

**2021 DAY CAMP PROGRAM APPLICATION AND PROGRAM DETAILS**

Yes, there will be a Camp Bruce McCoy in 2021!

But it’s going to be very different. Because of how late we learned overnight camps would be allowed this summer, we do not have enough time to plan for a normal week-long camp.

We are going to be holding 4 one-day camps across the state. The dates and locations appear below and you may pick only 1.

Activities at all sites will be scaled back, lunch will be the only meal provided, and campers who need help will have to have someone come with them. EVERYONE who applies will be called by Camp Management staff to gather additional information whether you are first time or returning camper.

We are still requiring a medical letter of clearance, so you’ll need to get on that right away.

**WHEN/WHERE:** **Sunday**, May 23 in Chesapeake at the Triple R Ranch

 **Tuesday**, May 25 in Roanoke at Garst Mill Park

 **Thursday**, May 27 in Woodbridge at Leesylvania State Park

 **Friday**, May 28 in Richmond at Pocahontas State Park

**APPLICATION DEADLINE:** April 1, 2021

**CAMP FEES:** $125. Financial assistance may be available. If you need help paying the fee, please include a request with the application.

**FINANCIAL ASSISTANCE:** If financial assistance is required, please include a note with the application stating the amount of assistance needed. **Do not delay submitting the application because of financial need**; your space at camp can be reserved while support is being sought.

**FAMILY ASSISTANCE REQUIRED:** If the camper is not their own legal guardian, is unable to manage their own medications, requires physical assistance for mobility or self-care, and/or requires constant supervision due to cognitive/behavioral concerns the camper **MUST** be accompanied by a family member or other designated caregiver **FOR THE DURATION OF THE DAY.** If a camper must be accompanied by a caregiver, the individual providing care must sign an acknowledgement of their responsibilities.

**FOOD:** Lunch will be provided. When we call to follow-up, we’llbe asking everyone about dietary restrictions/needs for campers and anyone who comes with them. We will not have the ability to keep food cold or cook anything, but you can bring non-perishable snacks if you need them. We will have Gatorade and water coolers.

**COVID PRECAUTIONS:** We will follow all applicablestate/CDC guidelines at the time of camp regarding gathering size, masks, and social distancing. There is an acknowledgement you will need to sign confirming you understand the COVID risk, in addition to a general assumption of risk agreement.

**CAMP BRUCE McCOY 2021**

**CAMPER APPLICATION**

I am interested in attending: **(YOU MUST CHECK ONLY ONE OF THESE)**

 Sunday, May 23 in Chesapeake

 Tuesday, May 25 in Roanoke

 Thursday, May 27 in Woodbridge

 Friday, May 28 in Richmond

 Additional Days/Locations (**if** spots are available)

Name:

 (Last) (First) (Nickname)

Age: Date of Birth: Sex: SSN:

Height: Weight: T-Shirt Size:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

 (Street) (City) (State) (Zip)

Telephone:

(Day) (Evening)

E-Mail address:

Parent or Guardian Name (*This person will be contacted with any questions, concerns and communication relating to the above camper as applicable*):

Is address the same? Yes\_\_\_ No\_\_\_ If no, please complete the following:

Address:

 (Street) (City) (State) (Zip)

Telephone: (Home) (Cell)

Name of caregiver attending camp with camper (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (Home) (Cell)

If there is no family contact, please provide name, address and telephone number for person to contact in case of an emergency:

Name: Relationship:

Address:

 (Street) (City) (State) (Zip)

Telephone: (Home) (Cell)

Name of camper’s Case Manager (if one) and their contact information:

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

**If the applicant has previously attended camp, has his or her overall level of function changed since then? Yes No If yes, please explain:**

**MEDICAL**

* Has the applicant been immunized for Tetanus? Yes\_\_\_ No Last booster
* Does the applicant have Advanced Directives? If yes, please provide a copy.
* Does the applicant have a DNR status? Yes\_\_\_ No If yes, please provide a copy.
* Does the applicant have skin breakdown problems? If yes, please provide details.

* Has applicant visited a hospital or physician for anything other than therapy or routine medical appointments in past twelve (12) months? If yes, what?

* Has applicant had seizures? If yes, when was last one?
* If seizures have occurred, indicate frequency and type of seizures; also indicate any "auras" or pre-seizure behaviors that have occurred and applicant’s behavior after seizure has ended.

