CAMPER APPLICATION
CAMP DRAGONFLY August 28, 2027

<u>Registration Deadline for Campers</u>: August 15, 2027

(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 2027) 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 <u>2 additional emergency contacts</u> in case parent/guardian cannot be reached.

1. Name_____

Relationship_____

Home #_____

Cell # _____

2. Name_____

Relationship_____

Home #_____

Cell #_____

MEDICAL HISTORY

Camper_____ Age_____ Birth date_____ Height_____ Weight_____

Name of family physician_____ Phone _____

Health insurance carrier_____ Policy # _____

Health Conditions (check)	**Allergies (check)**	**Reactions**
☐ Asthma	☐ Insect Stings	_____
☐ Diabetes	☐ Foods	_____
☐ Heart Defect/Disease	☐ Medications	_____
☐ Epilepsy	☐ Hay Fever/Sinus	_____
☐ Behavior Problems	☐ Poison Ivy, etc	_____
☐ Frequent ear infections	☐ Other	_____
	☐ **No Known Allergies**	

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 a 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 effects 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 nurses will administer all medications. Campers must report to camp nurses 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. If my child sustains 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.

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 Downs**: 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**: No hitting each other or throwing any objects.
4. **Adult**: Campers must always be with an adult. One-on-one interaction between campers and volunteers must be done in public view or in the presence of another adult.
5. **Privacy**: 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**: Campers can always "pass" if they do not want to talk or share in a group.
7. **Participation**: 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**: 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 training. **Every camper's name will remain confidential.**

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 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