

CHILD'S NAME _____

Camper Application

Part A

Note: This form must be completed in full in order to be accepted and processed. Do not leave any blanks. If the answer to a question is "none," write the word "none".

(Please Print) Today's Date: ____ / ____ / ____

Child's Name: _____
FIRST LAST M.I.

Sex: _____ Grade next school year: _____

Height: _____ Weight: _____ T-shirt Size: _____

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

Address: _____
STREET APT #

CITY STATE 9-DIGIT ZIP CODE

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Best Number to reach you _____

Email: _____ Child's Email: _____

Emergency

Contact: _____
NAME RELATIONSHIP

(____) _____ - _____
NUMBER

Is this your child's first time attending TS Camp USA? _____

What are your child's interests, hobbies, special foods, etc.?

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What do **you** hope your child will gain from a camp experience?

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CHILD'S NAME _____

Does your child want to attend camp? _____

Have you asked your child what (s)he expects to get from this camp experience? _____

What was his/her response?

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PART B

CONFIDENTIAL

TELL US ABOUT YOUR CHILD: PSYCHOSOCIAL/EMOTIONAL & BEHAVIORAL FUNCTIONING

In order to insure that every child attending TS Camp has a positive experience, please complete this section as honestly and specifically as you can. The purpose of this section is not to “rule out” a camper with difficulties; rather, it helps us to assess if your child is ready for the best possible camp experience at the present time. No child is perfect and many difficulties can be avoided by well-informed counselors who are prepared with knowledge to respond to problem areas.

Birthdate: _____ / _____ / _____

Has your child attended any special needs camp (including TS camp)? _____

If so, which camp? _____ How many years? _____

Does your child have any other special needs: Mobility _____ Language _____

Reading _____ Sleep Difficulties _____ Vision _____ Hearing _____

Please give any suggestions you feel would be helpful regarding the above special needs:

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Please describe your child's current motor and vocal tics. **Be as specific as possible**, i.e. echolalia (repeating phrases of self/others), coprolalia (involuntary swearing), touching, etc: _____

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CHILD'S NAME _____

Has your child had any recent (within the last year) hospitalizations or residential care? If yes, please describe: _____

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Has your child ever spent the night away from home and family members? _____

How did (s)he respond? _____

Has your child met other children with Tourette Syndrome, and if so, how did they get along?

How does your child handle being questioned/teased about his/her TS? _____

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How does your child get along with peers at school? _____

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How does your child get along with adults/authority figures? _____

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Does your child have any educational accommodations? If so, please list: _____

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Please **check** any behaviors that generally describe your child:

CHILD'S NAME _____

Can be oppositional with authority figures _____ Tends to be manipulative _____
Has problems waiting his/her turn _____ Has problems sharing _____ Lies _____
Is argumentative _____ Has tantrums _____ Is easily frustrated _____ Runs away _____
Swears (excluding coprolalia) _____ Teases other children _____ Gets in fights _____
Cries easily _____ Quick to anger _____ Bullies younger, smaller children _____
Hits other children _____ Hits adults _____ Talks back _____ Pushes limits _____

Please answer Yes or No:

Have you explained to your child that while at camp, (s)he is expected to obey camp counselors just as (s)he does teacher and parents? _____ Does (s)he understand? _____
Have you been called to school because of your child's behavior this school year? _____
How many times? _____ For what reasons? _____
Does your child respond well and observe "time outs" when given by adults? _____
Have you discussed the camp's rules with your child? _____ Does (s)he understand? _____
Have you discussed the camp's Behavior Contract with your child? _____
Does your child understand the consequences of non-compliance with the contract? _____
If your child is unable to comply with the stated expected behaviors are you prepared to pick him/her up from camp? _____

PART C

CONFIDENTIAL MEDICAL INFORMATION

Year your child was diagnosed with Tourette Syndrome: _____
Primary Physician: _____ Phone: (_____) _____
Tourette Treating Physician: _____ Phone: (_____) _____
Is/Does your child have any of the following?
Attention Deficit Disorder? _____ With hyperactivity? _____
Obsessive-Compulsive symptoms? _____ Bipolar Disorder? _____ Aspergers? _____
List all other medical/mental health diagnoses: _____

Explain: _____

List any and all allergies: _____

CHILD'S NAME _____

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Allergy treatments: _____

Other Health problems/injuries: _____

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Medical Insurance Co: _____ Policy #: _____

LIST ALL TOURETTE'S MEDICATIONS: _____ **REASON PRESCRIBED:** _____

1) _____

2) _____

3) _____

LIST ALL OTHER MEDICATIONS: _____ **REASON PRESCRIBED:** _____

1) _____

2) _____

3) _____

4) _____

5) _____

Side Effects/Responses? Explain: _____

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Please list any other concerns not addressed previously: _____

PART D

PARENTAL AUTHORIZATION

TSCO is billed by Camp Duncan for your child, there can be no refund of camp fees for any reason. In no case shall TSCO be held liable for camp fees that are not paid. The parents shall be liable for any cost incurred by TSCO.

By signing my child's behavior contract, I am agreeing to be available to pick up my camper if (s)he chooses not to comply to Camp Duncan's rules.

Parental Authorization: I/We confirm that the information provided in this application is correct to the best of my knowledge and certify that our child is in good health. I understand that a current health history and immunization history must be provided before my child may attend camp. I hereby give my permission to TSCO to administer routine medical care and to the physician selected by the camp director to seek emergency treatment as required and/or to transport my child to the appropriate medical facility in the event that urgent/emergency care is necessary. The hospital and its medical staff are authorized to provide any treatment, which is necessary for the well being of my child. I also give my permission to TSCO to transport my child off the camp property for purposes of medical care and program activities as deemed appropriate by the director.

FEES DO NOT INCLUDE MEDICAL/ACCIDENT INSURANCE.
Medical bills incurred are the responsibility of the parent.

I understand that my signature indicates that I agree to provide any necessary information, including information required by law or by the custodial agreement with others that share the custody of the above registered camper. My signature also indicates that the information is correct in this registration form and that I have read and am in agreement with the above information.

Parent/Guardian's Signature: _____

Date: _____