

“going beyond the disABILITY”

CAMP
Ability
2018

Presented By **Ability Project**

<i>August</i> 14th- 17th	<i>Encounter Jesus</i> at a summer escape for people with intellectual & physical disabilities
	AT LAKE WILLIAMSON Lake Williamson Road Carlinville, IL 62626

FOR MORE INFORMATION:

visit www.Ability-Project.com or contact Pastor Jerry & Rebecca Fields
Fields.Calvary@gmail.com 309.360.3717

CAMP ABILITY

GUARDIANS: KEEP THESE FORMS FOR YOUR RECORDS

PLEASE READ INSTRUCTIONS

TUITION OF CAMP is \$250. NON-REFUNDABLE DEPOSIT of \$50 is required with Camper Application. Please only send exact tuition amounts. The remaining **balance is due at registration.**

- **REGISTRATION** starts at **9:00am on Tuesday, August 14th**, and closes at **12 noon.**
- **It is critical to have PINK MED FORM filled out before arriving to registration!**
- **ALL GUEST APPLICATIONS must be postmarked by July 16st.**
- **CAMP CLOSSES at 12:00pm Friday, August 17th.**
- **LUNCH will be served on the first and last day of camp.**
- **ALL CAMPERS must be off the grounds by 1:00pm on Friday August 17th.**
- Please be sure your **TRANSPORTATION** is punctual.

Make checks payable to **Ability Project Ministry** and mail to:
'Camp Ability' 432 N. Linwood Dr. Galesburg, Illinois 61401
Or make payments online at **Ability-Project.com**

Check list:

- Have you read the entire application?
- Have you completed the application and attached any additional information you consider pertinent?
- Have you included a copy of your Medical Assistance and/or Medicare card?
- Have you included all the application pages together? **GUARDIAN AND PHYSICIAN SIGNATURES MUST BE ORIGINALS. No copies. Incomplete applications cannot be processed.**
- Has your physician completed and signed the Medical Form of the application?
- Have **PINK MED FORM** completed and bring to registration. (Or your check in will be delayed)
- Please include a picture of the guest with the application (no bigger than 4" X 6" or copy ID))

ALL CAMPERSS MUST HAVE A MEDICAL EXAMINATION within twelve (12) months prior to the date of Camp Ability. Each camper must complete the 2018 Medical Form as part of this application. Substitutions of this form will not be accepted, however additional information is appreciated. **All medications must be blister packed and OTC drugs must be in original bottles clearly marked for content, dosage, and frequency.** All medical and behavioral incidents will be documented. Applicants over 50 lbs needing transfers should expect to be lifted with the help of mechanical assistance **which you must provide.** Behavioral, food, etc. charting will not be done. Only medication charting will be recorded. Camp Ability programming takes precedence over any individual planned programming.

APPLICANTS UNDER THE AGE OF 10 must be accompanied by a parent/guardian. A spouse or parent/guardian providing applicant's care may accompany him/her at no charge and must complete and submit a staff application

If you are **PROVIDING YOUR OWN CAREGIVER**, their completed staff application must be submitted with yours.

ACCEPTANCE to Camp Ability is not guaranteed. We reserve the right to refuse acceptance of applicant based on our ability to provide adequate care in conjunction with applicant's needs with regard to our programming. Pre-registration is required. An acceptance letter will be mailed two weeks prior to the date of Camp Ability. If applicant is not accepted, a full refund will be given.

TRANSPORTATION to and from the grounds is the applicant's responsibility.

DRESS CODE:

- Shorts can be worn during the day. Absolutely **NO spandex shorts, boxer shorts, or shorts shorter than 2" above the knee.**
- Abbreviated attire such as half shirts, tank tops, spaghetti straps or crop shirts will not be allowed, and should be left at home.
- Shirts and dresses that have ANY part of the back missing will not be allowed. **NO oversized armholes or sides cut out of shirts.**
- Tight fitting clothing (pants and shirts) should be left at home. If you bring it, you will be asked to change. **ALL CLOTHING MUST BE MODEST.**
- Dark clothes and shoes must be worn for water sports.
- Shoes must be worn at all times.

