

# ISANOGEI 2010 CAMPER APPLICATION



Isanogel, A Division of Hillcroft Service, Inc  
7601 W Isanogel Road  
Muncie, IN 47304

[www.hillcroft.org](http://www.hillcroft.org)  
765.288.1073  
fax: 765.288.3101



# Thank You

Isanogel would like to extend a heartfelt thank you to the following sponsors. Their generous support enables Isanogel to continue providing quality camp programming.

Henry County United Fund



THE COMMUNITY FOUNDATION  
of Muncie & Delaware County, Inc.





Hillcroft helps people  
with disabilities...

with living  
with jobs  
with independence

Hillcroft Services, Inc  
114 East Streeer Avenue  
Muncie, IN 47303-1999  
765-284-4166 Phone  
765-287-9547 Fax

Relay Indiana (TTY)  
1-800-743-3333

December 1, 2009

Dear Campers and Caregivers,

As we prepare to send these applications, the leaves have fallen and there are whispers of snow to come soon! It's hard to believe that just a few short months ago, camp was alive with music, games and friendship. We are so looking forward to that excitement again!

As you prepare to come to camp, we want to share with you our goals for the upcoming summer. We have identified five programmatic goals that we believe will lend themselves to fun and meaningful Isanogel experiences. These are the goals we use in hiring and training staff and enacting programming. We look forward to having your input as these goals are enacted. Our programmatic goals are:

1. Physical and Emotional **Safety** for Campers and Staff
2. **Inclusion** of all Campers Regardless of Ability Level
3. Teaching and Reinforcement of **Transferable Skills**
4. Positive **Social** Interaction and **Development**
5. Promotion of Positive **Self Image**

We continue to be extremely grateful for the trust and respect that campers and families offer Isanogel in choosing to participate in our program. Our mission in enacting these goals is that Isanogel experiences continue to be seen as an integral part of campers and their caregivers' lives.

If you have any questions as you complete the application and prepare to come to camp, please feel free to contact us. We look forward to hearing from you and can't wait to see you this summer!

Sincerely,

Elizabeth Piazza, BSW  
Isanogel Camp Manager  
epiazza@hillcroft.org  
(765) 288-1073

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## APPLICATION CHECKLIST

### Required With All Applications:

- Completed Application Packet
- Current Photo of Camper
- Copy of All Insurance and Prescription Cards
- Deposit for Camp Fees (to be applied to total balance of camp fees)
- Completed Physical Form (returned at least two weeks prior to camp)

### Required if Applicable:

- Behavior Support Plan
- Copy of Guardianship Paperwork
- Copy of High Risk Plans (i.e. dining plan, seizure management, etc...)
- Documentation of Advanced Directives
- Current income verification if applying for a camp scholarship



## FREQUENTLY ASKED QUESTIONS

Q. Where do I send my application?

A. Please send applications and payments to the following address:

Hillcroft Services, Inc.  
Attn: Isanogel Camp Application  
114 East Streeter Avenue  
Muncie, Indiana, 47303

Q. How will I know if my application has been accepted?

A. After receiving your application, the staff at Isanogel will send an acceptance packet that will include the dates of the session you've been accepted, what to bring with you, how to get to camp, and a note with any further information we need from you. In the middle of May, you will receive a post card in the mail confirming the dates you'll be attending camp and letting you know what time to check in.

Q. Do I need to have my physical form completed before I send in my application?

A. No. While it is helpful to receive all application material at once, we understand that physicals can often only occur once a year and many times that does not coincide with the camp application schedule. If you're waiting on a doctor's appointment, please mail in the remainder of the application and send the physical form **at least two weeks prior to the opening of your camp session.**

Q. Does the application deposit count towards the balance of camp fees?

A. Yes. When you submit the deposit, that amount is deducted from the amount that is owed towards camp fees.

Q. How do I apply for a camp scholarship?

A. To apply for a camp scholarship you will need to check that you are applying for a camp scholarship in the financial section of the application. You will also need to submit a current copy of documentation verifying the household income. Information regarding any remaining camp fees will be sent with the camper acceptance packet.

