



**Camper Application**  
**July 10 - 14, 2017**  
 Application Deadline: June 9, 2017  
 A Lions Camp Crescendo Community Service Project



*Camp Heart to Heart is for Children Affected/Infected by HIV/AIDS from 5 to 12 Years Old*  
**Print in Black Ink. All information must be provided for application to be approved!**

**Camper's Name** \_\_\_\_\_ **Goes By:** \_\_\_\_\_  
 Male /  Female

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **County** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Information for Grant and Fundraising Statistical Purposes:**

Race:  Caucasian /  Hispanic /  African American /  Native American /  Other \_\_\_\_\_

Household Yearly Income \$ \_\_\_\_\_; Number of People in Household \_\_\_\_\_

**Female Guardian Name** \_\_\_\_\_  
 Mother  Grandmother  Foster Parent  Other \_\_\_\_\_

**Cell Phone** (\_\_\_\_) \_\_\_\_\_ **Home Phone** (\_\_\_\_) \_\_\_\_\_

**Work Phone** (\_\_\_\_) \_\_\_\_\_ **Email** \_\_\_\_\_

**Male Guardian Name** \_\_\_\_\_  
 Father  Grandfather  Foster Parent  Other \_\_\_\_\_

**Cell Phone** (\_\_\_\_) \_\_\_\_\_ **Home Phone** (\_\_\_\_) \_\_\_\_\_

**Work Phone** (\_\_\_\_) \_\_\_\_\_ **Email** \_\_\_\_\_

**People authorized to pick up camper during camp:**  
 \_\_\_\_\_

Has Camper spent the night away from home before?  No /  Yes

Has Camper attended Camp Heart to Heart before?  No /  Yes If yes, when \_\_\_\_\_

Can Camper bring bedding to camp (a pillow with twin sheets and a blanket)?  No /  Yes

**T-shirt Size:** Youth:  Sm. /  Med. /  Lg. **OR** Adult:  Sm. /  Med. /  Lg. /  XL /  XXL

**Print** Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CAMPER PERSONAL ASSISTANCE & CARE LEVEL**

Camper requires assistance with:  Dressing /  Toilet /  Bathing /  Mobility

Other? explain \_\_\_\_\_

Does the camper wet the bed?  Yes /  No      Does the camper wear Pull-Ups to bed?  Yes /  No

Rate child's "Level of Care" regarding behavioral issues (circle a number):    1    2    3    4    5

1 = rarely gets upset; follows instructions very well

5 = extreme behavioral issues; angers easily; prone to fighting

**Comments or Special Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transportation:**

Will camper need transportation to camp?  No /  Yes      ...from camp?  No /  Yes

For Louisville area and Southern Indiana residence, if camper needs transportation can parent/guardian provide transportation to and from a central Louisville location to ride a bus to camp?  No /  Yes

**Photography:**

May pictures be taken of camper for his/her personal use?  No /  Yes

May pictures be taken of camper for camp album?  No /  Yes

May pictures be taken of camper for promoting Camp Heart to Heart?  No /  Yes

***NOTE: We take no responsibility concerning photos taken by other campers.***

After Completing the **4 Page** Application, Please Mail To:

**Camp Heart to Heart  
c/o Lions Camp Crescendo  
PO Box 607  
Lebanon Junction, KY 40150**

**Application Deadline Date:    June 9, 2017**

**Camp Heart to Heart is a Community Service Project of Lions Camp Crescendo, Inc.,  
a 501(c)(3) Non-Profit Organization  
www.LCCKY.org**

**For Questions or Additional Information Contact:**

Daniel Coe (Camp Director)

Phone: (502) 294-5872

Email: daniel.coe@twc.com

Jacki Bunger (Asst. Camp Director)

Phone: (502) 553-2343

Email: jacki1228@gmail.com

Billie Flannery (LCC Administrator)

Phone: 1-888-879-8884

Email: wibblesb@aol.com

Camper's Name: \_\_\_\_\_  
*Please Print*

Staff Only:  
AM 12P 3P 5P BT PRN

## MEDICAL INFORMATION SUMMARY

**\*\*\* Attach a copy of insurance/medical card and recent photo\*\*\***

Name of who to call if medical question or concern: \_\_\_\_\_  
 Parent  Relative  Other: \_\_\_\_\_ Contact # (\_\_\_\_) \_\_\_\_\_

Back-up person to call if medical question or concern: \_\_\_\_\_  
 Parent  Relative  Other: \_\_\_\_\_ Contact # (\_\_\_\_) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Contact # (\_\_\_\_) \_\_\_\_\_  
 Insurance Provider \_\_\_\_\_ Policy/Card # \_\_\_\_\_

