



# Genesee Valley Rotary Camp, Inc.

Director - Brian Bartalo Co-Director - Mark Van Durme Health Director - Janet Green

www.gvrc.org



1. **MEDICAL FORM** must be completed and signed by the camper's **PHYSICIAN**.  
\*\*Please note a **PHYSICAL IS NOT REQUIRED**\*\*.
2. Accurate description of **Camper's Disability and Needs**. The more information the better!
3. **Teacher** or Program Manager's name(s), **School/Program**, and **Phone Numbers**.
4. Accurate **Emergency Contact Information**: It is VERY important that we are able to reach parents/guardians during the week of camp, in the event of an emergency.

To help our process and improve your opportunity to be accepted to attend GVRC this summer,  
**PLEASE RETURN THIS APPLICATION BY JUNE 1, 2010.**

Due to camp restrictions and size limitations, not every camper can be accepted. If you are unable to complete the Medical Form by June 1, 2010, please return the Camper Information portion and attach a note that the medical form will follow.

**Note to Parents/Guardians:** If your child is accepted, you will be notified by mail. Specific guidelines and instructions for camp will be included at that time.

**For Planning:** If your child is accepted: Camp starts on **Sunday August 15<sup>th</sup>** at **1:00pm**. Do **NOT** bring campers to Camp Sam Wood early on Sunday, August 15<sup>th</sup> as there is **NO** lunch available that day. Please make sure your child has eaten lunch before arrival to camp.

Please note that camp **ENDS** on **SATURDAY, August 21<sup>st</sup>** at **approximately 9:00 AM**  
Due to special Saturday, August 21<sup>st</sup> morning activities, please do not plan to pick up your campers prior to 9:00 AM.

**All campers MUST be picked up no later than 12 Noon on Sat. 8/21.**

Due to problems in past years with camper's losing personal items, **PLEASE MARK ALL CAMPER POSSESSIONS WITH THE NAME OF THE CAMPER.** Although we strive to keep track of camper possessions, GVRC will not be responsible for missing or lost items.

**Questions** about this application, contact: Camp Director Brian Bartalo 585-637-3894;  
Co-Director Mark Van Durme 585-738-2306; or Health Director Janet Green: 585-382-3898

**PLEASE SEND COMPLETED APPLICATIONS TO:**  
**GENESEE VALLEY ROTARY CAMP**  
**PO Box 126**  
**Leicester, NY 14481**  
**Or FAX to: 585-382-3898**

**PLEASE RETURN THE CAMPER INFORMATION PORTION OF THIS APPLICATION  
NO LATER THAN JUNE 1, 2010.**

## GENESEE VALLEY ROTARY CAMP

**2010 CAMPER APPLICATION**  
**CAMPER INFORMATION**

Camper's Name: \_\_\_\_\_ Age as of 8/1/10: \_\_\_\_\_  
Birthdate: \_\_\_/\_\_\_/\_\_\_ sex: \_\_\_\_\_ height: \_\_\_ ft. \_\_\_ in. weight: \_\_\_\_\_ lbs.  
Camper's exact address: \_\_\_\_\_  
\_\_\_\_\_

Phone at this address: (\_\_\_\_) \_\_\_\_\_  
Name of Parent(s) or Guardian(s): \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ work or day phone: (\_\_\_\_) \_\_\_\_\_  
Address (if different from camper): \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian E-Mail address: \_\_\_\_\_  
Name of Insurance Company: \_\_\_\_\_ Policy  
#: \_\_\_\_\_

Person to Contact, in an emergency, if parent or guardian can't be reached:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ \*

*\*Please note that we will NOT accept an application without an additional name and phone contact. This contact will be used only in the event of an emergency.*

Camper's current label and/or disability: \_\_\_\_\_

(Please be accurate with disability label here, further descriptions are asked on page 2)

Camper's school / program: \_\_\_\_\_

Teacher or Program Manager's name: \_\_\_\_\_

School Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Has camper attended GVRC in the past? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please provide most recent year: \_\_\_\_\_

**INFORMATION ABOUT CAMPER:**

Please write down a **description of the camper's disability** (or disabilities). Especially include any behavior and/or emotional problems he or she may have. This will help our staff to better meet the special needs of the camper. Accurately completing this section is very important. Please use an additional page if necessary.

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Additional Information:

Please indicate with a brief description, if any of the following apply:

1. Any difficulty walking or use of a wheelchair or walker? \_\_\_\_\_

If this applies, please describe: \_\_\_\_\_

2. Does camper require any other special equipment? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

3. Asthma / Wheezing? \_\_\_\_\_

4. Bed Wetting / Diaper Use / Toilet training? \_\_\_\_\_

5. Constipation or Diarrhea? \_\_\_\_\_

6. Convulsions / Seizures? \_\_\_\_\_

7. Nausea / Vomiting? \_\_\_\_\_

8. Problems with: Eyes / Ears / Nose / Throat? \_\_\_\_\_

9. Heart problems? \_\_\_\_\_

10. Homesickness? \_\_\_\_\_

11. Insomnia / Nightmares / Sleepwalking? \_\_\_\_\_

12. Eating habits / Dietary Restrictions? \_\_\_\_\_

13. Is assistance needed with: Feeding\_\_\_\_, Dressing\_\_\_\_, Bathing\_\_\_\_, Other\_\_\_\_

If Other, please describe \_\_\_\_\_

14. If camper is female, does she have any issues or problems with menstruation? Yes\_\_\_ No\_\_\_

If Yes, please describe: \_\_\_\_\_

15. Describe any recent social or emotional issues \_\_\_\_\_

Please describe any other important information that will help GVRC better serve your child:

Allergic Reactions: (Please list and describe the reaction)

