



Supporting people with disabilities throughout the Niagara County community.

**NEW CAMPER REGISTRATION FORM
Camp Happiness June 24 – 28, 2019**

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

Days Attending: Monday Tuesday Wednesday Thursday Friday

***** 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.):

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): _____
