



Camper Application

Participant full name: _____ Gender _____

Date of Birth _____ Age _____ Height _____ Weight _____

Parent/Guardian Info

Name _____ Relationship _____

Phone #: _____ Email _____

Address _____

Name _____ Relationship _____

Phone #: _____ Email _____

Address _____

Emergency contact if different than above _____

Participant information

Primary Diagnosis _____ Date of Onset _____

Details

Secondary Diagnosis _____ Date of Onset _____

Details

Physician Name _____ Phone _____

History of Seizures: Yes No	Details:
Hospital Preferences: Yes No	Details:
Allergies: Yes No	Details:

Has the child participated in camp, either summer or day camp events in the past: Yes No

Are there any siblings also attending camp events as campers: Yes No

Medication				
Does the child take medications: Yes no			Will medications be given during camp: Yes No	
Medication Name	Route (oral, injection etc)	Dosage	Time(s) given	Purpose



Medical requirements	Medical requires other than the above stated: Yes No
Details:	
Dietary Requirements	Does the child have any dietary restrictions: Yes No
Details:	
Surgical History	Has the participant had any past surgeries: Yes No
Details:	
Personal Care	Does the participant require any personal assistance: Yes No
Details:	
Physical Concerns	Does the participant have any physical constrictions: Yes No
Details:	
Sensory Concerns	Does the participant have any sensory concerns: Yes No
Details:	
Behavioral Concerns	Does that participant have any behavioral Concerns: Yes No
Details:	

Forms to fill out beyond the application

- **Medical and Photo waiver:** Gives us permission to provide medical to your child, including routine medication administration and emergency care if ever needed. Also allows us to take photos of your child to use for Camp River Run marketing
- **Dr Release Form/ Health Exam:** a form we can give you any time of year, or easily obtained on the website. Bring to the doctor’s office on your child next check-up and have a license personnel sign, stating they think the child is medically clear to go to an over the night summer camp
- **Medication/ Medical equipment Release:** used for summer/overnight camp. Verifies that you as the guardian gave us, as the camp the correct medication/equipment your child will need during camp.