GENERAL INFORMATION AND POLICIES –

- VISITORS are welcome and should check in with the Ability Camp Director.
- All individuals must stay out of the halls and rooms of the opposite gender.
- No swapping of rooms. You must stay where you are assigned unless approved through the camp office.
- All items left at camp must be claimed within 2 weeks of camp attended.
- Multi-media players, firearms, knives, weapons, communicative devices or clothing and other articles displaying questionable content are NOT allowed. Cell phones are not allowed. Camp Ability will not be responsible for lost or stolen personal property.
- Fireworks, smoking, alcoholic beverages, or drugs are NOT allowed on the campgrounds.
- Public displays of affection are not allowed.
- We reserve the right to inspect all personal belongings. The holding and/or disposal of improper contents are the right of the camp staff.
- Friends and family can write: Camper's Name - Camp Ability c/o Lake Williamson Christian Center, PO Box 620, Carlinville, IL 62626. (Please allow 3-4 days for delivery.)

CAMP PROPERTY DAMAGE – Charges for items broken/damaged during camp will be billed to all parties/individuals involved.

MEDICATION – All prescription medications must be in blister packs and over-the-counter drugs must be brought in the original bottle to the camp nurse on the first day of camp in a zip lock bag with the camper's name clearly marked on the outside. PLEASE make sure all meds for your camper are picked up from the nurse before you leave the campgrounds on Friday. Complete and bring **PINK MED FORM** to registration.

INSURANCE – Camp provides supplementary insurance for those injured at camp.

WHAT TO EXPECT AT CAMP - Amenities include air-conditioned dorms, swimming pool, water sports, and more. Daily activities include special assemblies, awesome services, recreation and more. There is a concession stand and camp store filled with ice cream, candy, soft drinks, t-shirts, and novelties. Recommended allowance is \$4 - \$10 per day per guest. Water is available for guests and staff at all times.

ITEMS TO BRING - Twin sheets, blankets, pillow, towels, toiletries, money (cash only), swimsuit, casual clothes, dark clothes and shoes that can be worn for water sports, your Bible, a bag for wet clothes, and a bag for dry clothes and anything else that will make your time comfortable. Please clearly label all items. Guests are responsible for personal belongings. **Camp Ability is not responsible for lost/stolen items.** Do not send irreplaceable items.

TELEPHONES –

Lake Williamson Christian Center – 217-854-4820 (For emergency use only)

IL District Office – 217-854-4600

NOTE: Campers will not be allowed to use the phone or cell phones once they are on the campgrounds. The only calls accepted will be emergency calls. If an emergency should occur, call the camp at 217-854-4820.

2018 Camper Application

Camp Ability August 14 – August 17

SUMMER ESCAPE FOR PEOPLE WITH DISABILITIES

Full Ability Camp tuition is \$250. Non-refundable deposit of \$50 or full amount is required with application.

The remaining balance is due at registration on the first day at camp.

Applications must be postmarked by July 16th!

Guardians must complete & return pages 2 - 7 of Camper Application.

Office Use Only	
Room	_____
CG	_____
CoCG	_____
TL	_____
Med Staff	_____
Pd	Ck# _____
Online	Schol _____ Bal _____
Emer	Med Form _____
Phys	Guar _____
Allergies	_____

Last Name First Name Preferred Name (If different from First Name)

Address Phone Number

City State Zip Code

Date of Birth (mo/day/yr) Age Sex (M/F) Email Address

Parent/Guardian Name Parent/Guardian Phone Number

Relationship

Foster Home Institution Live in own home/apt Live with parent/guardian

I am my own guardian Residential Facility/Group Home Name

Father or Guardian name: Phone #

Employer Name: Phone#

Mother or Guardian name: Phone#

Employer Name: Phone#

Emergency Contact Person Emergency Phone Number

If there is a concern with releasing this camper to anyone, please call.