Q. Who do I contact with more questions?

A. Please contact Elizabeth Piazza, the Camp Manager, at (765) 288-1073 or by email at [epiazza@hillcroft.org](mailto:epiazza@hillcroft.org).



# EXPERIENCE ISANOVEL

Camp sessions are filled based on date the completed application is received. Programming is offered in Creative Arts, Nature, Recreation and Aquatics during all sessions.

## SESSION PREFERENCE

Please rank session preference in order you would like to attend (1st, 2nd, 3rd). Sessions are filled based on the date completed application is received.

\_\_\_ Session 1                      June 6-11  
Ages: 18 and older  
Staff to Camper Ratio: 1:1 to 1:2

\_\_\_ Session 2                      June 13-18  
Ages: 8-19  
Staff to Camper Ratio: 1:1 to 1:3

\_\_\_ Session 3                      June 20-July 2  
\_\_\_ Session 3A Only              June 20-25  
\_\_\_ Session 3B Only              June 27-July 2  
Ages: 18 and older  
Staff to Camper Ratio: 1:2 to 1:4

\_\_\_ Session 4                      July 4-9  
Ages: 18 and older  
Staff to Camper Ratio: 1:2 to 1:4

\_\_\_ Session 5                      July 11-23  
Ages: 18 and older  
Staff to Camper Ratio: 1:2 to 1:4

\_\_\_ Session 6                      July 25-30  
Ages: 18 and older  
Staff to Camper Ratio: 1:2 to 1:4

\_\_\_ Session 7                      Aug. 1-6  
Ages: 18 and older  
Staff to Camper Ratio: 1:2 to 1:4

Individuals the camper would request to attend the same session:

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## CHECK-IN PREFERENCE

Individuals the camper would request to check-in at the same time:

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Please check preference for check-in time (accommodations will be made for as many requests as possible). Postcards will be mailed with specific check-in times in the middle of May.

\_\_\_ 12:30 to 1:30pm              \_\_\_ 1:30-2:30pm  
\_\_\_ 2:30 to 3:30pm              \_\_\_ 3:30-4:30pm  
\_\_\_ no preference

Camper Name: \_\_\_\_\_

## CAMPER INFORMATION

**Camper Name:** (first, middle, last): \_\_\_\_\_

Name Camper Prefers: \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_\_ Gender: \_\_\_Male \_\_\_Female

**Please Send Correspondence To:** \_\_\_Camper's Address \_\_\_Guardians'/Parents' Address

\_\_\_Residential Provider, Attention: \_\_\_\_\_

### T-Shirt Size:

Youth: \_\_\_Small \_\_\_Medium \_\_\_Large Adult: \_\_\_Small \_\_\_Medium \_\_\_Large  
\_\_\_X-Large \_\_\_XX-Large \_\_\_XXX-Large

## PARENT/GUARDIAN INFORMATION

Please note, if an adult camper has a legal guardian/healthcare representative, a copy of legal documentation must be submitted with the camp application.

### Parent/Guardian #1:

\_\_\_Mother \_\_\_Father \_\_\_Guardian \_\_\_Healthcare Representative

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Parent/Guardian #2:

\_\_\_Mother \_\_\_Father \_\_\_Guardian \_\_\_Healthcare Representative

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## RESIDENTIAL PROVIDER INFORMATION

Name of Provider: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

# CONSENT AND WAIVER

I, as the parent and/or legal guardian of \_\_\_\_\_ (the "Applicant"), give consent for the Applicant to go to Isanogel (a division of Hillcroft Services, Inc.) and to participate in all camp activities except those specified in this application. I represent and warrant to Camp Isanogel that the applicant is physically and mentally able to participate in all camp activities except those which I have specified.

