2022 CAMPER APPLICATION

A $50.00 application fee is required with each application. Make check payable to: Camp CaPella

Please read carefully.

Incomplete applications will not be processed.

Please do not omit information.

Important Information:

• Due to COVID-19 Requirements space may be limited
• COVID-19 Restrictions and Protocols Are In Place and MUST Be Adhered
• All camp sessions are subject to change if COVID-19 Regulations change.
• Applications are reviewed carefully and information requested is used by staff to determine if Camp CaPella is a good fit for your camper.
• Campers are accepted and placed in what we believe will offer them the best camp experience possible.
• If you have any questions and/or concerns, please do not hesitate to reach out.

Return completed application to:

Camp CaPella
PO Box 552, Holden, ME 04429
Email: info@campcapella.org

For Questions:
Call: Camp at 207-843-5104 or
Email: info@campcapella.org

Camper Eligibility Policy
Please read carefully; In order to attend Camp CaPella, all campers must be able to meet the following requirements. Contact us if you have questions about your camper’s eligibility.

The camper:

• Must have a primary diagnosis of an intellectual and/or physical disability, and is otherwise unable to attend a traditional summer camp program.

• Day campers start at the age of 5. Overnight campers start at the age of 8. There will be separate weekly sessions for campers based on age.

• Must be able to interact with others, individually or with assistance, and participate in the camp program.

• **Must be free of physically aggressive behaviors.**

• Must be able to adapt to staff supervision ratio of one staff to three campers. We are prepared to provide 1:1 care when needed for personal care, such as feeding, toileting, bathing, etc. **We do not have the resources to serve campers who require constant 1:1 supervision and/or care throughout their stay at camp.**

• **We cannot accept campers with emotional disturbance disorders.**

• Must be able to follow COVID19 Rules and Regulations. (see page 3)

• Applicants who will be accompanied by a medical caregiver because of their specific medical needs will be considered on an individual basis.

I agree that ________________________________ meets the above requirements to attend (Camper Name) Camp CaPella.

________________________________________

Print Name       Relationship to Camper

________________________________________

Signature        Date
COVID19 Camp Requirements:

• Camper MUST be able to follow the COVID19 Guidelines to attend Camp CaPella.
• Camper MUST be able to provide proof of negative COVID19 test within 72 hours of assigned camper session.
• Face coverings will be required for most camp activities.
• 6’ physical distancing will be implemented for most camp activities.
• Campers will be assigned cohorts and must remain in their cohort for the entire camp session.
• Camp activities will be staggered among cohorts to reduce exposure and intermixing.
• Hand washing and/or sanitizing frequently will be implemented.
• Frequent cleaning of camp spaces and equipment will be implemented.
• Health screenings will be implemented upon arrival, or prior to boarding transportation.
• If camper is not feeling well, please do not attend camp.
• If a camper becomes sick at camp, they will be quarantined and must be picked up promptly.
  Please plan accordingly for this possibility.

The following recommendations are encouraged:

• It is strongly encouraged that all campers be vaccinated for Covid-19
• It is strongly encouraged that all campers and family members; guardians and house mates isolate and practice low risk behaviors and mitigation efforts as much as possible for the 10-day period prior to campers assigned camp session.
• It is strongly encouraged that all day campers and family members; guardians and house mates maintain isolation, practice low risk behaviors and mitigate efforts as much as possible during assigned day camp session.

Please report any COVID19 symptoms to camp director as soon as possible.

Other:

• Campers will be divided into cohorts with assigned counselors and will remain with this cohort for their entire camp session.

Please discuss concerns with attending camp with your medical doctor and camp director to be sure it will be a good fit for your camper.
Camper Information (print clearly)

Name: ____________________________________________________________

Diagnosis: ___________________________________________________________________

Age: _____ D.O.B. _______________________ Male ___ Female ___

Address: ___________________________________________________________________

Town: _______________________________ State: _______ Zip: _______

Home Phone: _________________________ Cell Phone: _________________________

Email: ______________________________

School or Program Attended: _________________________________________________

Does camper require 1:1 support in school and/or program setting? YES NO

Emergency Contact: _______________________________________________________

Case Manager Name: _______________________________________________________

Agency: ______________________________

Case Manager Email: _______________________________________________________

Office Phone: _________________________ Cell Phone: _________________________

I give permission for Camp CaPella to speak with case manager if needed.

