



## CAMP TIGER

### Louisiana State University School of Medicine Summer Camp for Children with Special Care Needs

#### Application for Prospective Campers:

[www.lsuhs.edu/camptiger/](http://www.lsuhs.edu/camptiger/)

**Dates:** Monday, May 21<sup>st</sup> through Friday, May 25<sup>th</sup>, 2012  
**Times:** 8:00 a.m. until 4:00 p.m.  
**Ages:** 6 - 15 years of age  
**Application due:** **April 13<sup>th</sup> 2012**

*Acceptance or Rejection Letters will be sent out by May 1<sup>st</sup>, 2012. If you have not heard back from Camp Tiger by May 7<sup>th</sup>, **IT IS YOUR RESPONSIBILITY** to contact James Barrios, 2012 Camp Tiger Director. We regret to inform you that your child may be turned away on the first day of you do not receive an acceptance letter and have not contacted us.*

**Other Reminders:** Remember that space is limited for campers so please apply early to better your chances at reserving a spot.

*For further information or questions, contact 2012 Camp Tiger Director James Barrios at (504) 289-5333 or [camptiger@lsuhs.edu](mailto:camptiger@lsuhs.edu), or Faculty Advisor Dr. Joe Delcarpio at (504) 568-4874.*

**Who can participate?** This camp invites children between the ages of 6-15 years old in the New Orleans, Northshore, and Baton Rouge and Lower Parish metropolitan areas who are physically and/or mentally challenged. We especially welcome those children who are unable to attend other camps available for special needs children. Although it is our goal to accommodate all children wishing to attend the camp, due to limited funding and staff, we will only be able to accept those campers whose needs we can adequately meet with our current resources.

**Who staffs the camp?** The camp is funded, organized, and staffed solely by first year medical students of the LSU School of Medicine. At least two nurses and/or Emergency Medical Technicians will be on site, and a physician will be on call during the operating hours of the camp, and the faculty advisor is in attendance. Furthermore, there will always be at least one counselor for each camper for individualized attention.

**How much does it cost?** The camp is **free of charge** for eligible children; however, due to limited resources and counselors, there is limited enrollment. Breakfast and lunch will be provided each day, and transportation is provided for camp activities. Camp buses will meet parents to pick up children in the morning and drop them off in the afternoon at Clinical Sciences Research Building at 533 Bolivar

Street (on the LSUHSC campus). We will not have a Metairie drop-off and pick up point this year. We will be sending out specific directions in a later mail out and we encourage parents to carpool! *Camp Tiger counselors cannot be responsible for picking up and dropping off campers to and from their individual homes. Parents/Guardians are responsible for seeing that their camper arrives at the pickup location on time and is picked up promptly at the end of the day.*

**What kinds of activities are available?** Each year the camp director and counselors select a variety of exciting activities with special needs children in mind. Tentative trips include the Louisiana Children's Museum, the Audubon Zoo, the Aquarium of the Americas, Global Wildlife Center, and more.

# Application for CAMP TIGER 2012

**Return Application by Friday, April 13<sup>th</sup>, 2012 to:**

CAMP TIGER 2012  
c/o Lindy Mills  
Office of Student Affairs  
LSU School of Medicine  
2020 Gravier Street  
New Orleans, LA 70112  
Fax: 504-568-8534  
[camptiger@lsuhsc.edu](mailto:camptiger@lsuhsc.edu)

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

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

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

\_\_\_\_\_  
Address City State Zip

\*Home Phone: \_\_\_\_\_ \*Guardian Work/Cell Phone: \_\_\_\_\_

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

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

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

Disabilities: What is your child's major disability? \_\_\_\_\_

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

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

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

<u>Eating Habits:</u>	Needs No Assistance	YES	NO
	Needs Assistance	YES	NO
	Regular Diet	YES	NO
	Special Diet	YES	NO

Favorite sandwich meat \_\_\_\_\_

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

Does he/she take any medication?      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 \_\_\_\_\_
- Asthma \_\_\_\_\_
- Indigestion \_\_\_\_\_
- Hysteria \_\_\_\_\_
- Seizures \_\_\_\_\_
- Hay Fever \_\_\_\_\_
- Cramps \_\_\_\_\_
- Sinus Infection \_\_\_\_\_
- Fainting \_\_\_\_\_
- Other (Specify) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Please list ALL allergies your child has:

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

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

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

Outdoors (pollen, beestings, etc.): \_\_\_\_\_

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

**Please attach a record of immunizations showing that your child is current on all recommended immunizations.**

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:

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

**Please circle the appropriate response:**

(1) My child      **MAY**      **MAY NOT**      be photographed

## *Parent or Guardian Authorization and Waiver*

This 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: \_\_\_\_\_

### **Emergency Contact:**

In the event that I cannot be reached in an EMERGENCY, the camp counselors and director may contact:

Name: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

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

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

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

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

In the event that we will 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: \_\_\_\_\_