If the applicant is accepted, I give my consent for emergency medical care and/or tetanus immunization as deemed necessary by the Ball Memorial Hospital emergency room physician or attending camp physician while the applicant is at camp. I understand if emergency medical care is required, I will be notified by Isanogel as soon as practical.

I understand and acknowledge that Isanogel reserves the right to refuse any person and agree that the applicant will be attending voluntarily. I acknowledge and agree that I have been provided the opportunity to see and inspect the camp facilities at Isanogel. On behalf of the applicant and myself we agree to assume all risk of injury and loss arising out of the condition of the camp, the applicant's participation in camp activities and the activities of other campers participating in such activities. In consideration of and return for the services, facilities, and other assistance provided to the applicant by Isanogel, the applicant and I release Isanogel (and its Board of Directors, officers, employees and agents) from any and all liability, claims and actions that may arise from injury or harm to us, from our death or from damage to our property in connection with participation in camp at Isanogel. We understand that this Release covers liability, claims, and actions caused entirely or in part by any acts or failures to act of Isanogel (or its Board of Directors, officers, employees, or agents), including but not limited to negligence, mistake, or failure to supervise by Isanogel.

We recognize that this Consent and Waiver means we are giving up, among other things, rights to sue Isanogel, its Board of Directors, officers, employees, or agents for injuries, damages, or losses we may incur. We also understand that this Consent and Waiver binds our heirs, executors, administrators, and assigns, as well as ourselves.

I have read this entire Consent and Waiver, I fully understand it and I agree to be legally bound by it.

I have read and understand the Admission Policy of Isanogel, I fully understand it and agree to be bound by it.

This is release of your rights. Read it carefully before signing. I understand that completion of this form does not guarantee acceptance to Isanogel. I verify that all information contained in this application is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of parent/guardian

To also be signed by the Adult Applicant. I understand all of the foregoing provisions apply to me as an adult and hereby agree to them.

\_\_\_\_\_  
Signature of adult applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of adult applicant



# INFORMED CONSENT

Camper: \_\_\_\_\_

## I. Agreement to Participate in Programs

No Program Restrictions                      Program Restrictions (explain below)

### Aquatics:

Consent to Swim	yes	no
PFD Required	yes	no
Earplugs Req.	yes	no
1:1 in Pool	yes	no
Shallow End Only	yes	no
Seizure Disorder	yes	no

### Other Program Restrictions/Notes:

\_\_\_\_\_

## II. Overnight Staffing (residential camp only)

Does the camper require overnight **wake** staff?    yes    no

## III. Permission To Treat/Agreement to Medical Care

**Please note, if the camper has standing Advanced Directives, please attach a copy with the completed camp application.**

I, \_\_\_\_\_, hereby grant permission to Isanogel, a Division of Hillcroft Services, Inc. to administer medication, provide first-aid services, obtain medical treatment, and seek emergency medical care for (camper's name) \_\_\_\_\_ in accordance with agency policies.

I also authorize camp personnel to release and receive medical information and/or records to or from the appropriate healthcare personnel while participating in camp programming.

## IV. Media/Photo Release

Event/Subject: Summer Camp 2010

I grant Hillcroft Services, Inc., it's representatives, and employees the right to take photographs of me and my property in connection with above-identified event/subject. I authorize Hillcroft Services, Inc., it's assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Hillcroft Services, Inc. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above.

I agree to media photo release     I do not agree to media/photo release

\_\_\_\_\_  
Camper, Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## DEMOGRAPHIC INFORMATION

Demographic information below will not be utilized in the acceptance process or camp scholarship decisions. Demographic information will be utilized strictly for purposes of program outcome reporting.

