Cell Phone: _____

Emergency Contacts

Please designate the person(s) to contact in the event of emergency if we are unable to reach the primary contact.
Name: _____ Phone: _____
Mailing Address: _____ Alt. Phone: _____
City, State, Zip: _____ Relationship to camper: _____

Health History:

Check and give approximate dates

- ☐ Frequent Ear Infections _____
- ☐ Heart Defect/Disease _____
- ☐ Seizures _____
  Describe _____
- ☐ Diabetes _____
- ☐ Bowel _____
- ☐ Bladder _____
- ☐ Bleeding/Clotting Disorders _____
- ☐ Hypertension _____
- ☐ Mononucleosis _____
- ☐ Psychiatric Treatment _____
- ☐ Asthma _____

Health History Comments:
_____

Diseases:

- ☐ Chicken Pox _____
- ☐ Measles _____
- ☐ German Measles _____
- ☐ Mumps _____

Allergies: (Dates not needed)

- ☐ Hay Fever
- ☐ Ivy Poisoning, etc.
- ☐ Insect Stings
- ☐ Penicillin

Other Drugs (specify)_____
Other (specify)_____
Reactions:_____

Height _____ Weight_____
Operations or serious injuries (dates) _____
Disability or chronic or recurring illness _____
Activities encouraged or limited by physician_____
Dietary modifications _____
Other diseases or details of above _____
Dentist / Orthodontist _____ Phone _____
Family Physician _____ Phone_____
Date of last physical examination _____
For Female: Has this person menstruated? ○Y ○N
If not, has she been told about it? ○Y ○N
If so, is her menstrual history normal? ○Y ○N
Explain: _____
Special considerations_____
Additional Health History Comments: _____

Insurance

You must attach a copy of camper's insurance card

Do you carry family medical / hospital insurance? ○Y ○N
If so, indicate: Carrier_____
Policy or Group #_____

Date of Last Tetanus Shot _____

DO ANY MEDICATIONS BEING TAKEN CAUSE PHOTOSENSITIVITY? ◯ **Y** ◯ **N**

MEDICATION NAME	DOSE (How Much is Given Each Time)	FREQUENCY: (Times of Day Meds are Given)	WHAT IS MEDICATION GIVEN FOR?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

OVER THE COUNTER MEDS	DOSE	HOW OFTEN
☐ **Tylenol**		
☐ **Ibuprophen**		
☐ **Milk of Magnesia**		
☐ **Maalox or Tums**		

I, the undersigned, hereby represent that I am the parent or legal guardian of this camper, and state that the health history is correct so far as I know. I agree that he/she may participate in the program at Camp Mephibosheth and The Ark Christian Ministries. I consent that in event of sickness or accident of any nature, Mephibosheth Ministries, Inc. or The Ark Christian Ministries will not be held responsible or liable.

With the realization that in such eventuality personal notification may not be possible or practicable, I authorize Mephibosheth Ministries, Inc. and The Ark Christian Ministries to render any aid and assistance to help my camper; to call a physician, radiologist, surgeon or dentist, if necessary, who may take any measure, including surgery and hospital care, deemed necessary to help my child.

I authorize Mephibosheth Ministries, Inc and/or The Ark Christian Ministries to release this guest's medical information to paramedics or other health care professional in the event medical care is needed.

I give the staff of Mephibosheth Ministries, Inc. permission to give medication to the camper on my behalf.

I agree to pay for any prescribed medication or treatment my camper may need.

Further, I agree that my camper may be photographed while participating in the program of Camp Mephibosheth at The Ark Christian Ministries with the understanding that such photographs may be used for publicity purposes.

This authorization shall continue to be in effect as long as my camper is a participant in the program at Mephibosheth Ministries, Inc.

Signature_____ **Relationship** _____**Date**_____

Type your name, relationship and date. You will sign the document when you check-in at camp.

MEPHIBOSHETH MINISTRIES

Camp Mephibosheth

Camper Participation Consent and Liability Release

Full Name of Camper _____ **Birthdate** _____

- I certify that the information provided on the application is true and accurate to the best of my knowledge. I assume full responsibility for all property belonging to the above named camper. I will not hold Mephibosheth Ministries, Inc., *The* Ark Christian Ministries, or any Camp Mephibosheth staff responsible for any damage to or loss of said property.
- I hereby consent to participation of myself or the person named above in the described Camp Mephibosheth events. I have read the informational material related to Camp Mephibosheth and understand the risks involved in the planned activities. I am aware that in addition to activities such as Bible study, worship, transportation, and meal functions, the participant also may participate in various camp activities that may involve additional risks, such as swimming, fishing, canoeing, hiking, crafts, group initiative rope course and other recreational activities.
- All camp activities are modified to suit the individual camper, according to the camper's abilities, and all activities are closely supervised with staff and volunteers. Please complete the section below to indicate permissions for the camper named above.

Camper has permission to participate in <u>ALL</u> camp activities: ○ **Y** ○ **N**

If no, please list activities camper does not have permission to participate in:

_____

Activities include, but are not limited to, the following: Group games, swimming, hiking, fishing, mudslide, zip line swing, climbing wall, canoeing, flying squirrel/chair swing, horseback riding.

I hereby release Mephibosheth Ministries, Inc. and / or The Ark Christian Ministries and its leaders from any liability arising from the participation in these high adventure activities.

- I request that Mephibosheth Ministries, Inc. and /or The Ark Christian Ministries obtain necessary emergency medical treatment for the above-named camper as needed. I understand that I, and /or my medical insurance provider will be responsible for all medical costs incurred for such emergency medical care required during Camp Mephibosheth.
- I hereby release Mephibosheth Ministries, Inc. to share information on this camper with the Team Leader and Volunteer Companion that will assist them during this camp experience. Confidentiality is stressed to all members of the faculty.
- I hereby give permission for the above-named camper to appear in photographs or video recordings made during Camp Mephibosheth. This permission also extends to the use of those photographs or video recordings in promotional presentations made by Mephibosheth Ministries, Inc.

Please type your name and date below. You will sign the document when you check-in at camp.

_____ _____
Parent/Guardian/Caregiver Date

_____ _____
Camper Date

Baptism Preferences

In our efforts to meet the spiritual needs of our campers during Camp Mephibosheth, we offer an opportunity for them to follow Christ's teachings to be immersed in baptism. ***Should this camper make this decision, we will follow your instructions as indicated below.*** If you have any questions about our belief regarding baptism by immersion, please call us. We welcome the opportunity to discuss this matter with you.

If _____ chooses to be baptized (Please check one)

○ I authorize Mephibosheth Ministries, Inc. and the camp to perform the baptism.

○ I prefer to have my minister perform the baptism at our home church.

○ I request to be present at the baptism.

○ Has already been immersed.

○ May not be baptized.