Special Needs Day: Adventure

August 8, 2026

Camp Cost: $35.00
Oil Belt Camp T-Shirt Cost: $15.00

Medical Information and Registration

Camper Name _____ Male__ Female__

Address _____

City _____State _____ Zip_____

Name of Parent(s) or Guardian(s): _____

Contact Phone Number: _____

Home Facility _____

Home Church (if any) _____

Has the Camper been baptized? _____

Date of Birth _____ *(Must be 14 years old by date of camp, or older)*

Affiliated with a church? Yes or No

Church Name: _____

If bringing your own buddy, please list the buddy's name and relationship to the camper:

_____

What is the nature of the camper's special need? (Please be specific. Examples: Down Syndrome, ADHD, Mental Impairment, etc)

_____

_____

_____

_____

Can the camper communicate basic needs, such as needing a drink? Yes or No

How does camper communicate basic needs? _____

Sign Language? _____ Language / Pecking Board? _____

If there is speech, is it understandable to those who don't know him/her? Yes or No

Please check any that apply to the camper:

Hearing Aid ____ Wheelchair ____ Cane/Walker/Brace ____

Other: _____

Describe the camper's behavior: *(Examples: Shy, fearful, overly aggressive, self-abusive, etc)*

_____

_____

_____

_____

What helps control unwanted behaviors: _____

_____

_____

How does the camper deal with new people? _____

_____

_____

What situations usually overly stress the camper? (loud sounds, transitions, etc)

_____

_____

Height _____ Weight _____

Please list all Medications / Dosage / Time of day:

_____

_____

_____

_____

_____

Will the camper be administered medication while at camp? Yes or No

If yes, ALL medication must be in prescription bottle with label & instructions. All medications will be dispensed by the camp nurse.

Please list medications that camper is NOT to have:

Please answer the all the following questions:

Is the camper Sun sensitive or Heat sensitive ? Yes or NO

Please list all Non-Food Allergies: _____

Please list all Food Allergies: _____

Do they choke easily on food? Yes or No

What are the camper's eating habits? _____

Are there food restrictions not listed above with allergies? _____

_____

Does the camper need assistance in eating? Yes or No

(If camper needs assistance eating, they must have an assistant attend with them)

Does the camper have a SEIZURE DISORDER? Yes or No

If yes, what type of seizures may be expected? _____

_____

List any activities that the camper should not participate in: _____

_____

Is there any special instruction in helping the camper while at camp? _____

_____

(If camper needs special assistance, such as restroom or changing, they must have an assistant attend with them)

I will bring an assistant with me: Yes or No (Fill out "buddy information above)

Name of Attending Physician: _____

Phone # _____ Physician's Facility _____

Does the camper have health insurance or medical card? Yes or No

In Case of Emergency contact:

Name: _____ Phone: _____

Name: _____ Phone: _____