**Gender:** 1.  Male      2.  Female

**Ethnicity:**

1.  Asian, Asian American, Pacific Islander      4.  Black, African American, Non-Hispanic  
2.  Hispanic, Hispanic American, Latino      5.  American-Indian, Alaska Native  
3.  White, Non-Hispanic

**Disability:**

1.  Mild MR      2.  Moderate MR      3.  Severe/Profound MR      4.  Cerebral Palsy  
5.  Seizure Disorder      6.  Dual Diagnosis      7.  Down syndrome      8.  Traumatic Brain Injury      9.  Other

**Age:**  8-12    13-18    19-29    30-50    51-65    65 and older

**Type of Residence:**

1.  Family Home      4.  Independent Home  
2.  Group Home      5.  Foster Home  
3.  Supported Living Site      6.  Long Term Care Facility

**County of Residence:**

- |   |   |   |  |
|---|---|---|--|
| 1. <input type="checkbox"/> Adams       | 25. <input type="checkbox"/> Fulton     | 49. <input type="checkbox"/> Marion     | 73. <input type="checkbox"/> Spencer     |
| 2. <input type="checkbox"/> Allen       | 26. <input type="checkbox"/> Gibson     | 50. <input type="checkbox"/> Marshall   | 74. <input type="checkbox"/> St. Joseph  |
| 3. <input type="checkbox"/> Bartholomew | 27. <input type="checkbox"/> Grant      | 51. <input type="checkbox"/> Martin     | 75. <input type="checkbox"/> Starke      |
| 4. <input type="checkbox"/> Benton      | 28. <input type="checkbox"/> Greene     | 52. <input type="checkbox"/> Miami      | 76. <input type="checkbox"/> Steuben     |
| 5. <input type="checkbox"/> Blackford   | 29. <input type="checkbox"/> Hamilton   | 53. <input type="checkbox"/> Monroe     | 77. <input type="checkbox"/> Sullivan    |
| 6. <input type="checkbox"/> Boone       | 30. <input type="checkbox"/> Hancock    | 54. <input type="checkbox"/> Montgomery | 78. <input type="checkbox"/> Switzerland |
| 7. <input type="checkbox"/> Brown       | 31. <input type="checkbox"/> Harrison   | 55. <input type="checkbox"/> Morgan     | 79. <input type="checkbox"/> Tippecanoe  |
| 8. <input type="checkbox"/> Carroll     | 32. <input type="checkbox"/> Hendricks  | 56. <input type="checkbox"/> Newton     | 80. <input type="checkbox"/> Tipton      |
| 9. <input type="checkbox"/> Cass        | 33. <input type="checkbox"/> Henry      | 57. <input type="checkbox"/> Noble      | 81. <input type="checkbox"/> Union       |
| 10. <input type="checkbox"/> Clark      | 34. <input type="checkbox"/> Howard     | 58. <input type="checkbox"/> Ohio       | 82. <input type="checkbox"/> Vanderburgh |
| 11. <input type="checkbox"/> Clay       | 35. <input type="checkbox"/> Huntington | 59. <input type="checkbox"/> Orange     | 83. <input type="checkbox"/> Vermillion  |
| 12. <input type="checkbox"/> Clinton    | 36. <input type="checkbox"/> Jackson    | 60. <input type="checkbox"/> Owen       | 84. <input type="checkbox"/> Vigo        |
| 13. <input type="checkbox"/> Crawford   | 37. <input type="checkbox"/> Jasper     | 61. <input type="checkbox"/> Parke      | 85. <input type="checkbox"/> Wabash      |
| 14. <input type="checkbox"/> Daviess    | 38. <input type="checkbox"/> Jay        | 62. <input type="checkbox"/> Perry      | 86. <input type="checkbox"/> Warren      |
| 15. <input type="checkbox"/> Dearborn   | 39. <input type="checkbox"/> Jefferson  | 63. <input type="checkbox"/> Pike       | 87. <input type="checkbox"/> Warrick     |
| 16. <input type="checkbox"/> Decatur    | 40. <input type="checkbox"/> Jennings   | 64. <input type="checkbox"/> Porter     | 88. <input type="checkbox"/> Washington  |
| 17. <input type="checkbox"/> DeKalb     | 41. <input type="checkbox"/> Johnson    | 65. <input type="checkbox"/> Posey      | 89. <input type="checkbox"/> Wayne       |
| 18. <input type="checkbox"/> Delaware   | 42. <input type="checkbox"/> Knox       | 66. <input type="checkbox"/> Pulaski    | 90. <input type="checkbox"/> Wells       |
| 19. <input type="checkbox"/> Dubois     | 43. <input type="checkbox"/> Kosciusko  | 67. <input type="checkbox"/> Putnam     | 91. <input type="checkbox"/> White       |
| 20. <input type="checkbox"/> Elkhart    | 44. <input type="checkbox"/> LaGrange   | 68. <input type="checkbox"/> Randolph   | 92. <input type="checkbox"/> Whitley     |
| 21. <input type="checkbox"/> Fayette    | 45. <input type="checkbox"/> Lake       | 69. <input type="checkbox"/> Ripley     | 93. <input type="checkbox"/> Other:      |
| 22. <input type="checkbox"/> Floyd      | 46. <input type="checkbox"/> LaPorte    | 70. <input type="checkbox"/> Rush       | _____                                    |
| 23. <input type="checkbox"/> Fountain   | 47. <input type="checkbox"/> Lawrence   | 71. <input type="checkbox"/> Scott      | _____                                    |
| 24. <input type="checkbox"/> Franklin   | 48. <input type="checkbox"/> Madison    | 72. <input type="checkbox"/> Shelby     |  |

