2023 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 Camp CaPella.

(Camper Name)

Print Name _____________________________ Relationship to Camper _____________________________

Signature _____________________________ Date _____________________________

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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.

_____________________________________________ 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>
</tr>
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<tbody>
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</tbody>
</table>

While at camp, parent/guardian will be:

- [ ] At home
- [ ] On vacation and may be reached at ______________________ dates _________

Persons camper can be released to:

<p>| | |</p>
<table>
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</table>

Persons camper MAY NOT be released to:

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</table>

**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
___ Power chair
___ 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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dressing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tie shoes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Button/Zipper</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Showering</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Shampoos hair</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Wash with asst</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Teeth</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Toileting</strong></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)
Continent
Occasional accidents
Incontinent
Catheter & Type:
one)

<table>
<thead>
<tr>
<th>Bowel control (circle one)</th>
<th>Continent</th>
<th>Occasional accidents</th>
<th>Incontinent</th>
<th>Bowel Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eating</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Independent, no Concerns</td>
<td>Needs prompts to eat</td>
<td>Needs to be fed</td>
<td></td>
</tr>
<tr>
<td>Utensils</td>
<td>Conventional utensils</td>
<td>Adaptive utensils (you bring)</td>
<td>Finger foods only</td>
<td></td>
</tr>
<tr>
<td>Dietary Needs</td>
<td>Cut into bite size pieces</td>
<td>Mechanically chopped diet only</td>
<td>Pureed diet only</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gluten Free</td>
<td>Dairy Free</td>
<td>G-Tube</td>
<td>Other:</td>
</tr>
</tbody>
</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)

<table>
<thead>
<tr>
<th>Food:</th>
<th>Reaction:</th>
</tr>
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</table>

**Communication Skills** (please check all that apply)

Expressive Communication: Receptive Communication:

___ Verbal, can be clearly understood     ___ Can easily understand & follow directions
___ Verbal, is difficult to understand  ___ Understands sign language
___ Non-verbal  ___ Needs time to process & act on instructions
___ Limited verbal vocab  ___ Needs reminders & cues
___ Uses gestures  ___ Cannot process/does not follow directions
___ Uses Sign Language  ___ Other means of communication:
___ Uses communication device

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:

2023 Summer Camp Schedule

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

Overnight Camp Sessions run from Sunday evening to Friday Noon to 2pm.

Day Camp Sessions run from Monday to Thursday, 9:00am to 4:00pm.
Note: Friday at noon we will have a cookout and ceremony starting at noon to 2pm.

**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 18 to 23</td>
<td>June 19 to 23</td>
<td>First  Second</td>
</tr>
<tr>
<td>Around The World Week</td>
<td></td>
<td></td>
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<tr>
<td>Adults 21+</td>
<td>June 25 to June 30</td>
<td>June 26 to 30</td>
<td>First  Second</td>
</tr>
<tr>
<td>Halloween Week</td>
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<tr>
<td>18 -21 yr.</td>
<td>July 2 to 7</td>
<td>July 3 to 7</td>
<td>First  Second</td>
</tr>
<tr>
<td>Hawaiian Luau Week</td>
<td></td>
<td></td>
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<tr>
<td>10 - 12 yr.</td>
<td>July 9 to 14</td>
<td>July 10 to 14</td>
<td>First  Second</td>
</tr>
<tr>
<td>Pirate Week</td>
<td></td>
<td></td>
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<tr>
<td>12 -15 yr.</td>
<td>July 16 to 21</td>
<td>July 17 to 21</td>
<td>First  Second</td>
</tr>
<tr>
<td>Mad Science Week</td>
<td></td>
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<tr>
<td>15 - 18 yr.</td>
<td>July 23 to 28</td>
<td>July 24 to 28</td>
<td>First  Second</td>
</tr>
<tr>
<td>Olympic Week</td>
<td></td>
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<tr>
<td>5 - 10 yr.</td>
<td>July 30 to Aug 4</td>
<td>July 31 to Aug 4</td>
<td>First  Second</td>
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<tr>
<td>Carnival Week</td>
<td></td>
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</tr>
<tr>
<td>Adults 21+</td>
<td>Aug 6 to 11</td>
<td>Aug 7 to 11</td>
<td>First  Second</td>
</tr>
<tr>
<td>Christmas in August Week</td>
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</table>

If overnight camp session is full, would you be able to attend day camp? Yes  No

Did you attend Camp CaPella in 2022? Yes  No  Day  Overnight

Did you attend Camp CaPella prior to 2022? 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 1500.00. 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 H and 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 2023 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 2023 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 2023 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 2023 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,*
Email: info@campcapella.org

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

Note: Any admission to psychiatric facility, residential program, or documented psychiatric episodes will disqualify camper from attending Camp CaPella.

**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>Vaccine</th>
<th>Year of Basic Immunization</th>
<th>Year of Last Booster</th>
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</thead>
<tbody>
<tr>
<td>DTap</td>
<td>_________________________</td>
<td>____________________</td>
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<tr>
<td>Tetanus</td>
<td>_________________________</td>
<td>____________________</td>
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<tr>
<td>Polio (IPV)</td>
<td>_________________________</td>
<td>____________________</td>
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<tr>
<td>MMR</td>
<td>_________________________</td>
<td>____________________</td>
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<tr>
<td>Pneumococcal (PCV)</td>
<td>_________________________</td>
<td>____________________</td>
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<tr>
<td>Haemophilus Influenza (HIB)</td>
<td>_________________________</td>
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<tr>
<td>Hepatitis B</td>
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<tr>
<td>Varicella (Chicken Pox)</td>
<td>_________________________</td>
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<td>Meningitis</td>
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<tr>
<td>COVID19 Vaccine</td>
<td>_________________________</td>
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<tr>
<td>Other</td>
<td>_________________________</td>
<td>____________________</td>
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</table>

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.

Name of Medication __________________________ Dosage __________ Time Given __________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

**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 ________________________________

Physician Name and Title (Printed) ________________________________

Address ________________________________ Phone ________________________________

**COVID19 Regulations for Summer 2023**

- 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 2023 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