________________________________________________________________________

Signature __________________________ Date __________________________
**Parent/Guardian Information**

Name: ________________________________________________________________

Relationship to Camper: ________________________________________________

Address: __________________________________________________________________

Town: ___________________________ State: _________ Zip: ________________

Home Phone: ______________________ Cell Phone: __________________________

Work Phone: ______________________ Place of Employment: __________________

Email: __________________________________________________________________

Preferred Method of Contact: ____________________________________________

Best Time To Contact: _________________________________________________

**Parent/Guardian Information**

Name: ________________________________________________________________

Relationship to Camper: ________________________________________________

Address: __________________________________________________________________

Town: ___________________________ State: _________ Zip: ________________

Home Phone: ______________________ Cell Phone: __________________________

Work Phone: ______________________ Place of Employment: __________________

Email: __________________________________________________________________

Preferred Method of Contact: ____________________________________________

Best Time To Contact: _________________________________________________
If parent/guardian cannot be reached, who can we contact, in order of preference:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone Number(s)</th>
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<tbody>
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</table>

While at camp, parent/guardian will be:

- At home
- On vacation and may be reached at _____________________ dates _____________

Persons camper can be released to:

- __________________________________________
- __________________________________________

Persons camper MAY NOT be released to:

- __________________________________________
Please Note: As you complete the camper application, please keep in mind that Camp CaPella is an accessible recreational opportunity in which campers participate in a wide variety of activities that may include swimming, boating, recreational games, music, arts-n-crafts, as well as daily special events. During these activities we will provide a 1:3 staff to camper ratio.

If camper requires 1:1 supervision in order to participate, for safety or behavior, you must provide an individual support person to attend with your camper.

Please carefully consider all questions and do not omit information. Incomplete applications will not be processed.

Feel free to use additional paper if you need more space.

PLEASE CHECK THE FOLLOWING STATEMENT AS IT APPLIES TO YOUR CAMPER

_____ I feel comfortable this camper will participate in camp activities in a safe and appropriate manner and will be adequately cared for by our 1:3 staff to camper ratio.

_____ I feel, at certain times, a 1:3 ratio will not be adequate supervision. Please list reasons for additional assistance below.

_____ I feel this camper is always in need of 1:1 supervision. An individual support person will accompany this camper. Please complete additional information below.

My camper will need additional assistance at times for: ________________________________

____________________________________________________________________________

____________________________________________________________________________

An individual support person will attend with my camper. YES NO

Name of support person:

____________________________________________________________________________

Agency: _________________________________ Phone: ________________________________
**Health, Behavior, Skills and More**

To be completed by primary caregiver and submitted with application. Please print clearly.

Camper name: ____________________________________________________________

Disability/Diagnosis: ___________________________________________________________________

Mobility (please check all that apply)

- [ ] Ambulatory
- [ ] Uses Wheelchair
- [ ] Transfer Assistance
- [ ] Ambulatory with assistance
  - [ ] Staff assistance
  - [ ] Cane/Walker
  - [ ] AFO (Type: __________)
- [ ] Manual chair
- [ ] Can propel self. Y N
- [ ] Independent
- [ ] 1 person pivot
- [ ] 2-person pivot
- [ ] Hoyer Lift

**Activities of Daily Living/Personal Care** (please check all that apply)

<table>
<thead>
<tr>
<th></th>
<th>Independent</th>
<th>Verbal Prompts</th>
<th>Hand Over Hand</th>
<th>Total Assist</th>
<th>Describe Assistance Needed</th>
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<tbody>
<tr>
<td><strong>Dressing</strong></td>
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<td>Tie shoes</td>
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<td>Button/Zipper</td>
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<td><strong>Showering</strong></td>
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<td>Shampoos hair</td>
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<td>Wash with asst</td>
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<tr>
<td>Teeth</td>
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<tr>
<td></td>
<td>Independent, no concerns</td>
<td>Reminders to use bathroom</td>
<td>Assistance with wiping</td>
<td><em>please send adequate number of supplies, if needed</em></td>
<td></td>
</tr>
</tbody>
</table>
Aids used (circle one) | Depends When? | Bedpan/Urinal (you bring) | Toilet chair | Other: 
|---------------------|---------------|--------------------------|-------------|---------------------------
| Bladder control (circle one) | Continent | Occasional accidents | Incontinent | Catheter & Type: 
| Bowel control (circle one) | Continent | Occasional accidents | Incontinent | Bowel Program |