**Estimated Annual Gross Household Income:**

1.  \$4,999 and below      4.  \$5,000-\$9,999      7.  \$10,000-\$19,999  
2.  \$20,000-\$29,999      5.  \$30,000-\$39,000      8.  \$40,000-\$49,999  
3.  \$50,000-\$59,999      6.  \$60,000-\$69,999      9.  \$70,000 +



## FINANCIAL INFORMATION

Camper Name: \_\_\_\_\_

### 2010 Camp Fees, Deadlines and Policies

One Week Session: \$600      Two Week Session: \$875

Multiple Sessions: Please Contact Camp Manager for Pricing

- A nonrefundable \$100 deposit is required with the camp application which will be applied towards the total camp fees. If the camper is not accepted to camp, the deposit will be refunded.
- All fees must be received to Hillcroft Services, 114 E Streeter Avenue at least two weeks prior to the camp session the camper will be attending.
- All checks/money orders should be written to Hillcroft Services or Isanogel and should clearly list the campers first and last name.
- In order to apply for a camp scholarship, all campers must submit proof of current income. Appropriate documentation may include current Social Security/SSI statement or 2008 tax return. Camp scholarships are available to assist with **up to** \$200 of camp fees. Cancellations must be made at least two weeks prior to attending camp in order to receive a refund of camp fees paid. Cancellations made within two weeks of the start date of camp will require documentation from a physician to receive a refund of camp fees paid.

### Please Check One of the Following

\_\_\_\_\_ Full Payment of \$600(one week)/\$875(two week) Enclosed

\_\_\_\_\_ I wish to make payments towards the total camp fees and understand that all fees must be received at least two weeks prior to attendance at camp. I plan to pay:

Date:	Amount:	Date:	Amount:	Date:	Amount:

\_\_\_\_\_ I am applying for a camp scholarship. I have attached a copy of income verification.

\_\_\_\_\_ I am making arrangements with an outside sponsor to pay camp fees. I understand that if the sponsor fails to pay full camp fees I will be responsible for the remainder of the fees at least two weeks prior to attendance at camp.

