

CIW WEEKEND CAMP THEMES

2020-2021

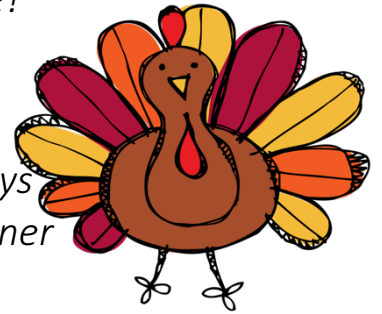


Weekend Session #1 "Monster Mash" (October 23rd-25th)

Welcome all spooks and ghouls to a weekend filled with Tricks & Treats! Our "Monster Mash" Weekend Camp will make you squeal with fright & delight! From Spooky Scavenger Hunts to Magic Potions, Campers will be in for a treat! Better beware, you're in for a scare!

Weekend Session #2 "Fall Fun" (November 6th-8th)

There is always something to be thankful for. Come see us this November for our "Fall Fun" Weekend Camp! There will be turkeys galore & so much more! Don't miss out on our Friendsgiving dinner and fall festival! It will be somethin', so join us lil' pumpkins!



Weekend Session #3 "Winter Wonderland" (December 4th-6th)

CIW invites you to come celebrate the season as we kick off December with our "Winter Wonderland" Weekend Camp! Join us as we jingle all the way around the North Pole! There will be snowball fights, and reindeer sights! Come join us children big & small, as we unlock a world of imagination for all.

Weekend Session #4 "Mardi Gras" (February 5th-7th)

Put on your masks, hope your appetite is hearty, why you may ask? Because it's a Mardi Gras Party! Join CIW for our "Mardi Gras" Weekend Camp! There will be dancing in the fields, feathers, beads & masks, what more do we need to have a blast?



Weekend Session #5 "Luck of the Leprechaun" (March 5th-7th)

There is an old tale, of a man dressed in green. He's a tiny, bearded, gold searchin' machine! Join us at CIW for our "Luck of the Leprechaun" Weekend Camp! From shamrocks to leprechaun hunts and lots of great cheer, make no mistake, you'll want to be here!

Weekend Session #6 "Spring Splash" (April 9th-11th)

Splish & splash we are having a bash! There will be good vibes and fun in the sun as we welcome campers to our "Spring Splash" Weekend Camp! Adventure has washed ashore and there is so much to dive into! Come join us as we dance to the sounds of the sea, and limbo underneath the tall trees!





CAMP IDLEWILD WEEKEND SESSION SIGN UP FORM

SEND VIA:

Email: mpasko@campidlewildofflorida.com
Mail: 7602 Henry Dr, Land O Lakes, FL 34638
Fax: (813) 996-1226

CAMPER NAME: _____ GUARDIAN NAME: _____

2020-2021 WEEKEND SESSIONS & DATES

\$250/Session (\$50 portion is a non-refundable deposit fee)

(please select weekends you would like camper to attend)

SESSIONS	COSTS	FOR OFFICE USE ONLY
<input type="checkbox"/> Session #1: October 23 rd -25 th , 2020	\$200.00 \$50.00 Deposit	<input type="checkbox"/> Deposit Paid <input type="checkbox"/> Full Amount Paid
<input type="checkbox"/> Session #2: November 6 th -8 th , 2020	\$200.00 \$50.00 Deposit	<input type="checkbox"/> Deposit Paid <input type="checkbox"/> Full Amount Paid
<input type="checkbox"/> Session #3: December 4 th -6 th , 2020	\$200.00 \$50.00 Deposit	<input type="checkbox"/> Deposit Paid <input type="checkbox"/> Full Amount Paid
<input type="checkbox"/> Session #4: February 5 th -7 th , 2021	\$200.00 \$50.00 Deposit	<input type="checkbox"/> Deposit Paid <input type="checkbox"/> Full Amount Paid
<input type="checkbox"/> Session #5: March 5 th -7 th , 2021	\$200.00 \$50.00 Deposit	<input type="checkbox"/> Deposit Paid <input type="checkbox"/> Full Amount Paid
<input type="checkbox"/> Session #6: April 9 th -11 th , 2021	\$200.00 \$50.00 Deposit	<input type="checkbox"/> Deposit Paid <input type="checkbox"/> Full Amount Paid
Total Number of Sessions:	Total Due: \$	TOTAL AMOUNT PAID: \$

Payment Options

(Please select one of the following payment options. PayPal direct to: campidlewildofflorida@gmail.com. Credit card Information to be filled out on back page. If applicable, make check payable to: **Camp Idlewild of Florida**)

☐ Credit Card ☐ Cash ☐ Check ☐ Pay Independently with PayPal Account ☐ Other

(Preferred payment method. As this charges no service fees)

☐ Payment Option 1: FULL PAY

☐ I will provide full payment for each camp session.

☐ Payment Option 2: PARTIAL PAY

☐ I will pay a partial amount of my total balance. The balance remaining will be paid in full prior to the start of camp.

☐ Payment Option 3: OUTSIDE FUNDING

☐ I will be receiving funding through an outside source. I understand I am responsible for any agency subsidies which are not forth coming. (Contact information for Agency is REQUIRED)

Agency: _____

Contact Person: _____

Phone: _____

Email: _____

Agency Address: _____

PLEASE READ AND SIGN:

I understand that selected sessions are not guaranteed. I understand that acceptance into these sessions is based upon availability.

Signature: _____

Date: _____

(Please see Back Page)

(Please fill out ALL fields and please write legibly so we are able to correctly process this information)

CREDIT CARD INFORMATION

Name on Card:

Phone Number:

(Please Circle): CELL / WORK / HOME

Card Number:

Camp Session(s) paying for:

Session # _____

(Separate multiple sessions with commas)

Card Expiration Date:

Email Address:

Security Code:

Card Billing Address:

☐ **Deposit Only** ☐ **Full Amount**

State:

TOTAL TO BE CHARGED:

Billing Zip Code:

\$



"Come for the adventure, stay for the fun, leave with the friendships and memories that will last a lifetime!" ~CAMP IDLEWILD OF FLORIDA

Dear Camper, Parent and/or Caregiver,

Welcome to Camp Idlewild of Florida! We are thrilled to be opening the doors to campers for our first Weekend Camp in the fall of 2020. The mission of our program is to provide innovative camping programs adapted for children with special needs ages 6-17 which promote personal growth, challenge their abilities and develop new skills in a fun and energizing environment.

