

**CAMPER APPLICATION**  
**CAMP DRAGONFLY September 9, 2023**  
**Registration Deadline for Campers: August 31, 2023**  
**(Please use only black or blue ink and complete all information)**

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

\_\_\_\_\_ Email: \_\_\_\_\_

(Please print clearly)

Would you like future camp information sent to your email address instead of regular mail?  Yes  No

Name of school: \_\_\_\_\_ Entering \_\_\_\_\_ grade (Fall of 2023) Sex: M F

How did you hear about Camp Dragonfly? \_\_\_\_\_

Desired name for name tag: \_\_\_\_\_ **T-shirt size: Youth:**  Small  Medium  Large  
**Adult:**  Small  Medium  Large  XL  2x  3x

Name of person who died: \_\_\_\_\_ Age of Person: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Cause of death: \_\_\_\_\_

Was the child present at the time of death? \_\_\_\_\_ Did the child live with this person? \_\_\_\_\_

Does the child know and understand the cause of death?  
\_\_\_\_\_

Please describe the child's relationship with the person who died \_\_\_\_\_  
\_\_\_\_\_

Has the child had other significant deaths within the past 5 years? If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Please list the names, relationships and ages of other household members:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Some words that describe your child: \_\_\_\_\_

Camper's hobbies or special interests: \_\_\_\_\_

Other pertinent information and/or specific concerns - i.e. divorce/remarriage, change of school or residence, any issues related to custody or juvenile court system, etc... \_\_\_\_\_

Is your child in any special needs program at school. If yes, please explain \_\_\_\_\_

Is your child having any specific difficulty with behavior or relationships with others at home or at school? i.e. inappropriate behavior, aggression, withdrawal, hyperactivity, etc. If yes, please explain \_\_\_\_\_

Has camper participated in any counseling and/or support groups? If yes, please explain \_\_\_\_\_

What are your expectations of Camp Dragonfly? \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please list 2 additional emergency contacts in case parent/guardian cannot be reached.

1. Name \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Home # \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

**MEDICAL HISTORY**

Camper \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone # \_\_\_\_\_

Health insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Health Conditions (check)**

**Allergies (check)**

**Reactions**

- |   |  |       |
|---|--|-------|
| <input type="checkbox"/> Asthma                         | <input type="checkbox"/> Insect Stings             | _____ |
| <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Foods                     | _____ |
| <input type="checkbox"/> Heart Defect/Disease           | <input type="checkbox"/> Medications               | _____ |
| <input type="checkbox"/> Epilepsy                       | <input type="checkbox"/> Hay Fever/Sinus           | _____ |
| <input type="checkbox"/> Behavior Problems              | <input type="checkbox"/> Ivy Poisoning, etc        | _____ |
| <input type="checkbox"/> Frequent ear infections        | <input type="checkbox"/> Other                     | _____ |
| <input type="checkbox"/> Sleep walking or night terrors | <input type="checkbox"/> <b>No Known Allergies</b> |       |

Please explain all that are checked and add any additional conditions not listed above: \_\_\_\_\_

Operations or serious injuries: (include dates) \_\_\_\_\_

Any medically prescribed meal plan or dietary restrictions \_\_\_\_\_

Please list any additional information that camp health care staff should be aware of \_\_\_\_\_

**MEDICATION INFORMATION**

May camp nurse administer **Tylenol** or **Ibuprofen**?  YES  NO (If yes, please circle the one you prefer.)

Does camper take any medications?  YES  NO (If yes, please list all medications and dosages.)

**Medication**

**Dosage**

_____	_____
_____	_____
_____	_____
_____	_____

Does camper experience any side effects from the medications?  YES  NO

If yes, please describe the side effect and what should be done about it. \_\_\_\_\_

Please provide any other special instructions or additional information regarding the medications that would be helpful to the camp nurse. \_\_\_\_\_

**CAMPERS MUST BRING ALL PRESCRIPTION MEDICATIONS TO CAMP IN THEIR ORIGINAL CONTAINERS LABELED WITH THE CURRENT DOSAGE AND INSTRUCTIONS. ANY CHANGES FROM THOSE ON THE CONTAINER MUST BE VERIFIED IN WRITING BY A PHYSICIAN.**

1. All medications must be turned over to the camp nurse during registration on Saturday morning.
2. If camper fails to bring medications, it will be under the discretion of the camp nurse if camper will be allowed to stay at camp.
3. Camp nurse will administer all medications. Campers must report to camp nurse at designated times. If camper refuses to take prescribed medication(s), parent/guardian will be notified.

**Please notify Camp Dragonfly if camper is exposed to any communicable disease during the three weeks prior to camp attendance.**

This health history is correct and up to date. In the event that my child should sustain an injury, I give permission to the staff of Camp Dragonfly to administer first aid to my child and if necessary authorize emergency transport to the nearest acute care facility. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for my child.

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

\*Please contact Augusta Health Hospice of the Shenandoah if you cannot sign this for religious reasons.\*

**Information provided will only be used by Augusta Health staff and volunteers involved with Camp Dragonfly for the purpose of registering camper and for providing appropriate care and support to the camper while attending camp.**

## RULES FOR SAFETY

The following are basic rules for safety at Camp Dragonfly. We ask that parent/guardian and camper take a few minutes and go over rules together.

1. **Stop Rule:** When someone is doing something that feels unsafe to anyone, a camper or volunteer can stop the activity immediately by saying, "Stop and I mean it!"
2. **No Put Down Rule:** No hurting other people's feelings by making fun of them, name calling, or put-downs. Respect each other and yourself.
3. **No Hitting or Throwing Rule:** No hitting each other or throwing any objects.
4. **Adult Rule:** Campers must be with an adult at all times. One on one interaction between campers and volunteers must be done in public view or in the presence of another adult.
5. **Privacy Rule:** Things that are shared at Camp Dragonfly are private and confidential so remember:  
What I say here.....What I hear here.....What I see here.....Stays here!
6. **I Pass Rule:** Campers can always "pass" if they do not want to talk or share in a group.
7. **Participation Rule:** Although we do not require a camper to participate in an activity, for safety reasons, we do require that the camper stay with their group.
8. **Yours and Mine Rule:** Campers are responsible for keeping up with their own personal belongings. Going through, taking, or damaging another camper's belongings or camp property will not be tolerated.
9. **No use of cell phones or electronic devices.**

I have gone over these rules with my child and he/she understands what is expected at Camp Dragonfly and agrees to follow the rules.

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

## PERMISSION FOR SHARING

To communicate Camp Dragonfly's mission and message we may want to use photos, video, quotations, stories, artwork and other artistic expressions of the children and teens for display boards, brochures, newsletters, newspaper articles, public service announcements, lectures, and trainings. **Camper's name will remain confidential and will not be disclosed.**

Please check one:     We **GIVE** permission to the above.     We **DO NOT GIVE** permission to the above.

## RELEASE

I agree to indemnify and hold harmless Camp Dragonfly, a program of Augusta Health, for any and all claims, demands, actions and judgments whatsoever of every name and nature, both in law and equity, which my child ever had or now has or may have against Camp Dragonfly for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my child's person or property during his or her attendance at Camp Dragonfly, including but not limited to, injury caused by or arising from Camp Dragonfly's own negligence.

I, the undersigned, have read the permission for sharing and release and understand all of its terms.

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

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

**Campers will be accepted in the order applications are received. Due to limited space, only a certain number of applications will be accepted. Please mail completed forms to:**

**Camp Dragonfly  
Augusta Health Hospice of the Shenandoah  
P.O. Box 215  
Fishersville, VA 22939**