Bee Sting? \_\_\_\_\_

Food(s)? \_\_\_\_\_

Medicine(s)? \_\_\_\_\_

Other(s)? \_\_\_\_\_

Any restrictions on use of sunscreen or bug spray: \_\_\_\_\_

Please list any specific discipline techniques that have been successful with the camper, if ever a behavioral problem occurred. \_\_\_\_\_

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

**Specific Activity Parent/Guardian Authorization**

*Please see the following Parent / Guardian Activity Consent section for additional authorization.*

- 1. I DO \_\_\_\_ DO NOT \_\_\_\_ give permission for my child to participate in swimming activities at GVRC.
- 2. It is OK \_\_\_\_ It is NOT OK \_\_\_\_ to photograph my child for use by the staff or board of directors.
- 3. For campers who use an as needed rescue inhaler or epi-pen: I do \_\_\_\_ / do not \_\_\_\_ give permission for the camper/counselor to carry it with them and administer as needed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent / Guardian Activity Consent**

I, the undersigned parent/guardian, of \_\_\_\_\_, recognize the possible physical risk involved in providing residential facilities and recreational activities for my special needs camper. I agree, that unless I specifically identify below the program(s) my camper is not allowed to participate in, my camper is authorized to participate in any and all officially administered, sponsored or sanctioned activities at Genesee Valley Rotary Camp (GVRC). Further, I hereby release, discharge and otherwise indemnify GVRC, its affiliated organizations and sponsors, its officers, directors, employees, volunteers and agents (the "Camp Parties") against any claim by or on behalf of myself or my camper as a result of my camper's participation in any program or activity sponsored, coordinated, or supervised by GVRC. I also agree to release, discharge and agree to hold harmless and indemnify the Camp parties with respect to any medical expenses resulting from personal injuries sustained by the camper while engaged in such activities or otherwise at the Camp facilities.

Please check one of the following:

\_\_\_\_ I/we allow my camper to participate in all activities at GVRC

\_\_\_\_ My camper may not participate in these listed activities: \_\_\_\_\_

**Sharing of Information**

I give permission for my child to share addresses and phone numbers with all other campers.

**Assumption of Liability for Damage to Camp Property**

I understand that the parent and/or guardian will be responsible for paying for any damage or destruction of camp property arising as a direct or indirect result of the actions of my camper.

**Consent for Medical Treatment, Waiver and Release**

I hereby grant permission to the medical staff at GVRC, or such designees as the medical staff may appoint, to provide routine and emergency medical care required for my child, including, without limitation, medications, first aid, or other medical treatment as may be appropriate while the camper is in the care of GVRC. I understand that prior notification of the parent/guardian will always be attempted, but that the care of my camper may require action by the medical staff before I can be contacted. I also give my consent for any transportation deemed necessary, in the sole discretion of the staff at GVRC, in connection with the treatment of my camper. I also assume full financial responsibility for any and all medical and other expenses incurred on behalf of my camper while at GVRC in connection with medical or other treatment, and acknowledge, agree and understand that GVRC shall not be liable for any such expenses. I understand that all information pertaining to my child will be treated as confidential by GVRC, but that said information may be shared with or released to appropriate personnel and/or third parties by GVRC for the purpose of treating and/or supervising my camper (including, but not limited to, referral centers, medical staff, psychological staff and/or insurance companies). Finally, I agree to release GVRC, its sponsors, volunteers, employees, officers, directors and agents of any liability arising from the administration or rendering of medical care.

I FULLY UNDERSTAND AND AGREE TO THE TERMS STATED ABOVE AND AGREE THAT ALL INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Genesee Valley Rotary Camp 2010 MEDICAL FORM

**THIS PAGE MUST BE COMPLETED BY THE CAMPER'S PHYSICIAN**

1. Camper's name \_\_\_\_\_ 2. Age \_\_\_\_\_ 3. Weight \_\_\_\_\_ 4. Height \_\_\_\_\_

5. Diagnosis: \_\_\_\_\_

6. Specific Treatment: \_\_\_\_\_

7. Allergies: \_\_\_\_\_

8. Activity Restrictions: \_\_\_\_\_

9. Dietary Restrictions: \_\_\_\_\_

10. Routine **medications** to be administered while at camp (including tube feedings):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. **Immunizations** – Date of series completion **OR** attach a copy of immunization record:

DPT \_\_\_\_\_ MMR \_\_\_\_\_ Hep B \_\_\_\_\_

Hib \_\_\_\_\_ IPV \_\_\_\_\_ Varicella \_\_\_\_\_

**12. Standard OTC and PRN meds.**

Drug	Dosage	Schedule	May Give	Comments
Tylenol	Weight-based Per label	Q4hrs prn Pain / fever	Yes / No	
Ibuprofen	Weight-based Per label	Q4hrs prn Pain / fever	Yes / No	
Benadryl	Weight-based Per label	Q6hrs prn Hives/itching/allergic reaction	Yes / No	
Benadryl Cream	Per label	prn hives / itching	Yes / No	
Neosporin	Per label	prn abrasions / cuts / scratches / etc.	Yes / No	
OTC Cough Drops	1 lozenge	prn sore throat, hoarseness	Yes / No	
Sunscreen	Per label	As needed	Yes /No	
Bug Spray	Per label	As needed	Yes / No	

13. **Albuterol prn inhalers-** I give permission for the camper/counselor to carry their inhaler with them and administer prn under the direction of the camp nurse. Yes / No / NA

14. **Epi-pen-** I give permission for the camper/counselor to carry their epi-pen with them and administer prn under the direction of the camp nurse. Yes / No / NA

15. Please note any comments you feel are pertinent to camper's care on the back of this page.

16. Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ License # \_\_\_\_\_

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

Office or Answering Service Phone Number: \_\_\_\_\_ Fax # \_\_\_\_\_