**Medical conditions:**

- |                                       |                               |                                     |   |  |                                 |
|---------------------------------------|-------------------------------|-------------------------------------|---|--|---------------------------------|
| <input type="checkbox"/> ADD/ADHD     | <input type="checkbox"/> ODD  | <input type="checkbox"/> Depression | <input type="checkbox"/> RAD                | <input type="checkbox"/> BiPolar Disease | <input type="checkbox"/> Autism |
| <input type="checkbox"/> OCD          | <input type="checkbox"/> PTSD | <input type="checkbox"/> Anxiety    | <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Asthma          | <input type="checkbox"/> CP     |
| <input type="checkbox"/> HIV          |                               |                                     |   |  |                                 |
| <input type="checkbox"/> Other: _____ |                               |                                     |   |  |                                 |

History of Seizures?  Yes  No

Current tetanus shot:  Yes  No

Does Camper Have Allergies  Yes  No

Does Camper Use an EPI Pen?  Yes  No

Sensitivities: \_\_\_\_\_

Reaction: \_\_\_\_\_

Allergies: \_\_\_\_\_

Reaction: \_\_\_\_\_

Seasonal Allergies: \_\_\_\_\_

Reaction: \_\_\_\_\_

**\*\*\*If camper requires an EPI-Pen, this must be brought with them to camp\*\*\***

List each medication that the camper should be on while at camp:

RX Name	Strength	Dose	AM	NOON	3PM	Supper	Bedtime
<i>Example: Concerta</i>	27 mg	1 tablet	✓				

*If more space needed attach additional sheet*

Rescue Inhaler  Nebulizer medication: \_\_\_\_\_

- Medicines must be in original container.
- Place medications in zip lock bag and write child's name (*last name first*) on the outside.
- Do NOT place more than one child's medication(s) in the same bag.
- **Morning medications must be given prior to coming to camp!**

Camper's Name: \_\_\_\_\_  
*Please Print*

**CONSENT FOR NON-PRESCRIPTION MEDICATIONS**

*This consent allows appropriate camp staff to give child over-the-counter medications as needed.*

- |                              |                             |                     |                              |                             |                    |                              |                             |                      |
|------------------------------|-----------------------------|---------------------|------------------------------|-----------------------------|--------------------|------------------------------|-----------------------------|----------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Acetaminophen       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ibuprofen          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Naprosyn             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tums                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Imodium            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Emetrol              |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Chloraseptic Spray  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sudafed            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Benadryl             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sting Kill          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Caladryl, Calamine | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hydrocortisone Cream |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Aloe with Lidocaine | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Neosporin          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Desitin              |

Other over-the-counter medication that works well for the camper: \_\_\_\_\_

Special Instructions for prescription medication and/or over-the-counter medication administration:  
\_\_\_\_\_  
\_\_\_\_\_

**Statement of Release & Authorization (Signature required for approval of application):**

1. I hereby agree to release and hold camp staff free and harmless for any claims, demands, or suits for damages from any complication that may result from the proper administration of the non-prescription medications I have voluntarily marked "yes" and the prescription medications the camper brought to camp with them.
2. I hereby agree to release and hold Lion's Camp Crescendo free and harmless for any claims, demands, or suits for damages from any injury and/or illness occurring during camp session.
3. In case of an EMERGENCY, where the child needs to be seen by a physician, I hereby give permission for the child to be transported to a medical facility for the purpose of conducting examination, ordering x-rays, administering tests and/or receiving EMERGENCY treatment. *(Bring a copy of DNR if applicable)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Relative/parent       Foster Parent       Other: \_\_\_\_\_

<b>FOR OFFICIAL USE ONLY:</b>	<input type="checkbox"/> DCBS Medication Administration Form Required
1) Has the camper had their medications today?      ___No      ___Yes	
2) Medications: <input type="checkbox"/> Just enough <input type="checkbox"/> Entire supply	
<input type="checkbox"/> Not Enough – Plan for correction: _____	
3) Medicine reconciled?      ___No      ___Yes	
If not, discrepancy: _____	
	<b>Medical Information Reviewer Initials:</b> _____
4) New/acute injuries present at arrival?      ___No      ___Yes	
Describe: _____	
5) Arrival weight: _____ (optional)	
6) Physical check complete?      ___No      ___Yes	
	<b>Examiner Initials:</b> _____
<b>Adult Dropping off Child Initials:</b> _____	<input type="checkbox"/> Bus transport