Camp Idlewild is a new camping program, located in Land O Lakes, Florida. The camp is built on 140 private acres and is surrounded by Florida's natural landscape of cypress trees and a 65-acre spring fed lake. This location provides the perfect setting to participate in many outdoor activities while having a whole lot of fun! Campers will enjoy sleeping in our beautiful cabins with their assigned counselors, eating in the lodge and participating in all of the theme-based activities that we have planned.

Our program model was developed for children who have the following super powers: Autism Spectrum Disorders (including Asperger's Syndrome), Sensory Processing Disorders, Down syndrome, Developmental Delays, Intellectual Disabilities, Blind or Visual Impairments, Deaf or Hard of Hearing and Physical Disabilities. Our program provides a 3:1 Camper to Counselor ratio to ensure individual attention. Our camp team is comprised of exceptional staff and volunteers who inspire and care about the campers we serve. They are trained to provide the best quality of supervision, assistance and support for the camper's individual needs. Weekend staff includes: Camp Management Team, Camp Director, Registered Nurse, Program Director, Camp Counselors, Counselors-In-Training, Food Service and Housekeeping.

Weekend Camps provide an excellent opportunity for campers to spend a fun-filled weekend, meeting new friends and gaining new experiences. This allows the camper an introduction to the program prior to registering for a week-long summer camp session. All camp sessions are filled on a first come, first serve basis. Once a camp session has filled, a waiting list will be created in the event a spot becomes available.

Check-in at camp on Friday at 6PM and depart by 11AM on Sunday. The cost is \$250 and will be limited to 20 campers per session.

Please make sure to complete the entire packet and provide as much information as possible. The Weekend Camp packet includes our "Annual Enrollment Application", which is used for both our Weekend and Summer Camp sessions. Once you have completed this information, the process will be simple to sign up for future camp sessions.

WEEKEND CAMP DATES:

- ❖ October 23-25, 2020 "Monster Mash"
- ❖ November 6-8, 2020 "Fall Fun"
- ❖ December 4-6, 2020 "Winter Wonderland"
- ❖ February 5-7, 2021 "Mardi Gras"
- ❖ March 5-7, 2021 "Luck of the Leprechaun"
- ❖ April 9-11, 2021 "Spring Splash"

Please visit our website: www.campidlewildofflorida.com or contact the camp office: (813) 996-1226 should you have any additional questions. We look forward to meeting you and having you join us at camp!

Yours in Camping,

The Camp Idlewild Team



Camp Idlewild of Florida

Weekend Camp Application

Our Mission is to provide innovative camping programs adapted for children with special needs ages 6-17 which promote personal growth, challenge their abilities and develop new skills in a fun and energizing environment.

Mailing and Physical Address:

7602 Henry Drive, Land O' Lakes, FL 34638
Phone and Fax: (813) 996-1226

Email: campidlewildofflorida@gmail.com

Website: www.campidlewildofflorida.com

Dear Parent/Caregiver/Family:

Thank you for your interest in Camp Idlewild of Florida (CIW), a place where campers are accepted and valued for who they are and for their unique differences. Our programs are designed knowing that each child has their own special set of likes and dislikes, strengths and challenges. While campers are having the time of their lives, parents and caregivers enjoy respite.

All applications will be accepted on a first come, first serve basis. There is a limited amount of spaces for each session available. Once these spots have been filled, the session will be closed.

Our program serves individuals with unique abilities, ages 6 – 17. We will also be offering sessions for young adults ages 18 – 30. Our activities are specifically designed to meet the needs for individuals with: Autism Spectrum Disorders, Down syndrome, developmental delays, intellectual challenges, blind or visual impairments, deaf or hard of hearing, physical disabilities or mental disorders.

WEEKEND CAMP COST: \$250 for Weekend Camp Session (includes \$50 non-refundable registration fee). The non-refundable registration fee is part of the total Camp fee (please see Cancellation and Refund Policy).

SPECIAL DIETS: Campers with special dietary needs (gluten free, dairy free, diabetic, etc.) will be charged \$25.00 for CIW Food Service to provide an alternative menu. You may also bring your own food for the weekend for no additional cost.

CAMPER REGISTRATION REQUIREMENTS

- ❑ **PAPER APPLICATIONS:** **2020 ANNUAL ENROLLMENT APPLICATION** (pages 1 – 9) must be filled out completely and signed by Parent, Caregiver or Legal Guardian. This application is used for both Weekend and Summer Camp Programs.
- ❑ **NEW ONLINE REGISTRATION:** Please visit our website to access the Camper Registration Portal at www.campidlewildofflorida.com. The Online Annual Enrollment Application will be used for both Weekend and Summer Camp Programs. **(AVAILABLE SOON!)**
- ❑ **CAMP PHYSICAL EXAMINATION FORM (Pages 1 – 3):** **Physicals must be completed within the 12 MONTHS prior to your selected camp date.** Expired (beyond the year) physicals **will not** be accepted. The camp physical must be signed by a licensed physician on CIW's Camp Physical Examination Form. Physicals **MUST ARRIVE NO LATER THAN TWO WEEKS PRIOR** to the beginning of the scheduled camp session.
- ❑ **PLEASE BE ADVISED:** Your enrollment will not be complete until our office has received the required \$50.00 non-refundable deposit (please see Refund Policy). Payments can be made by Check, Money Order or Credit Card (by phone).
Please make checks ***Payable to: Camp Idlewild of Florida***
We currently do not have financial assistance available for Weekend Camp. Financial assistance is available for Summer Camp Only!

Please call us at (813) 996-1226 for more information. We look forward to sharing an awesome weekend with you!

