

# Camp Promise Application Form

Complete and return to:  
501 McCaffery Rd, Bigfork, MT 59911  
**(Must be received by May 1<sup>st</sup>)**

<b>Office Use Only:</b> Date Rec'd _____ Phys Rec'd _____ Amt Rec'd _____
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## Camper Information

Applicant's Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Previous Camp Experience \_\_\_\_\_

Applying for:     Day Camp #1         Day Camp #2 Junior         Day Camp #3  
                   Overnight Week 1     Overnight Week 2         Either Overnight Week

**\*Spaces reserved on a first-come basis. See website or call camp office for dates.\***

Legal Guardian's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Emergency Contact Name (**Other than legal guardian**) \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to camper \_\_\_\_\_

## Ability Information

**Primary Disability:** \_\_\_\_\_

Secondary Diagnosis (if any): \_\_\_\_\_

(Please check any that apply)

**Hearing – Left Ear**             No Concerns     Hearing Loss     Deaf     Hearing Aid

**Hearing – Right Ear**         No Concerns     Hearing Loss     Deaf     Hearing Aid

Additional Comments on Campers Hearing  
\_\_\_\_\_

**Vision – Left Eye**             No Concerns     Vision Loss     Blind     Wears Glasses

**Vision – Right Eye**         No Concerns     Vision Loss     Blind     Wears Glasses

Additional Comment on Camper's Vision  
\_\_\_\_\_

**Arm/Hand Use – Left**         No Concerns     Limited Use     No Use

**Arm/Hand Use – Right**       No Concerns     Limited Use     No Use

Additional Information on Camper's Arm/Hand Use  
\_\_\_\_\_

## Personal Care Information

### Eating & Drinking

- Independent       Needs Verbal Prompts       Needs to be Fed       Needs Extra Time  
 Needs Food to be cut    Feeding Tube/Tube fed

### Eating/Drinking Aids (check all that apply)

- No Aids Needed       Needs Straw       Needs Special Utensils/Bib       Needs Special Dishes  
 Needs Special Cups      (All special equipment will need to be labeled and brought to camp.)

### Eating/Drinking Cautions (check all that apply)

- No Cautions       Overeats       Prone to Choking       Swallowing Issues       NPO

### Food Preparations

- No Special Needs       Pureed Only       Medically Chopped       Cut into Small Pieces       Feeding Tube

Additional Information Related to Eating and Drinking

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### Toileting

- Independent       Needs Reminders to Go       Needs Help Wiping       Needs Total Assistance  
 Needs Help Redressing       Help During Period (Females)

### Toileting – Bladder Control

- No Issues       Occasional Accidents       Incontinent

### Toileting – Bowel Control

- No Issues       Occasional Accidents       Incontinent.

**Toileting Plan:** (only answer if necessary. How often do they go to the bathroom to urinate and/or have a BM)

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### Toileting Aids Uses (only answer if necessary)

- Toilet Chair       Urinal       Bedpan       Catheter       Colostomy       Diapers/Pull Ups

Additional Information Related to Toileting

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### Dressing

- Independent       Needs Prompts       Lay Out Clothes       Needs Help to Dress  
 Needs Total Assistance

### Bathing/Grooming

- Independent       Needs Prompts for Face Washing       Needs Prompts for Brushing Teeth  
 Needs Prompts for Haircare       Needs Prompts for Shower       Needs Total Assistance

Additional Comments for Dressing or Bathing Needs

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## **Balance & Mobility**

**Sitting**  No Issues  Needs Chair with Back Support  Cannot Balance While Sitting – Total Support

**Mobility**  Walks Well, No Difficulty  Walks with Difficulty on Uneven Ground  
 Walks with Difficulty on Even Ground  Does Not Walk

**Mobility Aids** (check all that apply)

No Aids Needed  Crutches  Walker  Walking Cane  Gait Belt  AFOs  
 Manual Wheelchair  Electric Wheelchair

Electric wheelchairs can be an issue on our terrain, may want to consider bringing a manual chair.

