



Supporting people with disabilities throughout the Niagara County community.

CAMPER REGISTRATION FORM
Camp Happiness June 22-26, 2020

*****Cost: Please Check:** 1 Day - \$10.00 2 Days - \$20.00 3 – 5 Days - \$25.00

Days Attending: Monday Tuesday Wednesday Thursday Friday

Shirt Size: _____

***** PAYMENT FOR CAMP IS NON-REFUNDABLE *****

Please make checks or money orders payable to CAMP HAPPINESS, INC.

Camper Name: _____ **D.O.B.:** _____

Parent/Family Member Name: _____ **Date:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____ **Work phone:** _____, ext. _____

Social Security #: _____ **Gender:** Male Female

Medicaid #: _____

Allergies: _____

Emergency Contact Person *(someone outside of the residence where they live):*

Name: _____ **Relationship:** _____

Home Phone: _____ **Cell Phone:** _____ **Work phone:** _____, ext. _____

Medicaid Service Coordinator /Case Manager:

Name: _____ **Agency:** _____

Work phone: _____, ext. _____ **Cell Phone:** _____

Other Insurance:

Please List Carrier and Group #: _____

A photo copy of front and back of health insurance card must be attached to this form.

Adaptive Devices *(eyeglasses, walker, hearing aid, etc.):*

NEW CAMPER REGISTRATION FORM
Camp Happiness June 22 – 26, 2020

Parent / Guardian Authorization Section on Page 3 Must be Signed

Medical Status: List chronic health concerns (allergies, cardiac difficulties, asthma, any physical restrictions, seizures, avoid excessive sun exposure). Please include approximate date of last seizure.

Prescription Medications:

Medication	Form: Pill / Capsule, Suspension (liquid) Topical Cream	Times Taken	Taken With Food / Drink	Dosage

Level of Assistance:

Skill Area	Independent	Reminders required	Moderate assistance	Maximum assistance
Dressing				
Bathing / Showering				
Ordering				
Hygiene				
Feeding				

Physical Restrictions for Activities (please be specific): _____

Can he/she tolerate water/swimming (any allergies to chlorine): _____

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Parent /Guardian Authorizations:

This health history is correct and complete to the best of my knowledge. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to Camp Happiness Inc. to give first aid, administer prescription medications (nurse will be present), and seek emergency medical treatment including ordering x-rays or routine tests (if necessary). I agree to the release of any records necessary for insurance purposes.

I give Camp Happiness Inc. permission to arrange necessary emergency related transportation for my child. In the event I can't be reached in an emergency I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

I authorize the use of my camper's photo/video and information specific to his / her participation in the 2020 Camp Happiness Program. YES NO

Signature of Parent/Guardian

Date

Print Name

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of Camper/Minor

Date