



**Application for CAMP TIGER 2018**

**Return Application by Saturday, April 7<sup>th</sup>, 2018 to:**

CAMP TIGER 2018 APPLICATION  
c/o Robyn White  
Office of Student Affairs  
LSU School of Medicine  
2020 Gravier Street, 7<sup>th</sup> Floor  
New Orleans, LA 70112  
Fax: 504-568-8534  
[mfink@lsuhsc.edu](mailto:mfink@lsuhsc.edu)

DATE: \_\_\_\_\_

**GENERAL INFORMATION:** *To be completed by parent or guardian*

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ T-Shirt Size(circle): YS YM YL YXL AS AM AL AXL

Has the child attended the camp before? \_\_\_\_\_

If yes, what year(s) \_\_\_\_\_

Can you name your child's previous counselors? \_\_\_\_\_

Camper's primary interests and hobbies: \_\_\_\_\_

**SPECIFIC INFORMATION:** *To be completed by parent or guardian.*

***Please Circle Your Choices***

Personality: What types of personality does he/she exhibit?

Easy-going    Calm    Cheerful    Alert    Sensitive    Strong-willed    Restless    Moody    Shy

Additional comments: \_\_\_\_\_

Does he/she have any fears we should know about? (animals, amusement park rides, etc.):

How does your child communicate?    Verbal    Signs    Non-verbal: specify \_\_\_\_\_

How would you rate his/her social skills?    Good    Fair    Poor

Does your child speak English? Yes No

If no, what is their primary language? \_\_\_\_\_

Diagnosis: What is your child's primary diagnosis? \_\_\_\_\_

Please indicate any special problems that might affect your child at camp:

Can your child tolerate being outdoors for more than two hours at a time? YES NO

If he/she CANNOT, please explain: \_\_\_\_\_

Eating Habits: Needs No Assistance: YES NO

Needs Assistance: YES NO

Regular Diet: YES NO

Special Diet: YES NO

Please describe any special dietary needs/eating habits: \_\_\_\_\_

Does he/she take **any** medication, even if he/she will not take it at camp? YES NO

If yes, please list medications (with dosage and frequency):

Does he/she have a wheelchair? YES NO

If so, is it necessary during travel? To what extent is it used (always, **sometimes**, etc.)?

Does he/she have a special lift? YES NO Specify: \_\_\_\_\_

Does he/she wear a brace? YES NO

If so, when should the brace be worn? \_\_\_\_\_

Does he/she wear diapers? \_\_\_\_\_

Any other assistance needed: \_\_\_\_\_

**HEALTH INFORMATION:** *Please check all that apply*

Headaches \_\_\_\_\_

Hay Fever \_\_\_\_\_

Asthma \_\_\_\_\_

Cramps \_\_\_\_\_

Indigestion \_\_\_\_\_

Sinus Infection \_\_\_\_\_

Seizures \_\_\_\_\_

Fainting \_\_\_\_\_

Other (Specify) \_\_\_\_\_

Please list **ALL allergies** your child has:

Food: \_\_\_\_\_

Drink: \_\_\_\_\_

Medications: \_\_\_\_\_

Outdoors (pollen, bee stings, etc.): \_\_\_\_\_

Other: \_\_\_\_\_

Preferred Emergency Room: \_\_\_\_\_

Please list any recent respiratory ailments your child has had, such as a cold, the flu, bronchitis, pneumonia, asthma, etc.: \_\_\_\_\_

Please list any other medical problems: \_\_\_\_\_

Please provide any additional information (medical, social, etc.) that you feel would help us to learn more about your child **\*\*Important for Camper/Counselor Relationships! \*\***: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parent/Guardian Information

