



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: \$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.

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.
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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)