



Application for CAMP TIGER 2020

Return Application (including Immunization Records) by Friday, April 10rd, 2020 to:

CAMP TIGER 2020 APPLICATION
c/o Andante Hebert
Office of Student Affairs
LSU School of Medicine
2020 Gravier Street, 7th Floor
New Orleans, LA 70112
Fax: 504-568-8534
cwhee5@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 Camp Tiger 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.*

Even if your child has attended Camp Tiger in previous years, all information must be filled out completely.

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 have any friends or relatives who will be attending Camp Tiger 2020? If so, what is their name? _____

Does your child speak/understand English? Yes No
If no, what is their primary language and/ or language spoken at home? _____

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 Assistance: 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.): _____

This year we will be traveling to a strawberry farm and will get to meet farm animals! Please include ANY OTHER allergies, including pesticides, animals, and plants:

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
- ___ Pizza

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.

In order for an application to be **complete, it MUST include a completed application, photo release form (included), and up-to-date immunization record**

Incomplete applications will not be considered