**Eating**

<table>
<thead>
<tr>
<th>Eating</th>
<th>Independent, no Concerns</th>
<th>Needs prompts to eat</th>
<th>Needs to be fed</th>
</tr>
</thead>
</table>

**Utensils**

<table>
<thead>
<tr>
<th>Utensils</th>
<th>Conventional utensils</th>
<th>Adaptive utensils (you bring)</th>
<th>Finger foods only</th>
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</thead>
</table>

**Dietary Needs**

<table>
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<tr>
<th>Dietary Needs</th>
<th>Cut into bite size pieces</th>
<th>Mechanically chopped diet only</th>
<th>Pureed diet only</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gluten Free</th>
<th>Dairy Free</th>
<th>G-Tube</th>
<th>Other:</th>
</tr>
</thead>
</table>

For those campers on a gluten/dairy free or other restrictive diet, we will accommodate as best we can; however, please feel free to bring supplemental foods to last throughout the week.

Other dietary restrictions: ______________________________________________________

Food allergies: (please list along with reaction)

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<th>Food:</th>
<th>Reaction:</th>
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</table>
**Communication Skills** (please check all that apply)

Expressive Communication:

- ___ Verbal, can be clearly understood
- ___ Verbal, is difficult to understand
- ___ Non-verbal
- ___ Limited verbal vocab
- ___ Uses gestures
- ___ Uses Sign Language
- ___ Uses communication device

Receptive Communication:

- ___ Can easily understand & follow directions
- ___ Understands sign language
- ___ Needs time to process & act on instructions
- ___ Needs reminders & cues
- ___ Cannot process/does not follow directions
- ___ Other means of communication: __________________________________________

Additional Comments: __________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

*Have there been any life changes you would like to share with us that may be helpful to ensure a successful camp session?* (i.e. new home, new school, marriage, divorce, death, health changes, etc.)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please tell us what COVID adjustments you, or your camper, have faced in the past year. (i.e. Has program been cancelled? Has there been limited social interactions? Has school been remote, hybrid or in-person? Etc) ______________________________________
______________________________________________________________________________
______________________________________________________________________________
**Behavioral Information** (please check all that apply)

___ Has a behavior support plan (please attach a copy)

**History of:**

___ Verbal aggression

___ Physical aggression toward others
   ___ Biting
   ___ Hitting
   ___ Kicking
   ___ Other: _______________

___ Wandering/Running away from group

___ Self-injurious behaviors
   ___ Picking/Scratching
   ___ Head banging
   ___ PICA (please explain) ___________________________
   ___ Biting

___ Other behaviors to be noted: __________________________________________

___ No behavioral issues

Please list any behaviors we may see at camp: ______________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

How often do behaviors occur? ____________________________________________
   ____________________________________________
   ____________________________________________

What causes the behavior? (triggers): ____________________________________________
   ____________________________________________
   ____________________________________________

Recommended redirection techniques: ____________________________________________
   ____________________________________________
   ____________________________________________

Reminder: If camper requires 1:1 supervision in order to participate, for safety or behavior, you **must** provide an individual support person to attend with your camper.
**Adjustment to Camp** (please circle one)

Has your child been to a summer camp (other than Camp CaPella) before? **YES** **NO**

If so, did he/she adjust well? **YES** **NO**

Has your child ever been away from home before? **YES** **NO**

Do you think he/she is likely to be homesick? **YES** **NO**

If you think homesickness will be an issue, please give us some suggestions on how to best help your camper adjust. __________________________________________________________

______________________________________________________________________

______________________________________________________________________

Favorite camp activities_________________________________________________

______________________________________________________________________

Least favorite camp activities: ____________________________________________

______________________________________________________________________

Swimming Level: please check one

___ Non-swimmer/does not like water ___ Beginner

___ Intermediate ___ Advanced

Swimming comments: _____________________________________________________

______________________________________________________________________

______________________________________________________________________

**Nighttime Routine** (please check all that apply)

(Please note: A minimum of two counselors sleep in the bunkhouse with campers. There is no awake overnight staff.)

___ No concerns, sleeps through the night ___ Wakes to toilet independently

___ Wakes to toilet with assistance ___ Wanders at night

___ Wakes early; please note time: _____ ___ Requires medication to help sleep

___ Requires bedrails ___ Requires adjustment/repositioning at night, please describe: ____________

Additional comments: ____________________________________________________

______________________________________________________________________

______________________________________________________________________
2022 Summer Camp Schedule

Space is limited. Please indicate a FIRST and SECOND Choice.