Yours in Camping,
The Camp Idlewild Team

CAMPER ELIGIBILITY POLICY

Camp Idlewild (CIW) seeks to serve all qualified individuals with disabilities who meet the essential eligibility requirements outlined below. These criteria are necessary to ensure not only the safety of participating campers, but also their ability to receive the maximum benefits of the camp program for which they have applied. All acceptances of applications are conditional. Specifically, CIW reserves the right to accept or deny applications or defer admission on site or prior to attendance should it later become aware that the initial application was inaccurate or the campers health has severely declined or upon demonstration that a camper does not meet the applicable eligibility criteria. All deferrals or revocation of admission must be approved by Camp Management.

Essential Eligibility Requirements for Camp Admission:

1. Be of appropriate age or ability for session requested.
2. Have a physical, developmental or mental disability; specialty camps sessions such as for sibling camps will waive this requirement. Please contact the camp office if you are a wheelchair user to discuss accessibility.
3. Has the ability to adapt to a group living routine at camp within 24 hours of check-in, without disruption to the group living environment. This includes, but is not limited to the following: not following directions of CIW staff or causing disruption to other campers' experiences. Accommodations are dorm-style sleeping quarters with no private rooms. Campers are expected not to disturb others during quiet hours of overnight sleep and rest time.
4. Applicant will be required to possess basic independent living skills such as: self-feeding, showering, dressing & toileting. Applicant must be continent and have the ability to maintain bowel routine. Our program is designed to meet the needs of our campers based on a 3:1 or better Camper to Counselor ratio. **We are not equipped to provide 1:1 assistance/supervision in a group setting at this time.**
5. Is not abusive toward him/her self or others, i.e. does not physically, verbally, or sexually abuse self or others. Abuse may include hitting, biting, scratching, spitting, kicking, excessive swearing, excessive or inappropriate yelling or verbal degradation, inappropriate touching or fondling or other inappropriate behavior.
6. Does not have a medical condition or impairment that has a substantial risk or likelihood for complication or injury or requires specialized medical treatment (i.e. intravenous infusions, tube feeding, a communicable disease or condition).
7. Has ability to eat or drink amounts adequate for nutritional support and agrees to and accepts personal medications from camp medical personnel.

Each camp session has a theme and activities which are designed to meet the needs of the campers we serve and to include the participation of all campers despite their physical, emotional or developmental challenges. By maintaining a low camper to staff ratio, we can focus on each camper's strengths and potential. Activities include: Arts & Crafts, Swimming, Canoeing, Archery, Fishing, Hiking, Yoga, Drum Circles, Nature Studies, Cooking Classes, Sports & Games, Dances, Gardening, Campfires, Drama, Skits & much more!

2020-2021 WEEKEND CAMP SESSIONS

Session 1	October 23 - 25, 2020	Monster Mash
Session 2	November 6 - 8, 2020	Fall Fun
Session 3	December 4 - 6, 2020	Winter Wonderland
Session 4	February 5 - 7, 2021	Mardi Gras
Session 5	March 5 - 7, 2021	Luck of the Leprechaun
Session 6	April 9-11, 2021	Spring Splash

Letter of Confirmation

Upon receipt and approval of Camper's application, a Confirmation Packet will be mailed to the parent, caregiver or legal guardian. Please notify the camp immediately in the event of cancellation or if there is a conflict with the assigned session. If your application is not approved, you will be notified directly by the camp office.

Please **DO NOT** wait to have the **Camp Physical Examination Form** completed. You may mail, fax or email your application to our Camp Office upon completion (**Fax# 813-996-1226**). If the first camp session that you have applied for is full, you will be placed on a waiting list or placed in your second choice. All parties will be notified regarding any updates or changes to the assigned camp session.



Camp Idlewild of Florida
 7602 Henry Drive, Land O' Lakes, FL 34638
 (813) 996-1226
 Fax # (813) 996-1226
 Email: campidlewildofflorida@gmail.com
 Website: www.campidlewildofflorida.com

For Office Use Only:

Application Rec'd _____ Approved by _____
 Deposit Rec'd _____ Session(s) _____
 Campership _____ Missing Pgs _____
 Amount due _____ Name Tag _____
 Nurse _____ Entered DB _____
 Confirmation Pkt. Sent _____

ANNUAL ENROLLMENT APPLICATION

All pages 1 - 9 of application MUST BE COMPLETED and RETURNED to our office for registration. Applications are processed on a first come, first served basis. **DO NOT** wait for Camp Physical Examination Form to be completed before sending in your application.

Camper's Name: _____ Nickname _____

Camper's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Date of Birth: _____ Gender: M / F / Gender Diverse (Circle) T-Shirt Size: _____

Camper's Parent/Caregiver/Legal Guardian: _____

Parent/Caregiver/Legal Guardian Address: _____

Phone: Home: () _____ Cell: () _____ Work: () _____

Parent/Caregiver/Legal Guardian – Employer and Work Phone: _____

Camper lives with: Parent(s) _____ Caregiver _____ Legal Guardian _____

How do you wish to receive Camp Information? (Circle One): Mail _____ Email _____

Email (Parent/Caregiver/Legal Guardian): _____ Fax: _____

Who **IS** authorized to pick up Camper? _____

Who is **NOT** authorized to pick up Camper? _____

#1 Emergency Contact	#2 Medical Emergency Contact Information
(Must be someone OTHER than above listed Parent/Guardian)	(Who should be contacted if Camper needs to go to the ER, etc.?)
Name _____ Relationship _____	Name _____ Relationship _____
Phone _____	Phone _____

Has Camper ever attended a different camp before? Yes _____ No _____ If yes, name of Camp: _____

How did you hear about Camp Idlewild? _____

PLEASE CHECK DESIRED SESSION DATES: OCT 23-25, 2020 _____ NOV 6-8, 2020 _____ DEC 4-6, 2020 _____
 FEB 5-7, 2021 _____ MAR 5-7, 2021 _____ APR 9-11, 2021 _____

PAYMENT INFORMATION:

- **Camp Cost:** \$250 for Weekend Camp Session (\$50 non-refundable registration fee) and \$700 for Summer Camp Session (\$150 non-refundable registration fee). The non-refundable registration fee is part of the total Camp fee
- Full payment is due by the start of Camp Session, unless Camper's support service agency has agreed to pay the partial or full Camp fee.
- CIW accepts credit card payments for full or partial Camp fees. Payment plans are also available. Call the Camp office to pay with a credit card.
- Failure to contact Camp regarding cancellation prior to the start of the scheduled Camp Session will result in the forfeit of all deposit fees.