Home Church City

Email Phone

CAMPER'S INSURANCE INFORMATION

The following information MUST BE COMPLETED:

Insurance Carrier Phone

Policy Number Group Number

Insured DOB SS#

Name of Family Physician Address

City, State, Zip code

FILL OUT PART 1 IF CAMPER HAS **ONLY A PHYSICAL DISABILITY**. FILL OUT PART 2 IF CAMPER HAS **ONLY AN INTELLECTUAL DISABILITY**. IF CAMPER HAS **BOTH DISABILITIES** FILL OUT PART 1 & PART 2

PART 1: Camper has ONLY a physical disability

DIAGNOSIS

- | | | |
|---|---|---|
| <input type="checkbox"/> Brain Trauma | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Spinal Bifida |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Spinal Cord Injury |

OTHER FACTORS

- | | | |
|---|---|--|
| <input type="checkbox"/> Uses Sign Language | <input type="checkbox"/> Non-Verbal | <input type="checkbox"/> Deaf |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Uses Hearing Aids | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Sight Impaired | <input type="checkbox"/> Will Bring Service Dog | <input type="checkbox"/> Cannot climb stairs |
| <input type="checkbox"/> Other – explain: _____ | | |

SELF HELP AND SUPERVISION NEEDED

- Lives independently – No assistance needed
- Will require assistance from Camp Ability staff
- | | | |
|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Minimal | <input type="checkbox"/> Moderate | <input type="checkbox"/> Complete Care |
|----------------------------------|-----------------------------------|--|
- Will provide my own caregiver * Male** Female**

Fill in information for caregiver who is providing care for camper

Name* ** _____

City _____ State _____ Zip _____

***Caregiver's completed staff application must be submitted with this application.**

****Unless related, caregiver must be of same sex as guest.**

PART 2: Camper has ONLY an intellectual disability

INTELLECTUAL ABILITY

- | | | | |
|---|-------------------------------|-----------------------------------|---|
| <input type="checkbox"/> High Functioning | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe/Profound+ |
|---|-------------------------------|-----------------------------------|---|
- +Current programs are not designed for people with Severe/Profound intellectual disabilities.

OTHER FACTORS

- | | | | |
|---|---|---|--------------------------------|
| <input type="checkbox"/> Non-Verbal | <input type="checkbox"/> Uses Sign Language | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Deaf |
| <input type="checkbox"/> Uses Hearing Aids | <input type="checkbox"/> Downs Syndrome | <input type="checkbox"/> Sight Impaired | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Cannot Climb Stairs | | | |
| <input type="checkbox"/> Autistic Behavior – describe _____ | | | |

SELF HELP AND SUPERVISION NEEDED

- Lives independently
- Needs minimal supervision
- Requires individual staff supervision
- Wheelchair manipulation
- Poor behavior – explain: _____
- Will provide own caregiver * Male** Female**

Fill in information for caregiver who is providing care for camper

Name* ** _____

City _____ State _____ Zip _____

***Caregiver's completed staff application must be submitted with this application.**

****Unless related, caregiver must be of same sex as guest.**

Please check the most appropriate statements in each category

SKILL EVALUATION

MOBILITY

- | | | | |
|--|---|-----------------------------------|-------------------------------|
| <input type="checkbox"/> Walks alone | <input type="checkbox"/> Slow | <input type="checkbox"/> Medium | <input type="checkbox"/> Fast |
| <input type="checkbox"/> Needs assistance | <input type="checkbox"/> Cannot walk | | |
| <input type="checkbox"/> Uses and will bring: | | | |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Braces | <input type="checkbox"/> Crutches | |
| <input type="checkbox"/> Electric wheelchair | <input type="checkbox"/> Manual wheelchair | | |
| <input type="checkbox"/> Can manipulate wheelchair alone | <input type="checkbox"/> Cannot manipulate wheelchair alone | | |
| <input type="checkbox"/> Paraplegic | <input type="checkbox"/> Quadriplegic | | |
| <input type="checkbox"/> Bears own weight | <input type="checkbox"/> Transfers alone | | |
| <input type="checkbox"/> Uses Hoyer lift (Campers unable to transfer alone will be lifted with mechanical help.) | | | |

(YOU MUST BRING YOUR OWN EQUIPMENT.)