Overnight Camp Sessions run from Sunday evening to Friday afternoon.

Day Camp Sessions run from Monday to Friday, 9:00am to 4:00pm.

**ALL CAMP SESSIONS ARE SUBJECT TO CHANGE IF COVID19 REGULATIONS CHANGE**

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>OVERNIGHT</th>
<th>DAY</th>
<th>CHOICE (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults 21+</td>
<td>June 19 to 24</td>
<td>June 20 to 24</td>
<td>First</td>
</tr>
<tr>
<td>Adults 21+</td>
<td>June 26 to July 1</td>
<td>June 27 to 1</td>
<td>First</td>
</tr>
<tr>
<td>5 -10 yr.</td>
<td>July 3 to 8</td>
<td>July 4 to 8</td>
<td>First</td>
</tr>
<tr>
<td>10 - 12 yr.</td>
<td>July 10 to 15</td>
<td>July 11 to 15</td>
<td>First</td>
</tr>
<tr>
<td>12 -15 yr.</td>
<td>July 17 to 22</td>
<td>July 18 to 22</td>
<td>First</td>
</tr>
<tr>
<td>15 - 18 yr.</td>
<td>July 24 to 29</td>
<td>July 25 to 29</td>
<td>First</td>
</tr>
<tr>
<td>18 - 21 yr.</td>
<td>July 31 to Aug 5</td>
<td>Aug 1 to 5</td>
<td>First</td>
</tr>
<tr>
<td>Adults 21+</td>
<td>Aug 7 to 12</td>
<td>Aug 8 to 12</td>
<td>First</td>
</tr>
</tbody>
</table>

If overnight camp session is full, would you be able to attend day camp? YES NO

Did you attend Camp CaPella in 2021? YES NO

Did you attend Camp CaPella prior to 2021? YES NO If yes, when? ______________

TRANSPORTATION:
Transportation for day camp will meet at Brewer Walmart Monday to Friday. Pick Up and Drop Off Times might vary depending on how many campers will require transportation. We will notify you of these times as your camp session draws near.

Please let us know:
I will use transportation. ______________

I will not use transportation. ______________

Undecided at this time. ______________
Camp Fees

The cost to attend one week of **overnight camp is 2000.00, Day camp is $1500.** Camp fees include meals and snacks unless a special diet is required.

It is our policy to never turn away a camper based on ability to pay. We do ask all of our campers to contribute a **minimum co-pay of $500.** We understand that this may not be feasible for some of our campers and their families and any contribution you can afford will be greatly appreciated.

We are more than happy to make payment arrangements and offer suggestions to help you raise your camp fees.

Please let us know how much you anticipate to pay towards camp fees. Please check your answer.

- I can pay Overnight camp of $2000 ______ $2000 with payment arrangements __________
- I can pay Day camp of $1500 ______ $1500 with payment arrangements __________
- I can pay half _____$1000/$750 Hal with payment arrangements __________
- I can pay the minimum $500 co-pay _____ $500 co-pay w/ payment arrangements ______
- I can pay a portion of my camp fees _____ Indicate how much you hope to pay ________
- I will need to make payment arrangements ________

Additional comments: __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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Note: Camp CaPella has done an actual cost analysis of Campership. Due to the increasing costs across the board, we have determined that per camper per week the cost to provide camp to our campers is actually 2497.00. Our Mission has always been to provide camp regardless of the ability to pay. We continue this mission today and just want all our folks to have a clear view of our budget requirements. Camp CaPella believes in financial transparency and will continue to make sure we are here for all of our Campers well into the future.
Permission Forms:

Photo Release: Do you give Camp CaPella permission to video tape or photograph this camper while attending camp for 2022 for future promotional purposes?  YES  NO
Please Note: Photos taken are for Camp CaPella Use Only

Transportation Release: Do you give permission for Camp CaPella staff to transport your camper for emergency purposes?  YES  NO

Medical Release: In the case of emergency, I understand every effort will be made to contact me/the listed contact person. In the event I cannot be reached, I give permission to Camp CaPella to secure proper treatment, including hospitalization, necessary tests, anesthesia, surgery or injections of medication for me/this participant. Permission is given to transport me/this participant for medical assistance as deemed necessary by Camp CaPella staff. I understand I am responsible for payment of all medical treatments. The medical forms within this application may be photocopied for camp use.  YES  NO

Immunizations: Are there any immunization exemptions due to religious, medical or other reasons?  YES  NO
If yes, please explain: ____________________________________________________________

*I understand and accept the risks of my camper not being fully immunized. I understand if there is an outbreak, I will be required to pick up my camper from the camp program.