Camper's fee will be paid by (Please check all that apply): \$ _____ Parents/Caregiver \$ _____ Agency \$ _____ Other \$ _____ CIW Campership (Summer Only)

If agency or other funding source is paying, please provide the following information:

Agency and/or Other: _____ Contact Person: _____

Camper Name _____

CAMPER QUESTIONNAIRE

Primary Diagnosis _____ Secondary Diagnosis _____

Please list any additional diagnosis or current medical conditions we need to be aware of: _____

Is Camper's mental and functional age different than their actual age? Yes _____ No _____

If Yes, what is their chronological age? _____ What is their functional age? _____

Please use the following space to explain: _____

Does the Camper have medically diagnosed seizures? Yes _____ No _____

If Yes, Seizure Type: _____ Frequency: _____

Date of Last Seizure: _____ Medication(s): Yes _____ No _____

*Please complete all details on the Seizure Action Plan Form included on page 5

Does Camper have a cardiac condition? Yes _____ No _____

Does Camper have respiratory problems? Yes _____ No _____ If Yes, will inhaler be provided? YES NO

Does Camper use oxygen? (must supply own oxygen) Yes _____ No _____ If Yes, PRN 24 Hrs. Night (Circle One)

Does Camper fatigue easily? Yes _____ No _____

Does Camper have any medically diagnosed allergies? Yes _____ No _____

Does Camper have an allergy that requires an Epi-Pen? Yes _____ No _____ If Yes, Epi-Pen **MUST BE** provided!

Does Camper have any of the following allergies? (Circle) **Food Environmental Medication Airborne**

If Yes, please use the following space to explain: _____

Is Camper sensitive to the heat or the sun? If yes, please explain: _____

Does Camper struggle with sensory processing? If yes, please explain: _____

Behavior/Social Interaction (please check all that apply or have occurred within the past year)							
<input type="checkbox"/>	NO HISTORY	<input type="checkbox"/>	Destructive	<input type="checkbox"/>	Self-Abusive	<input type="checkbox"/>	Inappropriate Sexual Behaviors
<input type="checkbox"/>	Gets Upset Easily	<input type="checkbox"/>	Physically Aggressive	<input type="checkbox"/>	Invades Space	<input type="checkbox"/>	Sexually Aggressive
<input type="checkbox"/>	Pulls Hair	<input type="checkbox"/>	Threatens	<input type="checkbox"/>	Wanders/Runs Away	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Hits/Scratches Others	<input type="checkbox"/>	Curses/Verbally Abusive	<input type="checkbox"/>	Screams	<input type="checkbox"/>	
<input type="checkbox"/>	Bites	<input type="checkbox"/>	Lies or Steals	<input type="checkbox"/>	Bangs Head	<input type="checkbox"/>	

How often do the behaviors listed above occur? (Please Circle)

Seldom (1x or less per month)

Often (1x or less per week)

Frequently (more than 1x per week)

Daily

Does Camper have a behavior management or safety plan in place? Yes _____ No _____ (If Yes, please submit)

Has Camper been separated from home before? Yes _____ No _____

Does Camper wander away from groups? Yes _____ No _____

Has Camper ever run away from home/school? Yes _____ No _____

Does Camper have unusual fears? Yes _____ No _____

Are there any precautions you wish to have observed at Camp? Yes _____ No _____

Does Camper have dangerous tendencies that could result in harm to self? Yes _____ No _____

Does Camper have dangerous tendencies that could result in harm to others? Yes _____ No _____

If you answered Yes to any of the above questions, please use the following space to explain: _____

What usually triggers challenging behavior? _____

Please explain how Camper's challenging behavior is handled (i.e., positive reinforcements, calming activities, rewards Camper likes to work towards) _____

Camper Name _____

During the past year, has Camper been under the care of a professional to address mental/emotional health concerns?
 Yes _____ No _____ If Yes, please give a brief plan of care Camper is following: _____

Has Camper had a significant life event (death of a loved one, family change, group home change, trauma, etc.) that has occurred in the last year? Yes _____ No _____ If yes, please specify and give additional detail as needed: _____

Personal Care Needs: (Please check all that apply)

Toileting/Showering/Dressing	Independently	With Verbal Cues	Some Assistance	Total Assistance
Uses Toilet* (see below)				
*We understand that toileting accidents occur. (Please circle frequency) Never Rarely Occasionally Frequently *Camper must be continent and independent with bowel routine. Pull Ups are okay, but camper must be able to change and cleanup with minimal assistance. STAFF will assist with verbal cues and minimal assistance.				
Menstrual Care				
Shampooing/Soaping/Shaving				
Hair Care				
Brushing Teeth				
Dressing				
Sunscreen Special Instructions:				

Specific Eating Requirements: (Circle all that apply)

No Assistance	Some Assistance	Food Needs To Be Cut	Diabetic Diet	Gluten-free Diet	Dairy-free Diet	Other

Does Camper have any additional dietary restrictions? Yes _____ No _____ If Yes, please explain: _____

Will Camper bring own food for special dietary needs? Yes _____ No _____ Do you prefer CIW provide special meals at an additional charge? Yes _____ No _____ (Additional Charge: Weekend Camp Session \$25; Summer Camp Session \$75)

Mobility:

Does Camper have any injuries or physical limitations? Yes _____ No _____ If Yes, please explain: _____

Does Camper use a walker/walking cane? Yes _____ No _____ Comments: _____

Does Camper use a wheelchair? Yes _____ No _____ If Yes, (Circle all that apply) **Powered or Manual**
Independent or Needs Assistance Transfer Independently or Needs Assistance Comments: _____

Can Camper sleep on the top bunk? Yes _____ No _____ If No, please explain: _____

***Bottom bunks are assigned on a first-come, first-serve basis for those with oxygen, seizures, physical limitations or specific medical needs taking first priority. If a camper is unable to sleep on top bunk, and bottom bunks are full, you may be placed in another session to accommodate your request.