**Transferring** (only answer if using a wheelchair)

Transfers self  Reliably Bears Weight for an Assisted Pivot Transfer  Total Assistance/Two Person Transfer  Hoyer (must be provided)

Any Additional Information Regarding Balance or Mobility

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**Rest/Sleep** (Check all that apply)

No Issues  Can Use a Top Bunk  Needs Side Rails  Uses CPAP Machine  
 This camper is not attending overnight camp

Describe Any Sleep Routines or Assistance Required

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## **Abilities**

**Reading**  Reads at least on a 3<sup>rd</sup> Grade Level  Reads on Early Elementary Level  Non-Reader

**Writing**  Writes at least on a 3<sup>rd</sup> Grade Level  Writes with Assistance  No Skills

**Expressive Communication**

Verbal – Easy to Understand  Verbal – Difficult to Understand  Non-Verbal

**Communication Aids Used**

Communication Device: \_\_\_\_\_  
 Signs/Gestures:  ASL or  Personal Signs

**Receptive Communication – Instructions**

Easily Follows Instructions  Able to Follow Instructions BUT Needs Time  No Ability in this Area

**Verbal Comprehension**  At Age Level  Use only Simple Words/Sentences  No Evidence of Comprehension  
 Evidence of Comprehension through Expression

**Attention Span**  At Age Level  Limited

Any Strategies for Helping the Camper Understand Better

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**Swimming**

- Experienced Swimmer     Must Have Lifejacket in Deep Water     Must Have Lifejacket in Shallow Water
- Needs Total Assistance in the Water                       Cannot be in Lake Water

**Socialization and Behavior (Check the most appropriate)**

- Spends time away from home without family.     Always    Frequently    Sometimes    Seldom    Never
- Has difficulty with transitions.                       Always    Frequently    Sometimes    Seldom    Never
- Behaves rudely/inappropriately with others.     Always    Frequently    Sometimes    Seldom    Never
- Willing to try new things.                               Always    Frequently    Sometimes    Seldom    Never
- Acts without thought of consequences.            Always    Frequently    Sometimes    Seldom    Never
- Enjoys involvement in activities.                    Always    Frequently    Sometimes    Seldom    Never
- Wanders from group situations.                     Always    Frequently    Sometimes    Seldom    Never
- Has temper outbursts.                                   Always    Frequently    Sometimes    Seldom    Never
- Is prone to panic attacks or anxiety.               Always    Frequently    Sometimes    Seldom    Never
- Goes along with change in a daily routine.       Always    Frequently    Sometimes    Seldom    Never
- Participates without disruption in large groups.  Always    Frequently    Sometimes    Seldom    Never
- Demands individual attention.                       Always    Frequently    Sometimes    Seldom    Never
- Complies with requests or directions.             Always    Frequently    Sometimes    Seldom    Never
- Can be redirected toward appropriate behavior.  Always    Frequently    Sometimes    Seldom    Never
- Overstimulated by sound or excessive activity.    Always    Frequently    Sometimes    Seldom    Never

Aggressive Behaviors (In the past 6 months has this camper exhibited any of the following)

- No aggressive behaviors     Verbally     Biting     Kicking     Hitting

Self-Injurious Behaviors (In the past 6 months has this camper exhibited any of the following)

- No self-injurious behaviors     Picking/Scratching     Head Banging
- PICA (Swallowing non-food items)     Biting

Peer Relationship Skills

- Makes friends easily     Slow to warm to others, but enjoys being social     Avoids contact with others

Strategies that help with any challenging behaviors.

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List any hobbies or activities they are involved in at home.

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# Medical Form

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

## Allergies and Dietary Restrictions

Does your child have any allergies?  Yes  No

Allergic reaction details, date and description:

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Does your child require an EpiPen?  Yes  No

Please provide details about your child's anaphylaxis, including the date and description of the reaction.

