



Camp Parkview

CAMPER APPLICATION

Camp Parkview 2017

Sunday August 6th - Friday August 11th

Fill out this application and mail to:
 Parkview Services
 17544 Midvale Ave N; Ste LL
 Shoreline WA 98133
 Attn: Camp Parkview

Name of Camper:

Person filling out this form:

Phone:

Email:

Relationship to camper:

PLEASE PRINT CLEARLY -
 INCOMPLETE OR UNREADABLE
 APPLICATIONS WILL NOT BE
 CONSIDERED

Applications will be accepted April 1st to April 30th and campers will be notified if they are accepted by May 31st.

Camper Address	Street	City	State	Zip
Telephone: ()	DOB:	Gender	<input type="radio"/> Male	<input type="radio"/> Female
Care Provider or Residential Support Provider:	Name:	Phone: Email:	Contact:	
24 Hour Emergency Contact Info	Name :	Phone:	Relationship to Camper:	
Legal Guardian	Name or None:	Phone:	Email:	

Physician	Name:	Emergency Phone:
Comments:		

- Can Camp Parkview use photos or videos of this camper for future outreach or fundraising? yes no
 - Can we print this camper's name and address on the camp roster for distribution to campers? yes no
 - Can Camp use artwork made by this camper for promotional materials or the future Camp T-shirts? yes no
- What is the T-Shirt Size for this camper? Small Medium Large X Large XXL
- Has this camper attended Camp in the past? yes no When? _____ # or times: _____

Camper Name:					Nickname:				
Height		Weight		Age		Hair Color		Eye Color	
Type of disability (Please be specific):									
List all the physical aids you use (wheelchair, cane, hearing aid, dentures, prosthetic braces, helmet, glasses, etc):									
Please describe campers ability to cooperate and have fun in small and large groups without one: one supervision (our counselor to camper ratio is 1:3)									
Please describe positive strategies to use if this camper becomes upset:									
If this camper has problems with incontinence, please describe strategies to avoid accidents both during the day and night, including whether or not the camper wears night time protection.									

Does this camper have any of the following conditions?			
<input type="radio"/> yes <input type="radio"/> no	Allergy to food	<input type="radio"/> yes <input type="radio"/> no	Heart condition
<input type="radio"/> yes <input type="radio"/> no	Allergy to medications	<input type="radio"/> yes <input type="radio"/> no	Hernia
<input type="radio"/> yes <input type="radio"/> no	Allergy to bee stings	<input type="radio"/> yes <input type="radio"/> no	Hypoglycemia
<input type="radio"/> yes <input type="radio"/> no	Arthritis	<input type="radio"/> yes <input type="radio"/> no	Menstrual difficulties
<input type="radio"/> yes <input type="radio"/> no	Asthma	<input type="radio"/> yes <input type="radio"/> no	Orthopedic problems
<input type="radio"/> yes <input type="radio"/> no	Behavioral Disorders	<input type="radio"/> yes <input type="radio"/> no	Respiratory conditions
<input type="radio"/> yes <input type="radio"/> no	Circulation Problems	<input type="radio"/> yes <input type="radio"/> no	Seizures
<input type="radio"/> yes <input type="radio"/> no	Contagious diseases	<input type="radio"/> yes <input type="radio"/> no	Skin condition
<input type="radio"/> yes <input type="radio"/> no	Diabetes	<input type="radio"/> yes <input type="radio"/> no	Sinus condition
<input type="radio"/> yes <input type="radio"/> no	Difficulty keeping warm	<input type="radio"/> yes <input type="radio"/> no	Speech difficulties
<input type="radio"/> yes <input type="radio"/> no	Digestive problems	<input type="radio"/> yes <input type="radio"/> no	Ulcers
<input type="radio"/> yes <input type="radio"/> no	High/Low blood pressure	<input type="radio"/> yes <input type="radio"/> no	Vision loss
<input type="radio"/> yes <input type="radio"/> no	Hearing Loss (describe)	<input type="radio"/> yes <input type="radio"/> no	Other:

Please check if camper has NO known food or drug allergies.

Please thoroughly explain any items marked "yes" including how camp counselors should treat each condition, what to do in an emergency, and describe the symptoms of the condition (use additional paper if needed to give us the most accurate and helpful information)

If you have filled in every box, printing clearly, please sign and date this application and mail it to us.

Legal Guardian Signature (required or N/A): _____ Date: _____

Signed (by camper or person filling out form): _____ Date: _____