CAMP ACTIVITIES--Can Camper participate in the following activities? (Please circle)

LAKEFRONT ACTIVITIES:					
SWIMMING: YES NO (Designated swimming area in Lake with lifeguard on duty)					
CANOEING:		YES	NO	ARCHERY:	
PADDLE BOATS:		YES	NO	NATURE HIKING:	
CORCLS (Round Boats) :		YES	NO	SPORTS & GAMES:	

Camper Name _____

MEDICATIONS: (TO BE FILLED OUT BY PARENT/GUARDIAN/AGENCY)

Florida State Law and American Camp Association regulations require a written medication order from a licensed physician for the Camp Nurse to administer medication. Please provide complete information on all medications, including prescription and non-prescription medications, dietary supplements and vitamins. This includes topical creams and eye drops.

Non-prescription, dietary supplements, vitamins, topical creams, and eye drops will NOT be administered at Camp unless authorized/prescribed by a physician.

PLEASE CHECK ONE OF THE FOLLOWING:

_____ Camper takes no medications

_____ Camper takes daily medication as follows: **Standard camp medication times are listed in the chart below. Please complete chart with accurate and current medication information or attach a copy of the Medical Administration Record form.**

MEDICATION SHEET (PLEASE PRINT CLEARLY)								
Any attachments must clearly state the medication, dosage and reason for use and the time meds must be given.								
Medication	Dosage	Reason for Use	8AM Breakfast	12PM Lunch	3:30PM Snack	6PM Dinner	8:30PM Bedtime	Other

Does Camper experience any side effects from the above medications? Yes _____ No _____ If Yes, please explain:

INSURANCE INFORMATION:

PLEASE ATTACH A COPY OF INSURANCE/MEDICAID/MEDICARE CARD

Health Insurance Company (*If no insurance, please write none*): _____

Insurance Co. Address: _____ Telephone: _____

Policy # _____ Certificate # _____

Name of Insured: _____ Company Name: _____

By signing this application, I agree that the information included throughout is complete and true to the best of my knowledge. If there are any changes to medication or condition of Camper, I agree to notify Camp Idlewild at least 2 weeks prior to camp session the participant will be attending. If there are changes in medications, please complete the **"CIW Doctor Approval for New/Change of Medication"** form (located on our website or please call office).

Form completed by: _____ (Print Name) _____ (Signature)

Relationship to Camper: _____ Date: _____ / _____ / _____



Camp Idlewild of Florida
CAMPER SEIZURE ACTION PLAN
MANDATORY FOR ALL CAMPERS

Camper's Name: _____ **Date of Birth:** _____

Please document Camper's Seizure Activity: (Please check the box that applies)

- ☐ **Camper has NO Seizure History or Activity**
(No need to complete this form. Please sign and date at the bottom)
- ☐ **Camper has Epilepsy or Seizure Disorder?**
(Please complete this form in its entirety and provide as much information as possible.)

Parent/Caregiver/Guardian:	Home Phone: _____ Cell: _____
Treating Physician:	Office Phone: _____

Seizure Type	Length	Frequency	Description

DATE OF LAST SEIZURE: _____

SEIZURE TRIGGERS OR WARNING SIGNS: _____

CAMPER'S RESPONSE AFTER A SEIZURE: _____

EMERGENCY RESPONSE: *Please Attach a copy of current Seizure Protocol, if available.*

A "Seizure Emergency" for Camper is defined as: _____

Seizure Emergency Protocol (Check all that apply)

- ☐ Call 911 after _____ amount of time
- ☐ Does Camper have VNS (Vagal Nerve Stimulation) device? Yes _____ No _____
If Yes, implant or revision date? _____
- ☐ Notify parent or emergency contact? Yes _____ No _____ If Yes, who? _____
- ☐ Does Camper have emergency medication for seizures? If Yes, what medication and how is it administered? _____

- ☐ Notify Doctor (Name and Contact Phone #) _____
- ☐ Other _____

Special Considerations and Precautions (regarding activities, sports, trips, etc.) Describe any special consideration or precautions: _____

Parent/Caregiver/Guardian Signature: _____ **Date:** _____

Camper Name _____

PARENT/CAREGIVER/LEGAL GUARDIAN AGREEMENT

REQUIRED – Signature of parent, caregiver or legal guardian

Please read the following statements carefully and sign your name to each.

I hereby give consent for Camper named above to participate in all Camp Idlewild's sponsored programs and supervised activities. I certify that the information on the application is true, accurate, and complete. CIW emphasizes safety first; however, participation in CIW programs has inherent risks that may result in injury.

ACCEPTANCE CONDITIONS

Camp Idlewild reserves the right to refuse to provide services to any individual if Camp Management determines that the individual cannot be provided with adequate support by CIW. These decisions are made on an individual basis, by the Executive Director, Camp Director and/or Nurse. Parent/Caregiver/Legal Guardian will be notified in the event of any serious injury or illness requiring more than basic first aid, or in the case of any significant incident or behavioral problem. The separate **Camp Physical Examination Form** which must be completed and signed by a licensed physician must indicate that there is no evidence of any condition that might present health or safety risks to Camper, other campers or staff members during their stay at Camp.

Applications and Medical Paperwork must be submitted annually.

I agree to the acceptance conditions above. Should it become necessary for my Camper to leave Camp, or any Camp Idlewild function, for any reason, I will make provisions to bring Camper home. I hereby authorize the release of any and all pertinent information regarding this Camper to Camp Idlewild. I agree to notify CIW of any changes that need to be made regarding this application before Camp begins.

Name (Please Print): _____ Signature: _____

Relationship to Camper: _____ Date: _____

ASSUMPTION OF RISK RELEASE AND WAIVER

I, _____ (Parent/Caregiver/Legal Guardian) of _____ (Camper), who desires to participate in the activities offered and organized by Camp Idlewild, hereby acknowledge that I am aware of potential, significant risks associated with participation in Camp, including, without limitation, the risk of serious bodily injury or death. On behalf of myself, my spouse and my successors, I willingly assume such risks. By signing this document I am providing a clear, written expression of my agreement to assume all of the risks and dangers my camper may encounter at camp and hereby agree to release and discharge the organization, its officers, agents and employees from all claims, demands, actions or causes of action, which Camper, his or her personal representatives, heir and next of kin may or might have against Camp Idlewild of Florida, its officers, agents and employees on account of injury to or death of Camper, or damage to the property of Camper arising out of Camper's participation in activities at Camp. I further agree to indemnify and hold harmless Camp Idlewild of Florida from any loss, liability, damage or costs that may be incurred due to the acts of Camper during the Camper's participation in activities at Camp.