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*If your child requires an EpiPen, please provide two non-expired EpiPens; one for your child to carry with them and one to keep in the cabin.*

List Food Allergens:

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List Drug Allergens:

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List Environmental & Other Allergens:

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## Dietary Restrictions

Does your child have any dietary restrictions?  Yes  No

Please Explain:

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*The camp cannot accommodate dietary preferences.*

## Medications & Treatments

Will your camper be taking any medications while at camp?  Yes  No

*Medical staff will only dispense prescribed and medically necessary items. Medicine must be brought to camp in its original packaging.*

***All medications should be listed on the Medication Information Sheet and sent in with the application.***

## Treatments at camp

Will your camper require any treatments while at camp?  Yes  No

Please explain what treatment(s) must be given to your camper, including frequency:

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OTC Medications at camp

Check any over-the-counter medications that can be given to your child while at camp?

- Acetaminophen       Antacids                       Antibiotic Cream       Antihistamines       Aspirin
- Calamine Lotion       Cortaid                       Dimetapp               Ibuprofen               Insect Repellant
- Pepto-Bismol       Robitussin               Robitussin DM       Sting Swabs               Sudafed
- Sunburn spray       Sunscreen

Does your camper regularly take any medications that will not be taken at camp?       Yes       No

Explain what medications your camper takes regularly and why they are not to be taken at camp:

Is there anything the camp needs to be aware of when giving any of the approved over-the-counter medications to your child?

*If any over-the-counter medications are sent to camp with your child, they must be in the original package.*

**Health History**

Has your camper experienced, or is currently experiencing, any of the following conditions?

- ADD/ADHD               Asthma/Inhaler               Autism                       Bedwetting
- Behavioral Issues       Blackouts/Fainting       Bleeding Disorder       Chest Pain
- Concussion               Constipation/Diarrhea       Depression               Developmental Delays
- Diabetes                       Down Syndrome               Eating Disorder               Epilepsy
- Fetal Alcohol Disorder       Headaches/Migraines       Homesickness               Mental Health Issues
- Nightmares/Terrors       Seizures                       Sensory Issues               Sleepwalking
- Other: \_\_\_\_\_

Please explain any condition they are currently experiencing:

Has your camper had any operations within the past year?       Yes       No

Please explain the operations(s) including date(s).

Has your camper ever been hospitalized or had a serious injury within the past year?       Yes       No

Please explain the reason(s) for hospitalization(s) or the serious injury(ies) and the dates they occurred.

Is there anything you would like to discuss with the camp medical staff?

**Please read and sign below:**

## Parent Authorization Form

Camper's Name: \_\_\_\_\_

\* I grant Big Sky Bible Camp permission to use camp photographs and/or video of my child for camp promotion and publicity.

\* I give permission and consent for my child to be transported in a vehicle and/or boat with the understanding that the vehicle/vessel will be driven by a trained and qualified Big Sky Bible Camp staff member for the purpose of camp activities.

\* I understand that Big Sky Bible Camp only carries secondary insurance for campers and that I will take primary responsibility for any charges occurring in the event that the camper for named above should need any medical attention at any clinic, facility, or hospital.

\* The undersigned, intending to be bound hereby, realizing it is the camp's desire to give each camper a safe and beneficial stay, and realizing each camper is covered by a reputable insurance plan, releases forever Big Sky Bible Camp and all individuals associated therewith, from any and all liability for any injury or damage (including all claims of liability for damage resulting from bee or hornet stings and any other insect bites) which may be sustained by the undersigned and/or child of undersigned or property of the same at or in transit to or from any camp conducted activity or under the auspices of Big Sky Bible Camp.

\* I hereby give permission for the release of pertinent medical information regarding my child to all appropriate Big Sky Bible Camp Staff.

\* IN CASE OF EMERGENCY, I hereby give permission to the medical staff selected by the camp to hospitalize or secure proper treatment for my child.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_