SKILL EVALUATION (continued)

EATING

- Independent – needs no assistance
 - Needs assistance with _____
 - Dependent, must be fed (Please provide a week's supply of disposable bibs & straws if needed)
 - Has difficulty swallowing solids liquids must use straw (Please send supply for week)
 - Appetite large medium small limit helpings
 - Allergic to foods listed: _____
 - Diet restriction that CANNOT lapse during camp: _____
- (We are unable to provide specialized charting or diet for each applicant due to a camp type environment. If you cannot be tolerant in this area, YOU must provide special dietary foods (i.e., sugar free food and drink. Refrigeration and special preparation of foods is NOT available.)*

COMMUNICATION

- No difficulty
- Has difficulty
 - Expressing self
 - Understands directions and prompts
 - Slow to communicate needs
 - Difficulty understanding directions
 - Uses gestures
 - Non-verbal uses sign language (Please attach a description of signs)
 - Uses own language board (Please send with guest)
- Comments _____

BEHAVIOR

- Generally happy (check all that apply) Compliant Social Helpful Cooperative
 - Generally unhappy (check all that apply) Non-compliant Withdrawn Prone to depression
 - Does well in large groups Does NOT do well in large groups
 - Cautious/Shy Wanders (Note: guest who wanders off may be sent home for safety)
 - Physically Abusive/Aggressive to self to others to staff
 - Adapts to new environment quickly slowly
 - Autistic behavior – describe: _____
 - Other behaviors – explain: _____
- Are there any behavior problems you handle in specific ways and would like us to continue? _____

We ask this because we will try to be consistent with expectations and discipline at home if verbal instructions are inadequate.

SELF CARE & DRESSING

- Independent – needs no assistance
- Assistance is needed because applicant is slow needs prompts
- Cannot dress self without assistance. Please explain: _____
- Totally dependent
- Needs help with personal hygiene. Describe assistance needed: _____
- Usual bedtime _____ Usually awakens at _____
- Special sleeping habits _____
- Written instructions for specific care needs are listed on a separate page.

TOILET NEEDS – Send adequate for needs

You MUST bring your own shower/toilet chair if needed

- Independent – needs no assistance
- Needs assistance with _____
- Totally dependent Catheter Colostomy
- Uses Depends/Diapers at all times only at night (bring enough for the entire week)
- Incontinent bowel bladder (Depends will be used)
- Wets bed (Supply adequate bedding, clothing, and/or Depends as laundry is not done during camp)
- Female guest is able to care for self during menstruation:
 - Fully Partially Not at all Expected during week

ACTIVITIES

- Independent – needs no assistance
- Needs assistance in some activities: Arts/crafts Sporting/Recreation
- Dependent for all activities
- Water sports: Not allowed Swims shallow Swims deep
- Uses flotation Does not swim Afraid of water
- Activities camper enjoys _____
- Recreational activity camper cannot participate in _____

CAMP ABILITY CAMPER APPLICATION RELEASE FORM

I give permission as legal guardian for the camper to attend Camp Ability. To the best of my knowledge, all signatures and information in the application are/is correct and the person herein described has my permission to engage in all activities, except as noted by myself and/or physician. I further understand that Camp Ability reserved the right to reject any applicant whose needs cannot be met by staff.

I understand that due to specific state laws and Camp Ability policy, ALL medications, whether prescription or non-prescription, brought to Camp Ability MUST be in blister packs or original container/prescription bottle, clearly marked with the name, dosage, frequency, times, and prescribing physician, and not in pre-poured containers, except for those pre-poured from a pharmacy, with prescribing physician and pharmacy clearly identified. Camper will not be allowed to stay if this is not followed. I agree not to send applicant if exposed to a contagious disease within three weeks of the event, and I will notify Camp Ability if guest must cancel. No one will be denied attendance at Camp Ability because of religion, creed, national origin, sex, age or disability.