Yes _____ No _____ Parent/Caregiver/Legal Guardian: _____

PERSONAL PROPERTY

I, _____ (Parent/Caregiver/Legal Guardian) recognize that Camp Idlewild cannot accept responsibility for Camper's personal property. To help eliminate losses, the undersigned ensures that all clothing is labeled with Camper's name and a list of belongings has been included in luggage. This includes clothing, bedding, personal care items, electronics and equipment.

Yes _____ No _____ Parent/Caregiver/Legal Guardian: _____

MEDICAL RELEASE

I, _____ (Parent/Caregiver/Legal Guardian), authorize that in the event that an emergency should arise while _____ (Camper) is at, going or returning from an activity with Camp Idlewild of Florida, I authorize CIW management or medical staff to act on my behalf. CIW staff may approve any and all non-emergency or emergency treatment and are authorized to sign any and all medical release or required form(s) on my behalf. In the event of an emergency, I understand that I will be notified of the situation as soon as practical. I agree to pay any necessary expenses not covered by Camp Idlewild of Florida accident policy incurred in the medical treatment of my child, including, but not limited to, all transportation costs to and from a medical facility. (Continued on page 7)

Camper Name _____

I authorize the CIW Staff to render any aid and assistance to my child, and to administer medication to my child if needed. I authorize the camp medical staff to dispense prescription/non—prescription medications which I pre-poured and provided to the CIW medical staff during check-in. I agree that medications for life threatening conditions (e.g., Epi-Pen, inhaler), will be carried by my child's camp counselor, and I authorize their use for my camper as needed. I authorize Camp Nurse to administer PRN medications from the approved **CIW Standing Orders List**. I release and absolve Camp Idlewild of Florida, nurses, physicians and surgeons elected and designated by them, from any and all liability for their acts rendered in good faith. Parents/Guardians/Legal Guardian will be notified immediately of any treatment sought.

Parent/Caregiver/Legal Guardian Signature: _____

REQUIREMENT TO DISCLOSE SPECIAL NEEDS OR BEHAVIORAL ISSUES

I, _____ (Parent/Caregiver/Legal Guardian) understand it is my responsibility to disclose any known behavioral issues to CIW staff as part of the registration process. I agree to notify CIW staff of an officially diagnosed special need. Additionally, CIW staff must be informed if your child has been asked to leave another camp program and/or if your child has had disruptive behavior during their time in any other program. **DISMISSAL FROM CAMP:** If a child exhibits behavioral problems that preclude other campers or themselves from participating safely in a group, CIW management staff may dismiss the child from continued participation in the camp program. Parents/Caregiver/Guardian will be contacted and asked to pick-up the child as soon as possible. If a camper is dismissed for behavioral reasons, no refunds will be issued.

Yes _____ No _____ Parent/Caregiver/Legal Guardian: _____

MEDIA RELEASE

Camp Idlewild of Florida uses photographs, images or recordings of campers for publication in brochures, email, website, Facebook, social media and various other media to promote services or to recruit volunteers and staff. Camper named above MAY be included in these promotional materials unless you contact the camp directly.

Yes _____ No _____ Parent/Caregiver/Legal Guardian: _____

CAMP SLIDESHOW ON PHOTO WEBSITE WITH LIMITED ACCESS

We will be offering the Camp Slideshow on a photo website that requires a personal login and password. The undersigned does hereby give consent to Camp Idlewild of Florida to use photographs of said camper in the Camp Slideshow.

Yes _____ No _____ Parent/Caregiver/Legal Guardian: _____

RELEASE OF INFORMATION

I authorize release of any medical information requested by representatives of local, state or federal agencies, insurance companies or other organizations as may be required for payment of claims.

Parent/Caregiver/Legal Guardian Signature: _____

NOTICE OF PRIVACY

In accordance with the Health Insurance Portability and Accountability Act (HIPPA) of 1996, clients of Camp Idlewild of Florida are entitled to the greatest degree of privacy possible. Camp Idlewild of Florida will strive to ensure that client information is used only for the authorized purpose as agreed to be the client.

Parent/Caregiver/Legal Guardian Signature: _____

Camper Name _____
CAMP IDLEWILD OF FLORIDA
PARENT/CAREGIVER/LEGAL GUARDIAN

PLEASE READ AND INITIAL ALL THE FOLLOWING LINES AND RETURN WITH APPLICATION:

Camper application and Camper questionnaire forms are completely filled out and signed by the Parent/Caregiver/Legal Guardian. Please note that these forms should be forwarded to Camp as soon as possible to reserve your preferred camp date.

INITIAL_____

Camp Physical Examination Form is completely filled out and signed by a licensed Physician within 12 months of the camp session. Camp Physical Examination Form must be returned no later than **TWO WEEKS** prior to Camp. **Failure to return Camp Physical Examination Form may result in Camper being dropped from the Camp session and no refund for the registration deposit will be given.**

INITIAL_____

I understand that all medications/vitamins/supplements **MUST** be pre-poured into a med minder box by a Parent/Caregiver/Legal Guardian. I must bring the original bottles (with one pill for identification purposes) in the original container and/or complete bubble pack with remaining pills (this includes vitamin & supplements). Any changes in medication times or dosage or if it differs from the prescription bottle/bubble pack must be verified by the physician in writing or Camp Nurse **WILL REFUSE** to administer it. If there are changes in medications, please complete the CIW **"Doctor Approval for New/Change of Medication"** form. Any medication not accompanied by the original prescription bottle/bubble pack will not be accepted. A signed **RELEASE OF LIABILITY FOR THE ADMINISTRATION OF PRE-POURED MEDICATIONS** form by the individual who pre-poured the medications must be provided to Camp Nurse during check-in. Non-prescription, dietary supplements and homeopathic remedies will **NOT** be given at Camp unless they have been approved by a physician.

