

# CAMP YELLOW RIBBON

Summer 2010

Easter Seals Southeast Wisconsin



**Easter Seals Southeast Wisconsin and Milwaukee County Council, Boy Scouts of America and Indian Mound Campground are excited to announce:**

## CAMP YELLOW RIBBON

A week long camp experience for children of those who are currently serving a deployment cycle or serve under the United States Military.

Camp Yellow Ribbon is an opportunity for children of those who serve in the military to build their knowledge of nature and the outdoors, work on team building, and communication skills.

Many children and families experience stress due to military life, Camp Yellow Ribbon will also give those participating an opportunity to explore those concerns.

### **Eligibility:**

*UP TO 50 Boys and Girls ages 7-13 who have a Parent/Guardian who serve under the United States Military.*

***PLEASE NOTE:** Preference for admittance into Camp Yellow Ribbon will be shown to those campers who has a parent/guardian who is currently serving a deployment cycle.*

### **CAMP YELLOW RIBBON DETAILS**

**Start Date:** Monday, August 16, 2010

**End Date:** Friday, August 20, 2010

### **Fees:**

Offered **FREE OF CHARGE** to those campers participating in the Summer 2010 session.

### **Location:**

Indian Mound Scout Reservation  
36712 Indian Mound Rd.  
Oconomowoc, WI 53036

**CHALLENGE COURSE and CLIMBING/RAPPELLING  
HEALTH HISTORY AND CONSENT FORM  
ADULT OR CHILD**

You are about to take part in a challenge ("ropes") course experience and or climbing/rappelling ("activity") offered through the \_\_\_\_\_ Council BSA ("local council") on \_\_\_\_\_ (date).

While participating in the activity you will undertake a wide variety of physical and mental challenges that are comparable to activities with which you may be more familiar. Much of the time, you will be engaged in activity of "moderate exertion," which is comparable to normal walking, golfing on foot, raking leaves, calisthenics, or slow dancing. For short periods of time, you will be engaged in activity of "vigorous exertion," which is comparable to fast walking, slow jogging, heavy gardening, or shoveling snow.

If any of the above activities are difficult for you, discuss your participation in the activity with your physician. If these are activities in which you regularly engage without difficulty, you should be fit for participation in the program.

Following are specific medical conditions about which participants should *always* seek the advice of a physician before participating in the activity:

- Pregnancy (climbing harness can injure uterus)
- Kidney or liver transplant (climbing harness can injure transplanted organ)
- Healing fracture or joint injury (should be cleared by treating physician)
- Recent surgery (should be cleared by treating physician)
- Down syndrome (should have x-ray check for neck instability, as per recommendation of the Special Olympics)

If you or your physician has any questions about the physical requirements of the activity, feel free to contact the local council.

**HEALTH HISTORY**

Name:		First		Middle		Last	
Telephone:		Home		Work			
Personal physician		Name		Telephone:			
In case of emergency, please contact:		Name		Telephone:			
Special dietary considerations:							
List known allergies:							
List required medications:							
If you are allergic to insect stings, do you have an insect sting kit (e.g., EpiPen)?							
Do you wear contact lenses?				Are you pregnant?			
Have you had or do you now have (circle if yes):		Heart attack		Diabetes		Asthma	
Angina		Epilepsy		Chest pains		Drug reactions	
				High blood pressure		Heart murmur	
If you answered "yes" to any of the above, explain and include date:							
Do you have any other medical conditions that we should be aware of?							

**HOLD HARMLESS AGREEMENT**

I understand that participation in the activity involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived, after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, I have carefully considered the risk involved and have given consent for myself (or my son or daughter) to participate in the activity, and waive all claims I or we may have against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity.

I am not under the influence of any chemical substance, including alcohol. Understanding that any physical activity involves a risk of injury, I understand that my participation in the activity is entirely voluntary. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. This release does not, however, apply to any harm caused by negligence or willful misconduct of the local council or its employees.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Participant's signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*If the participant is under age 18, his or her parent or guardian must also sign below:

Parent's or guardian's signature \_\_\_\_\_ Date \_\_\_\_\_



# CAMP YELLOW RIBBON

Summer 2010

Easter Seals Southeast Wisconsin

**Campers Name:**

FIRST MIDDLE LAST

**Birth Date:**

DAY/MONTH/YEAR

**Parent/Guardian Name/s:**

**Address Line 1:**

**Address Line 2:**

**City, State, Zip:**

**Home Phone:**

**Cell Phone:**

**Best Phone Number:**

**Email address:**

**Would you like to be added to our mailing list?**

YES \_\_\_ NO \_\_\_

**How did you hear about our camp?**

**Emergency Contact 1:**

Name:

Relationship:

Phone:

**Emergency Contact 2:**

Name:

Relationship:

Phone:

**Does the camper need transportation to and from the camp grounds? YES \_\_\_ NO \_\_\_**

*Please note that there will only be one designated pick up and drop off location and time.*

**Shirt Size:** (50% Cotton/ 50% Polyester)

**Child:** 6/8 \_\_\_ 10/12 \_\_\_ 14/16 \_\_\_ **Adult:** Small \_\_\_ Med \_\_\_ Large \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL \_\_\_

**PLEASE ATTACH A RECENT PHOTO OF THE CAMPER**  
(It will be used for Participant Identification)

**Gender:** Male \_\_\_ Female \_\_\_

**Age at the time of Camp:** \_\_\_\_\_

**Height:** (feet/in) \_\_\_\_\_

**Weight:** (lbs) \_\_\_\_\_

**Heritage:**

African American \_\_\_ Asian \_\_\_ Hispanic \_\_\_

Caucasian \_\_\_ Native American \_\_\_

Other \_\_\_\_\_

**Household Income:** *Please check appropriate family annual income. This will assist our agency in providing feedback to our funding sources.*

\_\_\_ \$0-\$11,999                      \_\_\_ \$25,000-\$49,999  
\_\_\_ \$12,000-\$14,999              \_\_\_ \$50,000-\$74,999  
\_\_\_ \$15,000-\$24,999              \_\_\_ More than \$75,000

**Service Information:**

Is a parent/guardian currently enlisted in an 18 month deployment cycle? **YES** \_\_\_ **NO** \_\_\_

Specify \_\_\_\_\_

**Please list each branch and rank of the military in which a parent/guardian is enlisted.**

**Please list each branch and rank of the military in which a household member other than a parent/guardian is enlisted.**



**Campers Name:** \_\_\_\_\_

**Behavioral Information:**

- \_\_\_ Generally easy-going/happy
- \_\_\_ Shy/withdrawn
- \_\_\_ Unsure of new situations
- \_\_\_ Helpful

**Activities Camper Enjoys:**

- \_\_\_ Arts and Crafts
- \_\_\_ Sports
- \_\_\_ Music
- \_\_\_ Nature/Outdoor
- \_\_\_ Reading
- \_\_\_ Other

Are there any activities that the camper should specifically be excluded from? **YES** \_\_\_ **NO** \_\_\_

*Specify:* \_\_\_\_\_

Does the camper have any fears? **YES** \_\_\_ **NO** \_\_\_

*Specify:* \_\_\_\_\_

Can the Camper swim? **YES** \_\_\_ **NO** \_\_\_

*Specify:* \_\_\_\_\_

Do you expect the camper to experience home sickness? **YES** \_\_\_ **NO** \_\_\_

If so, what do you suggest to ease their transition? \_\_\_\_\_

Please describe any questions or concerns the camper has surrounding their parent/guardians deployment or military service? \_\_\_\_\_

Are there any topics surrounding military life that you would like to be addressed during camp? \_\_\_\_\_

What are the reasons for sending your child to camp? \_\_\_\_\_

Please list any other information you feel staff would benefit knowing:

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**Campers Name:** \_\_\_\_\_

**Health Information:**

**ALLERGIES**

Animals: \_\_\_\_\_

Environment: \_\_\_\_\_

Food: \_\_\_\_\_

Medicine: \_\_\_\_\_

**Permission to give Camper over the counter**

**medications:**

Antacid \_\_\_\_\_ First Aid Cream \_\_\_\_\_ Tylenol \_\_\_\_\_

Ibuprofen \_\_\_\_\_ Bug Spray \_\_\_\_\_ Sunscreen \_\_\_\_\_

Other \_\_\_\_\_

**SEIZURES**

\_\_\_\_ None \_\_\_\_\_ Atonic(Drop Attacks)

\_\_\_\_ Myoclonic \_\_\_\_\_ Simple Partial

\_\_\_\_ Absence (Petit Mal) \_\_\_\_\_ Mixed

\_\_\_\_ Generalized Tonic Clonic (Grand Mal)

\_\_\_\_ Complex Partial (psychomotor)

Drop Seizures Frequency: \_\_\_\_\_

List symptoms BEFORE seizures occur: \_\_\_\_\_

\_\_\_\_\_

When should EMS be contacted? \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:**

\_\_\_\_\_  
**Date:** \_\_\_\_\_

In the event of an emergency, please provide the following information so we can request the best care according to your wishes.

