

**DREAM CAMPER APPLICATION**  
**Registration Form**

**This application MUST be completed in its entirety**

PLEASE REGISTER EARLY!!!!!!!!!!

- Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female  
Address: \_\_\_\_\_  
Street address City State Zip code
- During camp, parent/guardian with custody may be reached at the following:  
Address: \_\_\_\_\_  
Street address City State Zip code  
Home phone number: \_\_\_\_\_ Work number: \_\_\_\_\_ Cell number: \_\_\_\_\_
- Alternate contact person name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street address City State Zip code  
Home phone number: \_\_\_\_\_ Work number: \_\_\_\_\_ Cell number: \_\_\_\_\_  
Referred to Project DREAM Camp by this referral source: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Work number: \_\_\_\_\_ Cell number: \_\_\_\_\_
- Other information concerning family treatment history that you feel would be useful to the camp directors: (All information is confidential): \_\_\_\_\_  
\_\_\_\_\_

**DREAM CAMPER APPLICATION**  
**Registration Form (Continued)**

***What to bring to camp:***

Sleeping bag or sheets and a blanket, pillow, clothes for 4 days, 1 pair of jeans, shoes for hiking, a long-sleeved shirt, swimsuit (one-piece for girls), an OLD pair of jeans and shirt, \$2.50 for soda pop, towels, toiletries, and a

**BIG, BIG SMILE TO SHARE WITH OTHERS.**

***DO NOT bring to camp:***

Radios, walkmans, hand held games, or any other items that would distract from your stay at DREAM Camp.

DREAM Camp staff may be reached for family emergencies at: 1-785-628-6655. If an emergency arises at camp, DREAM Camp staff will call you or the alternative contact person listed on this application form.

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I, \_\_\_\_\_ give my permission for my child, for which I am the guardian, to be photographed and/or quoted for the purpose of camp publicity, such as newspaper articles, TV, and brochure use.

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Relationship to Camper

\_\_\_\_\_  
Today's Date

# DREAM CAMPER APPLICATION

## Medication Permission Form

Name of Camper: \_\_\_\_\_

Name of Parent/Guardian with custody: \_\_\_\_\_

If your child has a medical card, please send a copy of the child's card with this application form.

• **PLEASE READ AND SIGN ONE OF THE FOLLOWING:**

We have a small supply of over-the-counter medications such as aspirin, Tylenol, hay fever and allergy medicine, throat lozenges, cough syrup, etc... In the event that your child needs and has requested this type of medication, do you grant permission for the staff of DREAM, Inc. to supply the medicine?

\_\_\_\_\_ Yes, my child may take over-the-counter medication with supervision by camp staff.

\_\_\_\_\_ No, my child may NOT take over-the-counter medication.

Signature of Parent/Guardian with custody: \_\_\_\_\_

• **TO BE COMPLETED IF YOUR CHILD WILL BRING ANY MEDICATION TO CAMP**

I grant permission and request the staff of DREAM, Inc. to administer the following medication(s) to:

Camper's name: \_\_\_\_\_

1. Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time(s) the medication should be given: \_\_\_\_\_

Reason for the medication: \_\_\_\_\_

2. Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time(s) the medication should be given: \_\_\_\_\_

Reason for the medication: \_\_\_\_\_

Signature of Parent/Guardian with custody \_\_\_\_\_ Date \_\_\_\_\_

# DREAM CAMPER APPLICATION

## Health Form

Parent/Guardian fill out this form completely regarding the camper.

- Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female
- Address: \_\_\_\_\_  
Street address City State Zip code
- During camp, parent/guardian with custody may be reached at the following:  
Address: \_\_\_\_\_  
Street address City State Zip code  
Home phone number: \_\_\_\_\_ Work number: \_\_\_\_\_ Cell number: \_\_\_\_\_  
Name of Camper's Physician: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

### TO BETTER SERVE THE NEEDS OF YOUR CHILD, PLEASE ANSWER ALL QUESTIONS BELOW

- Date of last **tetanus immunization**: \_\_\_\_\_
- Are you allergic to any medication that you are aware of, please list: \_\_\_\_\_
- **Asthma**? YES NO Treated with medication? YES NO Type of medication: \_\_\_\_\_
- **Diabetes**? YES NO Treated with medication? YES NO Type of medication: \_\_\_\_\_
- **Seasonal allergies**? YES NO Treated with medication? YES NO Type of medication: \_\_\_\_\_
- Are you allergic to **penicillin**? YES NO
- Are you allergic to **bee stings**? YES NO **Poison Ivy**? YES NO **Penicillin**? YES NO
- Do you have a history of **convulsions/seizures**? If yes, please give history: \_\_\_\_\_  
\_\_\_\_\_
- Frequent **ear infections**? YES NO
- **Psychological disorders**? If yes, what was the diagnosis: \_\_\_\_\_  
When was the diagnosis: \_\_\_\_\_, where treated: \_\_\_\_\_
- Has your child ever been tested or placed in any of the following special classes:  
Behaviorally Disordered: YES NO; Learning Disabled: YES NO; Emotionally Disturbed: YES NO  
Developmentally Delayed: YES NO
- Has your child ever been involved with the courts? YES NO
- Any additional information that we need to know? \_\_\_\_\_
- Please list any limitations or activities restrictions while at camp: \_\_\_\_\_  
\_\_\_\_\_

My child has my permission to participate in all camp activities, except as noted above. I understand that every effort will be made to contact me if my child needs emergency medical-surgery treatment. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp directors to hospitalize or secure proper treatment (including surgery, injection, anesthesia, etc...) for my child named above.

Signature of Parent/Guardian with custody: \_\_\_\_\_ Date: \_\_\_\_\_