



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.

<p>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</p>

APPLICATION DEADLINE: April 1, 2021

CAMP FEES: \$150. Financial assistance is available. Please complete the financial aid request form along with your application.

FINANCIAL ASSISTANCE: 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'll be 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 applicable state/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.

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.
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- Has applicant visited a hospital or physician for anything other than therapy or routine medical appointments in past twelve (12) months? _____ If yes, what? _____
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- 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.
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- Any known allergies (i.e. medication, food, environmental, etc.)? Yes _____ No ___ If yes, state allergy, nature of reaction and treatment: _____
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- 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 12, 2021 TO ENSURE PARTICIPATION IN THE PROGRAM

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?