Parent/Guardian Signature ___________________________________________ Date

I have reviewed this completed application. All information provided is correct to the best of my knowledge, and the participant herein described has permission to engage in all activities except as noted.

By signing below, I understand the guidelines as outlined within this application, and agree to follow them.

Signature of Camper/Parent/Guardian ___________________________________________ Date
Camp T-Shirt Order Form

It’s time to order your 2022 Camp CaPella T-Shirts!

Camp CaPella will provide 1 complimentary t-shirt for each camper. Please complete this form so your camper’s shirt will be available when they arrive at camp.

Camper Name: _______________________________________________________________

Size Needed: (please check one)

Child:        _____ Small     _____ Medium     _____ Large  
Adult:        _____ Small     _____ Medium     _____ Large
               _____ XL      _____ XXL      _____ Other (please specify)

If you would like an EXTRA 2022 Camper T-Shirt, the cost will be $20 per shirt. Please indicate quantity and size(s) below. Please send payment, check made payable to Camp CaPella.

EXTRA 2022 Camper T-Shirt: Qty: ________

Size(s): Adult: ________  Child: ________

Payment Enclosed: ________
The following five pages are **required** medical forms.

They **MUST** be completed by your physician. Please do not complete yourself and then ask physician to sign.

**Acceptance to camp cannot be finalized until completed medical forms have been returned to camp.**
Medical Information

The following pages MUST be completed and signed by a physician. Acceptance to camp cannot be finalized until all medical forms are returned.

*Medical Provider - Please complete this form and send to Camp Capella directly, Camp CaPella PO Box 552 Holden, ME 04429. Please do not sign a form completed by camper, parent or guardian. Camp CaPella requires medical information from medical provider only.

Camper Name: _______________________________________________________________

Disability: __________________________________________________________________

DOB: _______________________________ Male: _____ Female: ______

Physician Name: _____________________________________________________________
Address: ____________________________________________________________________
Phone Number: ____________________________

Allergies (please list allergy and reaction)

Medication Allergies: _________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Food Allergies: _____________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Other Allergies: (hay fever, animals, insect bites or stings, etc.) __________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Seizures

Is this camper subject to seizures? YES NO If yes, please attach any special protocol.
Seizure Type: _________________________ Frequency: _________________________
Seizure Triggers: _____________________________________________________________
How long do seizures last? ______________________ Date of most recent: _______________

Notify parent/guardian: ___after every seizure ___ after seizure lasting ___ mins ___no notice
Health History (Please check all that apply)

- Heart Defect/Disease
- Mononucleosis
- Chicken Pox
- Diabetes
- Frequent Ear Infections
- Poison Ivy
- Measles
- High Blood Pressure
- Asthma
- Hay Fever
- Insect Stings
- Mumps
- Hospitalization
- Lyme Disease
- Other

Explain other: ________________________________________________________________

Medical conditions requiring notification of guardian and physician: _______________________

___________________________________________________________________________

Operations or serious injuries or mental health concerns: ______________________________

___________________________________________________________________________

Specialized Health Care Procedures

Does the camper require a specialized health care procedure while attending camp (i.e. nebulizer treatments, catheterization, etc.): YES NO If yes, please complete the following:

Name of Procedure: ____________________________________________________________

Description of Procedure: Please include time intervals and conditions or symptoms that warrant repeating the procedure _________________________________________

_____________________________________________________________________________

List any precautions staff must be aware of before, during or after the procedure: __________

___________________________________________________________________________

Mental Health Information

Is there a history of mental health issues? YES NO

Have there been any recent issues? YES NO If yes, date of occurrence: __________

Has there been any hospitalization, or stay at a mental health facility, due to mental health issues? YES NO If yes, date of occurrence: __________

If yes to any of the above, please explain more.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
**Female Camper Information**

Has this camper menstruated?  **YES**  **NO**
If not, has she been informed?  **YES**  **NO**
If yes, does she require assistance?  **YES**  **NO**
Additional comments: ___________________________________________________________
_____________________________________________________________________________