Name of Sponsoring Organization			
Name and Title of Contact Person			
Address of Sponsoring Organization			
Phone Number of Sponsoring Organization			
Amount to be paid by sponsoring organization		Amount to be paid by camper/family	

# CABIN LIFE INFORMATION

Camper Name: \_\_\_\_\_

## Toileting

<input type="checkbox"/>	Uses Briefs/Diapers Exclusively	<input type="checkbox"/>	Uses Cather
<input type="checkbox"/>	Uses Briefs/Diapers Overnight	<input type="checkbox"/>	Uses Colostomy
<input type="checkbox"/>	Cleans Self After Urinating	<input type="checkbox"/>	Uses Ileostomy
<input type="checkbox"/>	Cleans Self After Bowel Movement	<input type="checkbox"/>	Uses Toilet Independently

## Hygiene

	Independently	With Verbal Prompts	With Physical Assistance
Showers			
Washes Hair			
Regulates Water Temperature			
Styles/Maintains Hair			
Uses Hygiene Products Appropriately			
Brushes Teeth			
Able to Remove and Put on Clothing			

## Communication

<input type="checkbox"/>	Communicates Verbally	<input type="checkbox"/>	Indicates Needs/Wants
<input type="checkbox"/>	Uses Intelligible Speech	<input type="checkbox"/>	Uses Sign Language
<input type="checkbox"/>	Responds to Interaction	<input type="checkbox"/>	Understands "No"
<input type="checkbox"/>	Indicates Yes or No Response	<input type="checkbox"/>	Uses Communication Device

## Sleeping

What time does the camper typically go to bed? \_\_\_\_\_ Wake up? \_\_\_\_\_

<input type="checkbox"/>	Problems going to sleep	<input type="checkbox"/>	Needs Turned at Night
<input type="checkbox"/>	Needs/Wants Night Light	<input type="checkbox"/>	Needs Awakened to Use Restroom
<input type="checkbox"/>	Has Nightmares/Bad Dreams	<input type="checkbox"/>	Breathing Problems
<input type="checkbox"/>	Sleepwalks	<input type="checkbox"/>	Seizures at Night
<input type="checkbox"/>	Verbalizes/Talks While Going to Sleep	<input type="checkbox"/>	Wanders at Night

# CABIN LIFE INFORMATION

## Behavior Management Information

Does the camper currently have a behavior support plan in place? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, a copy of the current plan must be received at least two weeks prior to attendance at camp.									
Behavior Specialist:		Behavior Specialist Phone Number:							
Does the camper have any specific behaviors that may be of concern in adjusting to the camp community? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, please explain:							
Are there any precipitating factors to these behaviors? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, please explain:							
What methods are most effective in diminishing negative behaviors? <input type="checkbox"/> redirection <input type="checkbox"/> planned ignoring <input type="checkbox"/> positive reinforcement for appropriate behavior <input type="checkbox"/> one on one time <input type="checkbox"/> taking a break/time out		Please explain:							
Has the camper experienced any recent traumatic events that may affect camp experience? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, please explain:							
Please indicate the frequency of the following behaviors:		Current	Past	Never	Please indicate the frequency of the following behaviors:		Current	Past	Never
Wandering					Throwing Objects				
Bullying					Biting				
Withdrawal					Kicking				
Noncompliance					Lying				
Hitting					Sexual Acting Out				
Pinching					Anxiety/Depression				
Hair Pulling					Verbal Threats				
Suicidal Ideation/Attempts					Scratching				
Stealing					Spitting				
Impulsivity					Disrobing				
Swearing					Self-Injurious Behavior				
Mood Swings					Physical Aggression Towards Others				

## CABIN LIFE INFORMATION

### Mobility Information

- Walks Independently  
  Uses Walker  
  Uses Orthopedic Appliances  
 Uses Manual Wheelchair  
  Uses Power Wheelchair

### Diet and Nutrition Information

Does the camper have any food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Does the camper have any other dietary restrictions (i.e. low fat, low-cal., etc...)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain

## PROGRAMMING INFORMATION

What hobbies/interests/pastimes does the camper have?	
What goals is the camper currently working towards (i.e. life skills goals)?	
Are there any activities that the camper would specifically like to do at camp?	



