

WHAT IS YOUR CHILD'S MAJOR DISABILITY (please be specific)? _____

CAN YOUR CHILD TOLERATE BEING OUTDOORS MORE THAN 2 HOURS AT A TIME?
Yes _____ No _____ If no, please explain. _____

EATING HABITS: Eats by self _____ Yes _____ No
Needs assistance _____ Yes _____ No
Regular diet _____ Yes _____ No
Special diet _____ Yes _____ No

Please specify any special dietary needs or eating habits we should be aware of:

PLEASE LIST ANY MEDICATION THAT YOUR CHILD TAKES.

If medication is to be taken by a child, prescription or non-prescription, the medication presented to camp personnel **must** remain in the original container and **must** state:

Written administration instructions, signed and dated by the parent must include:

- a. camper's name
- b. prescription name and/or number
- c. name of prescribing physician
- d. condition for which medication is prescribed
- e. quantity of dose to be given
- f. date(s) and time(s) of administration
- g. any other considerations related to the medication or illness

The Camp staff will record the following:

- a. signature when receiving medication and form
- b. dosage given
- c. note the time and date administered
- d. initials of the administering staff on the medical form

DOES HE/SHE HAVE A WHEELCHAIR? _____ NEED A SPECIAL LIFT? _____

DOES HE/SHE WEAR A BRACE? _____

If yes, how long should the brace be worn? _____

PLEASE CHECK & EXPLAIN ALL THAT APPLY:

Headaches _____ Asthma _____

Indigestion _____ Hysteria _____

Epileptic Seizures _____ Hay Fever _____

Sinus Infection _____ Cramps _____

Other Problems _____ Fainting _____

PLEASE NOTE ANYTHING THAT YOU FEEL MAY HELP US TO BETTER UNDERSTAND YOUR CHILD: _____

IS YOUR CHILD ALLERGIC TO ANY FOOD OR DRINK? _____ Yes _____ No

If yes, please list: _____

DOES YOUR CHILD HAVE ANY OTHER ALLERGIES? _____ Yes _____ No

If yes, please list: _____

PLEASE LIST ANY DRUGS, LIKE PENICILLIN, TO WHICH YOUR CHILD HAS A SENSITIVITY.

HAS YOUR CHILD HAD THE FOLLOWING INNOCULATIONS?

Typhoid _____ Yes _____ No Give Date _____

Diphtheria _____ Yes _____ No Give Date _____

Smallpox _____ Yes _____ No Give Date _____

Tetanus _____ Yes _____ No Give Date _____

HAS YOUR CHILD HAD ANY RECENT RESPIRATORY AILMENTS (colds, flu, bronchitis, pneumonia, asthma, etc.)? Please specify:

PLEASE LIST ANY OTHER PROBLEMS (medical, social, etc.) THAT WOULD HELP US TO LEARN MORE ABOUT YOUR CHILD: _____

HOW DID YOU HEAR ABOUT CAMP TIGER? _____

NAME OF FAMILY PHYSICIAN _____

ADDRESS _____

PHONE NUMBER _____

HOW MANY TIMES HAS YOUR CHILD ATTENDED CAMP TIGER? _____

* Due to the high number of applicants, priority will be given to the first-time campers and old campers who have attended for only one year. Campers who have attended for more than one year will be given priority on a first come, first serve basis. Priority will be given to Louisiana residents and to children ages 7-12.

REMEMBER THAT THE COMPLETE APPLICATION IS DUE FRIDAY, APRIL 16, 2010 TO THE ADDRESS LISTED AT THE TOP OF THE FIRST PAGE. AFTER EVALUATING ALL OF THE APPLICATIONS, WE WILL SEND YOU A LETTER CONFIRMING YOUR CHILD'S PLACE IN CAMP TIGER 2010 AS WELL AS SOME ADDITIONAL INFORMATION ABOUT CAMP. THIS ADDITIONAL INFORMATION INCLUDES FORMS THAT MUST BE COMPLETED AND RETURNED BEFORE THE START OF CAMP.

