



# 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 Assistance in/out Needs Total
Reminders of the shower Assistance
Partial Brushing Teeth Hair Washing Upper Washing Shaving
Assistance Body Lower Body
Toileting Uses Uses Bedpan Catheterizes Self Must be Wears
Urinal/Toilet Assistance after toileting Catheterized Depends
Prompts after
toileting
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: \_\_\_\_\_

## 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

Do you carry family medical / hospital insurance? Y N  
 If so, indicate: Carrier \_\_\_\_\_  
 Policy or Group # \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

**Medications MUST be in original bottle!!**

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	
<input type="checkbox"/> Tylenol			
<input type="checkbox"/> Ibuprophen			
<input type="checkbox"/> Milk of Magnesia			
<input type="checkbox"/> Maalox or Tums			

*I, the undersigned, hereby represent that I am myself, the parent or legal guardian of this camper, and state that the health history is correct so far as I know. I agree that I/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 emergency medical personnel if necessary, who may take any measure deemed necessary to help this camper.*

*I authorize Mephibosheth Ministries, Inc and/or The Ark Christian Ministries to release this camper'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.*

*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.*



# 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 all of the Camp Mephibosheth events. 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 (flying squirrel) 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 **ALL** 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 I or The Ark Christian Ministries and its leaders from any liability arising from the participation in these high adventure activities.***

- 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.