INITIAL_____

I understand that Camp Idlewild of Florida does **NOT** provide **1:1 assistance/supervision** during our camp sessions. In the event it is determined that the Camp program is not equipped to properly meet the needs of Camper (medically or behaviorally) Camp may require me to pick up Camper before the end of the scheduled session. **No refunds will be made due to an early departure for inappropriate behavior issues.**

INITIAL_____

CANCELLATION AND REFUND POLICY: A \$50.00 non-refundable registration fee is required for Weekend Camp sessions and a \$150.00 non-refundable registration fee is due for Summer Camp sessions. In the event a camper cancels a scheduled camp session, the following refund policy will apply:

INITIAL_____

1. All cancellation requests must be written and submitted to the camp office to be considered for a refund. No refunds will be provided if the camper is dismissed from the program for behavior or discipline reasons.
2. If the cancellation notice is received at least 30 days prior to the scheduled camp date, a full refund (minus the non-refundable deposit) will be granted.
3. If the cancellation notice is received less than 30 days from the scheduled camp date, the prorated refund will be considered and determined by CIW Camp Management on a case by case basis.
4. In some cases, the camp fee balance (minus non-refundable deposit) can be used towards another camp session at a later date.

CHECK-IN: Weekend Camp: Friday at 6pm. **Summer Camp:** Sunday from 2pm to 4pm. A parent/caregiver/legal guardian will be required to remain with Camper(s) during the entire check-in process.

INITIAL_____

CHECK-OUT: Weekend Camp: 11am on Sunday. **Summer Camp:** Friday by 2pm for all campers. Parent/Caregivers/Legal Guardian are encouraged to attend the Camp Awards Ceremony on Friday, beginning at 1pm. **All early pickups must be prearranged.** **LATE PICKUPS WILL BE CHARGED \$75/HOUR TO COVER ADDITIONAL STAFF COSTS. Please plan accordingly.**

INITIAL_____

I understand that upon CIW receipt of Camper's Annual Enrollment Registration, Camp Physical Examination Form and the notification of acceptance from Camp Idlewild, I will receive a confirmation packet with additional details for Camp session. In the event the Camp Management or Camp Nurse needs additional information, I will be contacted directly to discuss.

INITIAL_____

Name (Please Print): _____ Relationship to Camper: _____

Signature: _____ Date: _____



Camp Idlewild of Florida CAMPSHIP APPLICATION (Summer Camp Only)

Please complete in its entirety to be considered for financial assistance through a Camp Idlewild Campership. Financial requests **MUST** accompany the initial camp application. Camp Idlewild of Florida receives campership funding through individual and corporate donations, as well as grant and fundraising efforts. Our week at camp costs campers \$700, but our actual cost is \$1,100 for a camper to attend a one-week camp session. Camperships will be provided on a first-come, first-serve basis to those eligible for financial assistance. Campers are eligible to receive assistance towards one camp session each summer and will need to reapply each year. Previous year's awards are not a guarantee that the campership amount will be the same. Our campership awards will be based on a sliding scale.

DUE TO THE NUMBER OF CAMPSHIP REQUESTS RECEIVED, ALL CAMPSHIP REQUESTS MUST HAVE FINANCIAL DOCUMENTATION ATTACHED SHOWING ELIGIBILITY NEEDS. Incomplete requests will be returned and your Camp Application may be put on hold until all documentation is received.

What we need from you:

1. Completed application, including all the financial information for those who are asking for financial assistance.
2. Please make a copy of your most recent W2, 1099, tax refund, SSDI, SS, and or Medicare/Medicaid statement, so that we can verify your income and eligibility needs.

Camper's Name: _____ Age: _____ Gender: _____

Parent/Caregiver/Legal Guardian Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Has Camper attended Camp Idlewild before? Yes No Has Camper received a CIW campership before? Yes No

Sessions: First Choice: _____ Second Choice: _____

Total amount you are able to contribute towards Camp? _____

1. Does the Camper live with parents, family member, caregiver, or legal guardian? _____
2. If applicable, what is the family's gross annual household income? _____

Please attach a brief explanation of financial need. (Examples: unemployment, disability, out-of-pocket medical bills, etc.)

I/We verify that the above information is true and accurate.

Signature of Parent/Caregiver/Legal Guardian

Date

Please return Campership Application with complete Camp Application to:

Camp Idlewild of Florida
7602 Henry Drive
Land O' Lakes, FL 34638
Phone/Fax: (813) 996-1226
Email: campidlewildofflorida@gmail.com

***You will be notified by
phone, email or
confirmation letter showing
the campership amount
awarded.**



Camp Idlewild of Florida
 7602 Henry Drive
 Land O' Lakes, FL 34638
 Phone/Fax: (813) 996-1226
 Email: campidlewildofflorida@gmail.com

FOR OFFICE USE ONLY:

Date Received _____

Session: _____

Physical Expiration Date: _____

Camp Physical Examination

This form must be completed and signed by a Licensed Physician NOT by parent, caregiver or legal guardian.

We request this form or a copy of a physical, dated no later than **12 months** from your camp date, be received in our office **NO LATER THAN TWO WEEKS** prior to the scheduled camp session.