Primary Parent/Guardian's Name: \_\_\_\_\_

Primary Mailing Address (City, State, Zip):  
\_\_\_\_\_  
\_\_\_\_\_

\*Daytime Phone Number: \_\_\_\_\_ Type: HOME WORK CELL

\*Other Phone Number: \_\_\_\_\_ Type: HOME WORK CELL

\*E-mail Address: \_\_\_\_\_

Second Parent/Guardian's Name: \_\_\_\_\_

Primary Mailing Address (if different) (City, State, Zip):  
\_\_\_\_\_  
\_\_\_\_\_

\*Daytime Phone Number: \_\_\_\_\_ Type: HOME WORK CELL

\*Other Phone Number: \_\_\_\_\_ Type: HOME WORK CELL

\*E-mail Address: \_\_\_\_\_

**Emergency Contact:** *If I cannot be reached in an EMERGENCY, the camp counselors and director may contact:*

Emergency Contact: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Primary Mailing Address (City, State, Zip):  
\_\_\_\_\_  
\_\_\_\_\_

\*Phone Number: \_\_\_\_\_ Type: HOME WORK CELL

\*E-mail Address: \_\_\_\_\_

**Name of Family Physician:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

*In the event that we need to hospitalize your child, the following information will expedite the admit process. This information will be completely confidential, accessible only by the Camp Director and the Faculty Sponsor.*

Date of Birth: \_\_\_\_\_ Child's Social Security Number: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Group ID Number: \_\_\_\_\_ Policy number: \_\_\_\_\_

## ***Parent or Guardian Authorization and Waiver***

The given health history is correct, to the extent of my knowledge, and I give my full consent for applicant, \_\_\_\_\_, to attend Camp Tiger - LSUHSC Summer Camp for Special Needs Children and to engage in all planned camp activities, except as noted by me and the examining physician.

In the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Print Guardian Name: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\*Please attach an up to date Immunization Record showing that your child is current on all recommended immunizations.\*\*\***

Please take the time to answer the following questions, which will allow Camp Tiger to provide the best food options for your child. *(Please note that this survey does not affect your child's application in any way).*

Does your child have any food allergies (such as peanut, egg, wheat, fish, milk, etc.) or dietary restrictions?   Y   N

If yes, please list all that apply \_\_\_\_\_

If the camp were to have sandwiches, which would your child prefer? *(Please circle one)*

Turkey                  Ham                  Veggie                  Peanut butter and Jelly

If the camp were to have a hotdog/ hamburger day, which would your child prefer? *(Please circle one)*

Hamburger                  Hotdog                  Neither

Please mark an 'X' by any of the following foods that your child WILL NOT eat

- \_\_\_\_ Sandwich Variety
- \_\_\_\_ Chicken Tenders
- \_\_\_\_ Fried Catfish
- \_\_\_\_ Macaroni & Cheese
- \_\_\_\_ Hamburger/ Hotdog

Does your child plan to bring his/ her own lunch?   Y   N



# LSU Health New Orleans

## HEALTH SCIENCES CENTER

### ***CONSENT FOR PHOTOGRAPHY, INTERVIEW, RECORDING***

I, \_\_\_\_\_, hereby grant permission to LSU Health Sciences Center New Orleans to photograph, video tape, record, or interview me, or in the case of a minor, my child \_\_\_\_\_, for print, broadcast, or social media use, for use in LSU Health Sciences Center New Orleans publications, video or audio tapes, brochures, website, or for use in teaching by LSU Health Sciences Center New Orleans faculty.

I hereby transfer to LSU Health Sciences Center New Orleans all rights and claims I have, or in the future may acquire, with respect to such photographs, video recordings, audio recordings, and/or written materials, agreeing that same shall be the sole and absolute property of LSU Health Sciences Center New Orleans. I hereby relieve and release LSU Health Sciences Center New Orleans from any and all claims whatsoever, and for any and all kinds of remuneration for use of such materials.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

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

**BE SURE THAT YOU HAVE INCLUDED ALL FIVE PAGES OF THE CAMPER APPLICATION (NUMBERED) ALONG WITH UP TO DATE IMMUNIZATION RECORDS.**