* Any known allergies (i.e. medication, food, environmental, etc.)? Yes No If yes, state allergy, nature of reaction and treatment:

* Is the applicant able to manage his/her medications at home? Yes No

With help Type of assistance needed

Please indicate any non-prescription medication applicant regularly uses:

Should family be notified if seizure occurs, or non-emergency medical treatment is required (for example, a sprained ankle or minor injury)? Yes \_\_\_ No\_\_\_

**Primary Care Physician Information:**

Name:

Address:

Telephone: Emergency#:

The date of the applicant’s last visit with his/her Primary Care Physician:

\*Please list other physicians to be contacted if a medical condition arises during camp:

 Name Specialty Telephone #

**INSURANCE:**

Insurer: Policy #:

***(Provide copy of insurance and Medicare/Medicaid cards with application)***

**A medical letter of clearance and list of current medication must be signed by the applicant’s primary care physician, and a release of medical information form must be signed by camper or guardian.**

**Both forms are REQUIRED AND MUST BE RECEIVED NO LATER THAN**

**WEDNESDAY MAY 19, 2021 TO ENSURE PARTICIPATION IN THE PROGRAM**

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***The following information must be entirely filled out by anyone who hasn’t already been to camp to qualify as a fully completed application.***

**LEVEL OF FUNCTION**

* Length of time since injury: months/years
* Details on the type of brain injury; general description of recovery and post-injury history.

* Are there any special precautions the applicant needs that camp staff need to know (swallowing, diabetes, asthma, difficulty with medicines)?

* Are there particular habits or concerns of which camp staff should be aware (food dislikes, wandering, inappropriate language or behavior)?

* Has the applicant ever been charged with a misdemeanor or felony? Yes\_\_\_ No If yes, please explain and state the outcome.

* Does applicant use: Cane Leg braces\_\_\_\_ Walker Wheelchair

If applicant uses wheelchair, is it manual or power?

Can applicant propel indoors? \_\_\_\_ Outdoors?\_\_\_\_ What, if any, assistance is needed?

* Is applicant able to transfer him/herself from chair (to bed, bath or toilet)?

If no, what assistance is required?

**Please indicate the level and type of assistance the applicant requires for each of the following, as well as any equipment that is needed or used at home.**

**Dressing/Undressing:**

*Level of assistance* None Minimal Moderate Total

Type of assistance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eating:**

*Level of assistance* None Minimal Moderate Total

Needs intake monitored Chokes Equipment used

**Toileting:**

*Level of Assistance* None Minimal Moderate Total

Continent of bladder? Bowel? Uses Urinal Requires diapers

**Bathing & Hygiene:**

*Level of Assistance* None Minimal Moderate Total

Needs reminding\_\_\_\_\_\_\_\_ Equipment used

**Walking:**

Indoors:

*Level of Assistance* None Minimal Moderate Total

Outdoors:

*Level of Assistance* None Minimal Moderate Total

Distance applicant able to walk at a time:

Equipment used

**Please address the following if applicable; provide details and strategies that may be helpful.**

**Cognitive issues:**

**Physical limitations**:

**Emotional/Behavioral issues:**

**Communication issues:** Is the applicant’s speech understandable? If no, how does the applicant make his/her needs and wants known?

**ALL THREE OF THE FOLLOWING PARTS MUST BE COMPLETED BY ALL APPLICANTS!**

In the event I cannot be reached in an emergency, I hereby give permission to the camp Medical Director, Dr. Nathan Zasler, or a physician so designated by him to evaluate and/or treat (including ordering any medically necessary measures such as imaging studies, medications, anesthesia or surgery). I understand that Dr. Zasler’s services are provided at no cost as he volunteers as the camp Medical Director; however, in an emergency situation, other providers will be billing for their services. In a situation where I cannot be reached and Dr. Zasler must make emergency medical decisions, I agree to hold him harmless of any damages unless there is gross negligence on his part as the camp Medical Director.

By way of this consent, I also give permission for any of the aforementioned clinicians to access information on \_\_\_\_\_\_\_\_\_\_\_\_\_ from his/her treating physician(s). My signature below acknowledges my understanding of the above and agreement to same.

Signature of parent/guardian or camper Date

**Signature of Witness** Date

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I hereby acknowledge that I am fully aware of the risks involved in participating in the activities at Camp Bruce McCoy and have taken into account the disability and/or impairments of with respect to making the decision to participate in the program. I hereby release the Brain Injury Association of Virginia, its employees and agents from any and all claims arising from Camp McCoy.

Signature of parent/guardian or camper Date

**Signature of Witness** Date

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At various times during the camp program, print and television media will be invited to camp. In addition, BIAV may develop video or photographic displays about camp.

I do \_\_\_ do not\_\_\_ give permission for to be filmed or interviewed for public purposes.

Signature of parent/guardian or camper Date

**Signature of Witness** Date