

CAMP TIGER

Application for Camp Tiger 2025 May 19th to 23rd 2025 Information Packet

Contents include:

[Disclaimer](#)

[List of Important Dates](#)

[Camp Eligibility](#)

[Camp Schedule](#)

[Procedure for Application](#)

[Camp Tiger Faculty Contact Information](#)

[Application](#)

LSU Health
NEW ORLEANS
School of Medicine



Disclaimer

We are diligently preparing to ensure that the environment during camp is safe for both campers and counselors. With our priorities in health and safety, LSUHSC has the right to cancel Camp Tiger at any time, before or during camp, for any serious health or safety concerns that would adversely impact holding in-person camp. All regulations, guidelines, and mandates set locally and by the state will be strictly followed.

List of Important Dates

Application Deadline

Applications must be turned in and fully complete (i.e., vaccination records, health information, camper preferences completed) by **Sunday, April 6th, 2025 at 11:59 PM.**

Notification of Acceptance

Our physician and faculty team will review each application to assure that we can provide a safe environment for every camper and counselor. We will send acceptance notices on a rolling basis once we receive all of the proper paperwork for each camper. All acceptance notices will be sent by Friday **May 2nd, 2025.**

Camper Parade & Tiger Treats Pick-up

Prior to the first day of camp, Camp Tiger will be having a “Camper Parade” where campers and their families will drive through LSUHSC’s parking lot in their cars to be greeted by balloons, posters, music, and their counselors! Besides getting the campers excited for the week, the “Camp Tiger Treats” will also be picked up at this time. These goodie bags will contain crafts, toys, and props for each camper.

Camp Dates

Camp will take place from **May 19th – 23rd, 2025.** Time specifications for the week will be provided upon your camper’s acceptance.

Camp Eligibility

It is our top priority to make certain that every camper has a rewarding camp experience. In order to do so, we ask that you are specific and transparent when describing your child’s medical history, medications, and assistance needs. This information will allow us to properly match campers and counselors. It will also allow us to make any necessary accommodations prior to the start of camp.

Due to the limited availability of spots, campers must be between the ages of 6-15 **at the time of camp.** All campers are required to be up to date on their immunizations, **no exceptions.** In terms of COVID-19 vaccinations:

- **All campers must have had their primary series of 2 vaccinations for COVID-19.**

Immunization requirements are based on CDC guidelines. For any further questions regarding COVID-19 vaccination requirements, please contact Dr. Kyle Fulton (gfulto@lsuhsc.edu).

Camp Schedule

Schedule

We will provide a more detailed schedule in May prior to camp. See below for a general overview of the schedule:

- Each day will start at the LSU-HSC New Orleans campus around 7:30 am.



- Monday through Thursday will end at the LSU-HSC New Orleans campus around 4:30 pm.
- On Friday, camp will end around noon at the LSU-HSC Dental Campus with our Camp Carnival.

Drop-off and Pick-up Times

We will provide specific daily schedules when your camper is accepted for camp.

Procedure for Application

Prior to filling out the attached application we ask that you thoroughly read the informational packet. If you have any additional questions, please see the Camp Tiger Staff Contact Information below.

Fill the application out to your best ability. Please do not leave any questions blank.

Return the completed application via:

- Email to camptiger@lsuhsc.edu (preferred method)
- Mail to:

Lisa Williams, Office of Student Affairs
LSUHSC-NO School of Medicine
2020 Gravier Street, 7th Floor
New Orleans, LA 70112

All Applications must be received no later than **April 6th, 2025**. Late applications will not be accepted.



Camp Tiger Staff Contact Information

Official Camp Tiger Email: camptiger@lsuhsc.edu

Charlie McKenzie, Camp Tiger Director

Phone: 225-978-3071

Email: cmcke4@lsuhsc.edu

Mary Kate Lee, Camp Tiger Secretary

Phone: 225-349-9717

Email: mlee23@lsuhsc.edu

Kyle Fulton, MD, Medical Director

Phone: 504-894-5271

Email: gfulto@lsuhsc.edu





Application for Camp Tiger 2025

Return Application (including Immunization Records) by April 6th, 2025 to:

Email (preferred method): camptiger@lsuhsc.edu

OR

Mail:

CAMP TIGER 2025 APPLICATION
c/o Lisa Williams
Office of Student Affairs
LSU School of Medicine
2020 Gravier Street, 7th Floor
New Orleans, LA 70112

DATE: _____

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

Camper's Name: _____

Age: _____ DOB: _____ 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 Information

Diagnosis: What is your child's primary & other medical 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 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 or other medical equipment? YES NO
If so, when should the brace or other medical equipment be worn?

Does he/she wear diapers or need assistance with the bathroom?

Will he/she need an ABA tech to accompany them the week of camp?

Any other assistance needed:

HEALTH INFORMATION: *Please check all that apply*

- Headaches: _____
- Asthma: _____
- Indigestion: _____
- Seizures: _____
- Seasonal Allergies: _____
- Sinus Infections: _____
- Rashes: _____
- Fainting: _____

Other (Specify) _____

Please list **ALL allergies** your child has and include your child's reaction to any allergens listed:

- 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: _____

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): *can attach a separate list if needed*

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.): _____

Are there any triggers, approaches, or strategies that may be helpful in supporting their behavior during camp? _____

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/understand English? Yes No

If no, what is their primary language and/ or language spoken at home? _____

CAMPER INTERESTS AND PREFERENCES: Important for Camper/Counselor Relationships

Please answer the questions below so we can personalize your Camper's experience!

1. What does your camper enjoy doing with their spare time?

2. What are your campers' favorite sports, activities, hobbies, etc.?

3. What TV show or movie character(s) does your camper like?

4. Does your camper enjoy performing arts (dance, music, acting)?

5. List any activities or topics that your camper does **not** enjoy.



6. What is your camper's favorite rainy-day activity? (ex. Movies, board games, painting, etc.)

7. What does your camper's ideal day look like? (Include activities, locations, meals, etc.)

8. List three adjectives that describe your camper.

9. Describe a unique fact about your camper.

10. Please provide any additional information about your camper's interests and hobbies that may aid us when selecting camper/counselor pairs.

Camp Tiger Food Preference

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 (allergy, reaction, and treatment needed):

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

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

___ Subway Sandwiches

___ Raising Cane's Chicken Tenders

___ Jimmy Johns Sandwiches

___ Pizza

___ Other: _____

What snacks are your child's favorite?

Please describe below any dietary routines that help support your child's food intake (e.g. assistance with utensils, feeding schedule, etc.).

If there's any further information about your child that you would like the Camp Tiger staff to know, please use the space below.



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 Primary Care Physician: _____

Address: _____

Phone: _____

In the event that we need to hospitalize your child, the following information will expedite the admit process. Please fill out to the best of your ability or attach a copy of the child's insurance card. This information will be completely confidential, accessible only by the Camp Director and the Faculty Sponsor to be used on an emergency basis.

Date of Birth: _____

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 including the COVID-19 vaccination. You MUST include your full immunization record regardless of if your child has participated in camp before. *****



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 5-11) ALONG WITH UP TO DATE IMMUNIZATION RECORDS BY APRIL 6th, 2025 AT 11:59 PM.

****In order for an application to be complete, it MUST include:****

- Completed application (*pages 5 to 10*)
 - Photo release form (*page 11*)
 - Up-to-date immunization record

Incomplete applications will not be considered.

**CAMP
TIGER**