**Immunizations** (you may attach immunization record in place of form)

<table>
<thead>
<tr>
<th></th>
<th>Year of Basic Immunization</th>
<th>Year of Last Booster</th>
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<tbody>
<tr>
<td>DTap</td>
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<tr>
<td>Tetanus</td>
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<td>Polio (IPV)</td>
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<td>MMR</td>
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<td>Pneumococcal (PCV)</td>
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<td>Haemophilus Influenza (HIB)</td>
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<tr>
<td>Hepatitis B</td>
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<td>Varicella (Chicken Pox)</td>
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<td>Meningitis</td>
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<tr>
<td>COVID19 Vaccine</td>
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<tr>
<td>Other</td>
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Are there any immunization exemptions due to religious, medical or other reasons?  **Y**  **N**
If yes, please explain: ___________________________________________________________

*I understand and accept the risks of my camper not being fully immunized. I understand if there is an outbreak, I will be required to pick up my camper from the camp program.

_____________________________________________________________________________

Parent/Guardian Signature ____________________________ Date ______________________

**Medication**

*Please note - camper must be on a stable medication regime, and not in the process of changing medication or altering the dose of current medication, for at least one month prior to attending camp.*

___ This camper takes no medications on a routine basis.

___ This camper takes medications as listed below. Attach additional sheets if needed.

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage</th>
<th>Time Given</th>
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**Assistive Devices**

Eyes: Does camper wear glasses?  YES NO  If yes, color of frame? ________________

Ears: Does camper wear hearing aids?  YES NO  If yes, what support is needed? ________________

Orthotics: Does camper wear AFO or other braces?  YES NO  If yes, what support is needed? ________________

Other assistive devices used: __________________________________________________________________________

**Health Care Recommendations From Physician**

Blood Pressure _______  Weight _______  Height _______

In my opinion, this individual is capable of participating in camp activities except for the restrictions stated below.  YES NO

Limitations or Restrictions:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Medical Concerns or Treatments to be monitored during camp: __________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Date of Most Recent Physical: ______________________________________

*Medical Provider - Please complete this form. Please do not sign a form completed by camper, parent or guardian. Camp CaPella requires medical information from medical provider only.*

I certify that I have completed a physical of this person on the date listed above, which is within one year of the expected camp participation date. This person is in satisfactory condition to participate in an active summer camp program for and with people with disabilities. I am aware of all medications prescribed to this camper, as listed on the medication form, and see no contraindications.

_________________________________________  ____________________
Physician Signature                         Date
COVID19 Regulations for Summer 2022

• Camper must provide proof of negative COVID19 test within 72 hours prior to camp session. Vaccinated campers must follow testing requirements. The only exception will be to any camper who has tested positive for COVID19 in the 90 days prior to camp session.
• Must pass daily health screening prior to entering camp.
• Must be able to wear a face covering for most camp activities.
• Must be able to maintain 6’ physical distancing for most camp activities.
• Must be able to properly wash hands and/or use hand sanitizer frequently.
• All campers and camper families are encouraged to practice low risk behaviors for a 10 day period prior to camp session, and during assigned camp session.
• Camp CaPella will implement camper cohorts with dedicated staffing for duration of camp session.
• All campers are encouraged to speak with their medical provider to determine if it is safe for them to attend camp.
• All campers who are eligible for the vaccine are encouraged to speak with their medical provider on receiving the vaccine prior to attending camp.

As the primary care provider, you are most familiar with the medical status of this camper and the risks for camp participation, particularly in the context of the current COVID19 environment.

Camp CaPella has created a summer camp program for 2021 that adheres to CDC/State of Maine guidelines for both Youth Day Programs and Overnight Camps. We ask you to consider carefully as you complete the camper medical forms and specifically address three questions:

1. Is this camper’s medical status appropriate for participation in a summer camp program?  
   Yes_____ No ____  Medical Provider Initials ______

2. If yes, would this camper be able to participate in either a day camp program or overnight program? Would you have a preference for which program they would participate?  Day ________  Overnight ________  Medical Provider Initials ____________

3. Are there any particular precautions Camp CaPella should take to further assure this camper’s safety while participating in the camp program?

____________________________________________________________________________
____________________________________________________________________________

_______________________________________  ______________________
Signature of Medical Provider                Date