**Physician's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_

**Insurance Number:** \_\_\_\_\_

**Disability:** (please check) Autism \_\_\_\_\_ Down Syndrome \_\_\_\_\_ Cerebral Palsy \_\_\_\_\_ Rett syndrome \_\_\_\_\_

Attention Deficit Disorder \_\_\_\_\_ Cognitive Disability \_\_\_\_\_ Hearing Impairment \_\_\_\_\_

Learning Disability \_\_\_\_\_ Physical Disability \_\_\_\_\_ Speech/language \_\_\_\_\_ Emotional Disability \_\_\_\_\_

Other (please list) \_\_\_\_\_

**Degree of Disability:** Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_

Physical Limitation: Ambulation \_\_\_\_\_ Hearing \_\_\_\_\_ Prosthesis \_\_\_\_\_ Sight \_\_\_\_\_ Speech \_\_\_\_\_ Spasticity \_\_\_\_\_

Please Specify: \_\_\_\_\_

**Please list any special dietary restrictions the camper needs to adhere to:** \_\_\_\_\_

\_\_\_\_\_

**Does the camper have a communicable disease:** YES \_\_\_\_\_ NO \_\_\_\_\_ SPECIFY: \_\_\_\_\_

*If yes, this will not necessarily affect your enrollment. We need accurate information to plan for your safety and to maintain a safe and protective environment for all campers.*

**Camper Maintain Bladder Control:** Always \_\_\_\_\_ Sometimes \_\_\_\_\_ Never \_\_\_\_\_ Needs Reminder \_\_\_\_\_

**Camper Maintain Bowel Control:** Always \_\_\_\_\_ Sometimes \_\_\_\_\_ Never \_\_\_\_\_ Needs Reminder \_\_\_\_\_

**Does the camper where depends/diaper or pull-ups?** YES \_\_\_\_\_ NO \_\_\_\_\_ Only at night \_\_\_\_\_

**Medications:**

Please list any medications the camper is taking even if they will not be administered at camp: \_\_\_\_\_

\_\_\_\_\_

Please list medication, dosage and time of medications that are needed to be administered AT CAMP.

Medication	Dosage	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*If needed to list more medications than the space provided, please attach an additional sheet.



**Campers Name:** \_\_\_\_\_

**Please read and check the appropriate boxes for each area:**

The applicant listed has permission to engage in all recreational activities and field trips except noted by me. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Supervisor or by his/her designated staff; to secure proper treatment for the applicant listed, including hospitalized and/or to order injection, anesthesia or surgery only if I cannot be reached immediately.

**YES** \_\_\_ **NO** \_\_\_

I understand Easter Seals Southeast Wisconsin and Milwaukee County Council Boys Scouts of America, Indian Mound Campground are not responsible for lost, stolen or damaged personal articles brought to the camp site.

**YES** \_\_\_ **NO** \_\_\_

I consent to the use of the applicant's name or any likeness of him/her including photographs, sketches, take and show films and videotapes by Easter Seals Southeast Wisconsin and Milwaukee County Council Boys Scouts of America, Indian Mound Campground for any purpose deemed appropriate.

**YES** \_\_\_ **NO** \_\_\_

**I hereby consent to Easter Seals Southeast Wisconsin Staff to:**

-Administer Medications according to physician's instructions **YES** \_\_\_ **NO** \_\_\_

-Perform special medical care as I have instructed **YES** \_\_\_ **NO** \_\_\_

**In consideration of the acceptance of the applicant, I hereby release and waive any claim of cause of action which may accrue against Easter Seals Southeast Wisconsin, Milwaukee County Council Boys Scouts of America, Indian Mound Campground and any employee of listed agencies and any other person acting with the permission of either arising out of any injury to his/her person or property during his/her stay at the camp, in transit to and from said camp, or during any activity approved by and of said person. I agree to assume any claim, which said son/daughter/self/ward in his/her personal capacity might have against any said person for injury as herein stated.**

A signature indicates agreement of the above statement, Any applicant 18 years or older without a court appointed legal guardian must sign for him or herself.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please send completed applications to:** Ms. Julie Johannes  
Easter Seals Southeast WI  
c/o Holler Park  
5151 S. 6th  
Milwaukee, WI 53221