EXPERIENCE  
ISANOVEL

7601 W Isanogel Road  
Muncie, Indiana  
47304

Phone: 765-288-1073  
Fax: 765-288-3103  
E-mail:  
epiazza@hillcroft.org



# HEALTH HISTORY AND EXAMINATION FORM 2010

This form must be received by the camp office at least two weeks prior to attendance at camp. All information must be reviewed and verified by a licensed physician or nurse practitioner for thoroughness and accuracy. Please keep a copy of this form for your records.

Camper Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## In Case of Emergency

(please list whom to notify in order of preference)

**#1**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_\_

**#2**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_\_

**#3**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

# HEALTH HISTORY AND EXAMINATION FORM 2010

## Diagnoses:

Please check all that apply and write in other as applicable.

<input type="checkbox"/> ADHD/ADD <input type="checkbox"/> Asthma <input type="checkbox"/> Anxiety <input type="checkbox"/> Autism <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Constipation <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes (insulin dependent) <input type="checkbox"/> Diabetes (non-insulin dependent) <input type="checkbox"/> Down syndrome <input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Heart Disorder or Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Mild Intellectual Disability <input type="checkbox"/> Moderate Intellectual Disability <input type="checkbox"/> Severe/Profound Intellectual Disability <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Speech Impairment <input type="checkbox"/> Spina bifida <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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## Allergies:

List all known and reactions

Does the camper carry/have an Epi-pen? \_\_\_\_\_

Does the camper carry/have an Inhaler? \_\_\_\_\_

Insect Bite/Sting: \_\_\_\_\_

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

Medication (s): \_\_\_\_\_

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

Latex: \_\_\_\_\_

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

Other: \_\_\_\_\_

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

## High Risk Areas (Chronic/Reoccurring Illnesses)

Please check all that apply and write in other as applicable.

<input type="checkbox"/> Bladder/Kidney Infection <input type="checkbox"/> Bronchitis <input type="checkbox"/> Ear Infection <input type="checkbox"/> Eye Infection <input type="checkbox"/> Sinus Infection	<input type="checkbox"/> Skin Breakdown/Pressure Sores <input type="checkbox"/> Skin Irritation/Rash <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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# HEALTH HISTORY AND EXAMINATION FORM 2010



## SEIZURE INFORMATION

Type(s) of Seizures (Please Check All That Apply)

Absence     Atonic (Drop)     Clonic     Tonic     Tonic-Clonic

Other: \_\_\_\_\_

Frequency of Seizures: \_\_\_\_\_ Duration of Seizures: \_\_\_\_\_

PRN Medication for Seizures: \_\_\_\_\_

Instructions for PRN Medication: \_\_\_\_\_

Precipitating Factors/Triggers:

Overheating     Exhaustion     Menstruation     Stress     Other: \_\_\_\_\_

## DIABETES INFORMATION

Type of Diabetes     Insulin Dependent     Non-Insulin Dependent     Pre-Diabetic

If Insulin Dependent, can/does the camper administer his/her own shots? \_\_\_\_\_

Insulin Scale:

Time: \_\_\_\_\_ Range: \_\_\_\_\_ Coverage: \_\_\_\_\_

Time: \_\_\_\_\_ Range: \_\_\_\_\_ Coverage: \_\_\_\_\_

Time: \_\_\_\_\_ Range: \_\_\_\_\_ Coverage: \_\_\_\_\_

Time: \_\_\_\_\_ Range: \_\_\_\_\_ Coverage: \_\_\_\_\_

Instructions if Blood Sugar is Out of Range: \_\_\_\_\_

## TREATMENTS

Does the Camper use a Nebulizer?     Yes     No    If yes, camper must bring his/her own.

If yes, does the camper know how to operate the machine?     Yes     No

How frequently does the camper receive treatments?

Does the camper use home oxygen?     Yes     No    If yes, camper must bring his/her own.

