



**Camp Application**

**Parents: complete ALL sections. Incomplete applications will be returned!**

**GENERAL INFORMATION**

Applicant's Name: \_\_\_\_\_  
*First MI Last*

Prefers to be called: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Name of school: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian 1: \_\_\_\_\_  
*First MI Last*

Address: \_\_\_\_\_  
*Street/PO Box City State Zip*

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name of Parent/Guardian 2: \_\_\_\_\_  
*First MI Last*

Address: \_\_\_\_\_  
*Street/PO Box City State Zip*

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are parents living together? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any custody or visitation restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT: (other than parents) This section MUST be filled out:**

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

**Adults (other than parents) authorized to take child to and from camp:**

You must designate at least one adult. Please include a telephone number.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**Adults *NOT* authorized to take child to and from events (if applicable):**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**T-shirt size (Y= Youth, A=Adult) Please circle one:**

**YS YM YL YXL AS AM AL AXL AXXL**

**Preferred name/nickname on T-shirt (if different from above):** \_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION**

Primary Care Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Cardiologist's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Cardiac Diagnosis: \_\_\_\_\_

Cardiac Surgery: \_\_\_\_\_

Other medical problems (i.e. ADD, asthma, celiac, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other Specialist's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Other Specialist's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Behavioral / Mental Health Specialist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Please give last visit date(s) and reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS** (List all medications your child takes below)

Medication / Strength	Schedule / Directions	Prescriber

**List any allergies your child has:**

Allergen (medications, foods, animals, insects, etc.)	Reactions <i>(be specific with the symptoms, how severe, when they start, etc.)</i>	Age at Last Reaction

How do you usually manage allergic reactions (medications, ice packs, etc.)? \_\_\_\_\_  
 \_\_\_\_\_

Does your child have any special diet restrictions (vegetarian, celiac, picky eater)?  
 \_\_\_\_\_

Does your child have any special needs or physical limitations: \_\_\_\_\_  
 \_\_\_\_\_

**Has your child been to an overnight camp before?**    \_\_\_ Yes    \_\_\_ No

Is your child able to function at his/her age level?    \_\_\_ Yes    \_\_\_ No **(describe below)**

**Does your child have any behavioral, developmental or emotional issues (describe below):**

\_\_\_\_\_  
 \_\_\_\_\_

Does your child require one-on-one supervision at school / activities? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have an IEP or 504 plan at school? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any fears? Yes \_\_\_\_\_ No \_\_\_\_\_

What helps when he/she gets scared? \_\_\_\_\_  
\_\_\_\_\_

Does your child have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

Name of Health Insurance Plan: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Policy and/or Group Number: \_\_\_\_\_

I understand that if any information I/we have provided (in any of the application forms) is found to be inaccurate, it may eliminate the opportunity for participation in camp.

I give permission to appropriate **Follow Your Heart Camp** staff to discuss pertinent health information provided on any of the application forms (including medical forms) with any of my child's doctors, health care providers, school staff or other parties that is necessary to define my child's readiness for, and success at camp. This may include discussion or disclosure of sensitive health information related to HIV, STD, genetic & / or behavioral health.

Camper Name: (print) \_\_\_\_\_

Parent/Guardian's Name: (print) \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Hasbro Children's Hospital**  
The Pediatric Division of Rhode Island Hospital  
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