



## Spina Bifida of Greater New Orleans

Serving all of Louisiana

504 737 5181

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### SUMMER CAMP APPLICATION

*APPLICATIONS SHOULD BE MAILED*

*TO THE ADDRESS ABOVE BY JUNE 1ST TO RESERVE A CAMP SLOT.*

**PERSONAL INFORMATION** - To be filled out by parent/guardian.

Name \_\_\_\_\_ Date \_\_\_\_\_

Does the applicant have Spina Bifida? \_\_\_\_\_ If not, what is the applicant's exceptionalty?

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Telephone(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ T-shirt size \_\_\_\_\_

School Applicant Attends \_\_\_\_\_ Religion \_\_\_\_\_

Does the applicant have a personal care attendant (PCA)? \_\_\_\_\_ Does the PCA plan to attend camp? \_\_\_\_\_

Personality: What kind of person is he/she? Easy-going, calm, restless, sensitive, alert, cheerful, strong-willed, shy, moody. \_\_\_\_\_

Physical Picture: Please note any special problems that might affect camper at Camp \_\_\_\_\_

Eating Habits \_\_\_\_\_

Does He/She Take Any Medication? If So, What Kind? \_\_\_\_\_

Will the Applicant Take Medication at Camp? \_\_\_\_\_ At What Time? \_\_\_\_\_

Does He/She Have a Wheelchair: \_\_\_\_\_ Special Lift? \_\_\_\_\_

Does He/She Wear a Brace? \_\_\_\_\_ How Long Should the Brace Be Worn? \_\_\_\_\_

Will the Applicant Need to be catheterized at Camp? \_\_\_\_\_ At What Time? \_\_\_\_\_ Size \_\_\_\_\_

Will the Applicant Need Transportation to and from Camp? \_\_\_\_\_ (Our Ability to Provide Transportation is Limited, so Please Apply for it ***only*** if it is the only way the Camper can Attend.)

Are the applicant's immunizations current? \_\_\_\_\_

Does the applicant have sensitivity to penicillin or any other drugs? \_\_\_\_\_ Please list:

Does the applicant have: headaches? \_\_\_\_\_ Asthma? \_\_\_\_\_ Indigestion? \_\_\_\_\_ Hysteria? \_\_\_\_\_

Epileptic seizures? \_\_\_\_\_ Allergies? \_\_\_\_\_ Please list \_\_\_\_\_

Please list any other medical problems: \_\_\_\_\_

Name of Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Parent's/Guardian's Authorization**

This health history is correct so far as I know, and I, \_\_\_\_\_ give my full consent for the applicant \_\_\_\_\_ to attend the Spina Bifida of Greater New Orleans Summer Camp and to engage in all prescribed camp activities, except as noted by me.

In consideration of participation in the program and for the general purposes of the camp specifically including, but not limited to, the community service afforded by the availability of the program to children with disabilities, I agree to indemnify and hold harmless SBGNO from and against any injury or loss which my child may suffer arising out of or related to the following:

1. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above;
2. The administration of physician prescribed medication. Prescribed medication will be administered ONLY if the medication is in its original container labeled with the physician's instructions for its use accompanied by a written statement by the child's parent or guardian as to the time of day the specific (please state name of) medication is to be given;
3. The catheterization of a child will be carried out by non-professional but medically trained camp personnel ONLY with written instructions by the child's parent or guardian as to the time of such needed catheterization;
4. Travel to and from camp and during the camp day in transportation vehicles provided by SBGNO; and
5. Camp activities, including but not limited to swimming and fieldtrips. Children are not allowed to swim if they have a communicable disease, open sore or infection. Please advise the camp director of your child's current medical condition during the camp week. The camp director and/or camp staff will make the final determination whether a child may swim or otherwise participate in activities.

In addition, permission is granted to SBGNO to photograph, videotape or record my child \_\_\_\_\_ for the purpose of the media or for SBGNO publications.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please indicate if you have specific talents or community connections might be useful to Camp

Friendship: \_\_\_\_\_

\_\_\_\_\_