Type of Delivery Device: \_\_\_\_\_ Setting of Liters: \_\_\_\_\_

# HEALTH HISTORY AND EXAMINATION FORM 2010

## DIGESTIVE INFORMATION

How frequently does the camper typically have bowel movements? \_\_\_\_\_

Does the camper have chronic \_\_\_\_ constipation and/or \_\_\_\_ diarrhea?

Please describe any known triggers for constipation and/or diarrhea: \_\_\_\_\_

Does the camper use \_\_\_\_enemas \_\_\_\_suppositories \_\_\_\_laxatives?

If yes, frequency: \_\_\_\_\_

Does the camper have a colostomy/ileostomy? \_\_\_\_yes \_\_\_\_no

## MEDICAL HISTORY AND RESTRICTIONS

Has the camper been hospitalized in the past 12 months? \_\_\_\_yes \_\_\_\_no

If yes, reason:

Does the camper have a shunt? \_\_\_\_yes \_\_\_\_no

If yes, special instructions:

Please list any activities in which the camper may not participate or attach precautions or special instructions for routine camp activities.

## VACCINATION RECORD



Vaccine	Year of Basic Immunization	Year of Booster Immunization
Diphtheria		
Pertussis		
Tetanus		
Tetanus/Diphtheria		
Oral Polio		
Measles (MMR)		
TB Test Date:	Type of Test:	Results:
If Positive, Explain Treatment: 18		

## PHYSICIAN'S STANDING ORDERS

Please indicate those medications which may be given at camp. Feel free to write in your preferences. Dosages appropriate to age/weight of person per product instructions will be given unless otherwise noted. Isanogel reserves the right to use generic equivalents of any drug.

**Please indicate:**  Liquid  Pill

Pain or Fever	<input type="checkbox"/> Tylenol <input type="checkbox"/> Tylenol Extra Strength <input type="checkbox"/> Ibuprofen	Constipation	<input type="checkbox"/> MOM <input type="checkbox"/> Miralax <input type="checkbox"/> Colace <input type="checkbox"/> Pericolace <input type="checkbox"/> Dulcolax suppository <input type="checkbox"/> Fleets enema
Cough	<input type="checkbox"/> Robitussin <input type="checkbox"/> Cough Drops <input type="checkbox"/> Notify MD for persistent cough	Skin Care	<input type="checkbox"/> Hydrocortisone or Caladryl <input type="checkbox"/> Neosporin or Bacitracin
Nausea	<input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Maalox	Sore Throat	<input type="checkbox"/> Chloraseptic Spray <input type="checkbox"/> Cepacol Lozenges <input type="checkbox"/> Sucrets Lozenges
Diarrhea	<input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Kaopectate <input type="checkbox"/> Imodium	Nasal/Chest Congestion	<input type="checkbox"/> Claratin <input type="checkbox"/> Dimetapp <input type="checkbox"/> Sudafed <input type="checkbox"/> Benadryl

## PRESCRIPTION MEDICATION

### Medication Packaging

Campers use medications that come in a variety of packaging. In order to comply with state medication administration laws, all medications must arrive at Isanogel in their original pharmacy packaging. Bubble packs, docudose and pill bottles are all acceptable packaging. Envelopes without a pharmacy label, pill trays, etc.. are not acceptable packaging.

### Medication Administration and Documentation

Upon arrival on check-in day, all campers and caregivers will meet with the nurse to review current medications, medical conditions, etc... Each camper and caregiver will be asked to review the medication administration schedule with the nurse. Isanogel will document medication administration on its own Medication Administration Record. Campers/caregivers should not expect Isanogel staff to document medication administration on his/her MAR. A copy of the Isanogel MAR will be available for campers upon check-out on closing day of camp.

**Licensed Physician's Signature:** \_\_\_\_\_

Printed Name of Licensed Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Date of Examination: \_\_\_\_\_