Emergency Consent: I, the undersigned, parent or legal guardian of the applicant, do hereby authorize the director or responsible medical staff acting on behalf of Ability Project, to act as my Agent, to consent to medical, surgical or dental examination and/or treatment. In the event I cannot be reached in an EMERGENCY, please contact the emergency contact person listed on camper's application. I give permission to the Health Care Professional selected by the Camp Ability staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery. I assume financial responsibility for any medical treatment not covered by Camp Ability insurance.

Discipline/Property Consent: I understand that Ability Project and the rented facility make rules and guidelines that camper will abide by while attending camp. I understand that if guest misbehaves and does not respond in a positive manner when warnings are given, I may be called to pick him/her up and no refund will be issued. In addition, **I will pay for any damage that is done to the camp or to personal property belonging to another individual.** I give permission to the camp director and/or assistant camp director to inspect the contents of any or all of camper's personal belongings, and to withhold and/or dispose of any improper or illegal contents.

I understand that individuals are prohibited from carrying any weapon, as defined by state and local law, and including, but not limited to: handguns, firearms, "electric weapons" identified as any device which is intended to be used to immobilize or incapacitate persons by the use of electric current, a knife, a Billy club, or any other implement that is fashioned, designed, or intended to be used as a weapon, at any Ability Project events. I also realize that tobacco, alcohol and drugs (except those administered by medical staff) are not allowed at Camp Ability.

Waiver of Liability: I release and hold harmless Ability Project Ministry, its board of directors, staff, leadership, and volunteers, from liability due to negligence by Camp Ability staff, leadership and volunteers. I shall bring no claims, demands, or litigation against Ability Project Ministry for losses due to bodily injury, death or property damage arising out of or related to participation at Camp Ability.

Disclaimer, and Permission: I, the parent or guardian of the applicant, acknowledge that participation in all camp-related activities necessarily involves risk of physical injury. I further acknowledge that the programs of Ability Project are primarily administered by adults, who volunteer their time. I attest that applicant is physically capable to participate in this event. However, should directors, representatives, medical staff or volunteers determine in their sole discretion that participation in any games or events would be injurious to camper's health, or should camper become ill or injured, I consent to his or her removal from that activity and/or treatment by any physician or medical care provider at the direction of the Camp Ability director. I give my permission for free use of any videotape, photographs, audiotapes, or any other visual or audio reproduction in which camper may appear by Ability Project. I release Ability Project from any liability connected with the use of picture or voice recording as part of any promotion.

The information contained in this application is correct, to the best of my knowledge. I have read, understand, and agree to the above statement and agree with the aforementioned terms and conditions subject to attending Camp Ability.

Signature of Legal Guardian: _____

Date: _____

Or Camper signature if own legal guardian

(Applications cannot be processed without proper signatures)

**A CONFIRMATION OF ACCEPTANCE WILL BE SENT TWO WEEKS PRIOR TO CAMP.
MAIL COMPLETED APPLICATION WITH GUARDIAN'S SIGNATURE, PHYSICIAN'S SIGNATURE AND DEPOSIT TO:
Make checks payable to **Ability Project Ministry** and mail to:
Camp Ability - 432 N Linwood Drive - Galesburg, Illinois 61401
Or make payments online at **Ability-Project.com/camp****

2018 MEDICAL FORM **No substitutions of this form will be accepted.**

All campers must have a medical examination within twelve (12) months prior to date of Camp Ability.

All prescriptions drugs MUST BE BLISTER PACKED. All over the counter drugs and inhalers must be brought to camp in the original bottle/container and turned into Camp Ability medical staff.

Please place ALL meds inside a zip lock bag with camper's name clearly marked on the outside. A **PINK MED FORM** will be sent with acceptance letter to fill out and bring to registration. This prevents any delays!

If a camper must have an inhaler with them at all times, a parent/guardian must complete the Medication Self-Administration consent form enclosed in this packet.