Name: _____ Date of Birth ____/____/____ Gender: _____

Diagnosis: _____

Is any condition present which may result in an emergency? Please describe: _____

Allergies (Drug/Food/Environmental): _____

EXAMINATION COMPLETED BY PHYSICIAN

Height:		Weight:		Mouth/Throat/Nose:	
Pulse:	BP:	Temp:		Neck/Thyroid & Lymph Sys:	
Hearing Loss: NONE PARTIAL COMPLETE		Nervous System/Reflexes/Gait/Sensations:			
Hearing Aids Worn? Cochlear Implant?					
Vision Loss: NONE PARTIAL COMPLETE		Bringing to camp: CPAP or Oxygen (CIRCLE)			
Glasses Worn? Contacts Worn?		DAY NIGHT (CIRCLE)			
Cardiac:		GI Distress – Upper – Lower (please specify)			
Lungs:		Headaches:			
Abdomen:		Bedwetting:			
Musculoskeletal:		Incontinence – Urinary – Bowel (please specify)			
Back/Spine:		Respiratory/Asthma/Emphysema (please specify)			
Skin:		Sleep Apnea/COPD:			
Diabetic:		Insulin: YES NO		Seizures:	
Frequency of glucose monitoring:				Frequency:	
Mobility:				Type: Last:	
				Uses: WALKER CANE WHEELCHAIR	
PREVIOUS ILLNESS (Please check all that apply) Chicken Pox _____ Measles _____ Mumps _____ MRSA _____ Shingles/Herpes _____ Strep Throat _____ Hepatitis _____ Frequent UTI _____ Frequent URI _____ Chronic Cough _____ High BP _____ Other _____ IMMUNIZATION HISTORY Please give dates (month/year) of immunizations and most recent booster dates: (DTaP) _____ MMR _____ Polio _____ Smallpox ____remove____ Influenza _____ Hepatitis B series _____ Tetanus Booster _____ ***ALL CAMPERs must attach copy of current immunization record. The statement "up-to-date" not acceptable. If Camper <u>IS NOT</u> immunized, please complete Exemption from Immunization form.					

QUESTIONNAIRE

- Is camper free from communicable diseases? YES NO If no, please describe: _____
- How would you assess the applicant's current health? GOOD FAIR POOR
- Has the applicant been hospitalized or treated in the emergency room in the last year? YES NO
- If yes, please explain. _____
- Is the applicant a carrier of Hepatitis A, B or C has he/she been exposed to Hepatitis A B or C? YES NO
- Are there medical reasons to limit or restrict this individual from participating in the following camp activities: swimming, yoga, sports, hiking, and archery? _____ Any limitations? _____

Florida State Law and ACA Regulations require a written medication order from an authorized licensed physician for the Camp Nurse to administer medication. Please provide complete information on all medications, including prescription and nonprescription medications, dietary supplements, and homeopathic remedies. **Non-prescription, dietary supplements and homeopathic remedies will NOT be given at camp unless prescribed by a licensed physician.**

Camper Name _____

Any changes in medication or dosage; or if a new medication is added that differs from the original prescription the change must be verified by a licensed physician in writing or the CIW Camp Nurse **WILL REFUSE** to administer the medication. Please complete the CIW **“Doctor Approval for New/Change of Medication”** form.

PLEASE CHECK ONE OF THE FOLLOWING:

_____ Camper takes no medications

_____ Camper takes daily medication as follows: **Standard camp medication times are listed in the chart below. Please complete chart with accurate and current medication information or attach a copy of the MAR Form.** If camper cannot adhere to these times, please indicate alternate time and why medication must be given at that time. Please indicate number of tablets, capsules, amount of liquids, or puffs of inhalers, etc. in the box below the time medication is given.

MEDICATION SHEET
(PLEASE PRINT CLEARLY)

Medication	Dosage	Reason for Use	8AM Breakfast	12PM Lunch	3:30PM Snack	6PM Dinner	8:30PM Bedtime	Other

Does Camper experience any side effects from the above medications? YES _____ NO _____

If Yes, please explain: _____

Does Camper have a diagnosis, such as Atlantoaxial Instability or any other, that will prevent him/her from participating in any activities such as climbing, horseback riding or outdoor activities? YES _____ NO _____ If Yes, please explain: _____

Physician's signature (MANDATORY): _____ Date: _____

Physician's Name (Please Print): _____ Phone: _____

Address, City, State, Zip: _____

Name of Person Filling Out Form and Title: _____



CIW Approved Standing Orders Over-the-Counter and Emergency Medications (To be administered on an as-needed basis)

Camp Idlewild of Florida has non-prescription, over-the-counter medications locked in the Health Room which will be administered by the Camp Registered Nurse in the event a Camper experiences non-threatening medical issues during their stay at Camp. In addition, Camp Idlewild of Florida also has prescription medications/devices on site in the event of life-threatening emergencies due to an allergic reaction, cardiac arrest or difficulty breathing. All medications are administered by the Camp Registered Nurse according to the CIW Standing Orders only. The CIW Standing Orders (including over-the-counter medications, dosage and purpose) and the Health Care Plan are reviewed and approved each year by the CIW On-call Licensed Physician and are followed strictly by our Registered Camp Nurse. All dosage amounts and medications are reviewed on an annual basis.

Please review the over-the-counter and emergency medications below and indicate which medications you authorize to be given to your child during their time at Camp.

Pain Relief/Cramps/Headache/Earache/Fever Toothache/Muscle Strain/Allergies

Ibuprofen/ Pedia-Profen	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Midol	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tylenol	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Motrin	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Benadryl	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Constipation/Diarrhea/Upset Stomach/Heartburn Nausea/Vomiting

Imodium AD	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dulcolax/Bisacodyl	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Milk of Magnesia	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tums/Maalox/Mylanta	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Pepto-Bismol	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Topicals for Scrapes/Abrasions/Sunburn/Insect Bites

Triple antibiotic ointment	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hydrocortisone Cream	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tinactin for Athlete's Foot	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Solarcaine Spray or Aloe Gel	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Benadryl Cream	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Stingease	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Diaper Rash Cream	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Calamine/Caladryl Lotion	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Eye Irritation (Minor Issues)

Saline drops	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Visine drops	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Cough and Cold

Robitussin Syrup	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Sudafed	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Chloraseptic Spray	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Hypoglycemia

Glucose Tabs or Instant Glucose Gel	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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In the event of a life-threatening emergency, CIW has the following medications/procedures on site as a life-saving measure while waiting for EMS to arrive:

***Severe Allergic Reaction** (difficulty breathing, cyanosis, anaphylactic shock)—TREATMENT AVAILABLE: EpiPen

***Asthma attack or severe breathing difficulty** – TREATMENT AVAILABLE: Albuterol Nebulizer Treatment

***Sudden Cardiac Arrest** – TREATMENT AVAILABLE: AED (Automated External Defibrillator) and CPR by Certified Medical and Camp Staff

Parent/Caregiver/Legal Guardian (Print)

Signature

Date