The following information **MUST BE COMPLETED**:

Medical History for camper's Name: _____ Height _____ Weight _____

Blood Pressure _____ Medical diagnosis of disability: _____

Explanation/Onset/Cause of disability: _____

Camper's current health condition: _____

Operations/Serious Illness – date & descriptions: _____

Chronic/Recurring Illness: _____

Camper has seizures: No Yes – frequency _____ Date of last seizure _____

Controlled by medication: No Yes

Describe seizure _____

Activities camper should not participate in: _____

ALLERGIES

Penicillin Aspirin Latex Hay fever

Food allergy: _____ Other _____

DISEASES/PAST ILLNESS

Diabetes Asthma Chicken Pox Tuberculosis Other: _____

Measles Polio Mumps Whooping Cough _____

IMMUNIZATIONS

Up-to-date Yes No

Tetanus date _____ HBV Date 1 _____ Date 2 _____ Date 3 _____ Date

For guests 18 years & under, enter moth & year of each immunization:

DPT/DT/TD Date 1 _____ Date 2 _____ Date 3 _____ Date 4 _____ Date 5 _____

Polio Date 1 _____ Date 2 _____ Date 3 _____ Date 4 _____ Date 5 _____

MMR Date 1 _____ Date 2 _____ Date 3 _____ Date 4 _____ Date 5 _____

HBV Date 1 _____ Date 2 _____ Date 3 _____ Date 4 _____ Date 5 _____

Is there any information we should have regarding the welfare of this camper: handicaps, restrictions, diets, etc.? If this is not enough space, please attach a detailed sheet. _____

Is there any activity you do not wish him/her to participate in? _____

Please list all medications including prescriptions and/or over-the-counter drugs that will be taken at camp in the space provided below.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PHYSICIAN PERMISSION

I have examined the person herein described and have reviewed their health history. It is my opinion that they are physically able to engage in Camp Ability functions through the end of the calendar year, except as noted above.

Physician's Name _____ City _____

Physician's Signature _____ Phone _____

RN, LPN, QMRP signatures are NOT acceptable.

MAIL COMPLETED APPLICATION WITH GUARDIAN'S SIGNATURE, PHYSICIAN'S SIGNATURE AND DEPOSIT TO:
CAMP ABILITY 432 N Linwood Rd, Galesburg, IL 61401
fields.calvary@gmail.com - www.Ability-Project.com - 309-360-3717

MEDICATION SELF-ADMINISTRATION CONSENT FORM

(INHALER and/or AUTO-INJECTABLE EPINEPHRINE)

Please complete this form if applies.

Camper's Name (Please Print) _____

Type of inhaler _____

This form is good for camping year 2018. This consent form must be updated anytime the camper's medication order changes and renewed each year.

The following must be provided for the camper to be eligible to self-administer rescue inhalers and/or auto-injectable epinephrine. Eligibility is **only** valid for this camp for the current year.

- a written statement from a licensed health-care provider who has prescriptive privileges that he//she has prescribed the rescue inhaler and/or auto-injectable epinephrine for the camper and that the camper needs to carry the medication on his/her person due to a medical condition;
- the specific medications prescribed for the camper;
- an individualized health care plan developed by the prescribing health-care provider containing the treatment plan for managing asthma and/or anaphylaxis episodes of the camper and for medication use by the camper during camp hours; and
- a statement from the prescribing health-care provider that the camper possesses the skill and responsibility necessary to use and administer the asthma inhaler and/or auto-injectable epinephrine.

If the camp nurse is available, the camper shall demonstrate his/her skill level in using the rescue inhalers and/or auto-injectable epinephrine to the nurse.

Rescue inhalers and/or auto-injectable epinephrine for a camper's self-administration shall be supplied by the camper's parent or guardian and be in the original container properly labeled with the camper's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

Campers who self-carry a rescue inhaler or an epinephrine auto-injector shall also provide the camp nurse with a rescue inhaler or an epinephrine auto-injector to be used in emergency situations.

My signature below is an acknowledgment that I understand that Camp Ability and constituents, shall be immune from civil liability for injury resulting from the self-administration of medications by the camper named above and that the camper is agreeing to maintain the inhaler and not allow any other person to use it.

Parent or legal guardian signature _____

Date _____