

**“People With Smiles” Camp  
Camper Application - 2016**

**Office use only:**

Name \_\_\_\_\_

Deposit \_\_\_\_\_

**APPLICATIONS ARE DUE BY MAY 1st.** No reservations without application. Please return application to:

**TXPWA Summer Camp  
c/o Jennifer Arcaya  
3937 Upper Passage Ln.  
Round Rock, TX 78681**

I have included the following:

\_\_\_\_\_ Deposit \_\_\_\_\_ Current photograph  
\_\_\_\_\_ Physical \_\_\_\_\_ Immunization

**PLEASE NOTE: ALL APPLICATIONS MUST BE RECEIVED FOR CAMP PRIOR TO CAMPER ATTENDING. THEY WILL NOT BE ACCEPTED AT CHECK IN AND CAMPER WILL NOT BE ALLOWED TO STAY.**

*\*Cost: \$180.00 per camper. A non-refundable deposit of \$50.00 with this application is required for reservation for the camper. The remaining will be due no later than May 1st. If payment plan is needed please contact us to make arrangements. Camper Grants are available if needed.*

**MAKE ALL CHECKS PAYABLE TO: TXPWA.**

Transportation is not furnished by TXPWA, nor can we give out names and addresses of campers. You must make your own arrangements.

If you will be receiving funding from other sources, please complete the following information:

The name of organization and/or person, address & phone number who will be providing funding is needed. *IT IS NECESSARY WE HAVE THIS INFORMATION. FUNDING OR LETTER ADVISING OF FUNDING FORM FROM THESE SOURCES MUST BE IN PRIOR TO CAMP ATTENDANCE, OTHERWISE CAMPER WILL NOT BE ACCEPTED UPON ARRIVAL. IF PAYMENT IS NOT RECEIVED FROM WHOMEVER YOU DESIGNATE, THE GUARDIAN OR CAMPER IS RESPONSIBLE FOR PAYMENT.*

\_\_\_\_\_ Phone: \_\_\_\_\_

**Photo:** Please include with this application a current photograph of the camper. The photograph will not be returned. A clear copy of photo is acceptable.

**Physical:** A current physical and immunizations must be included with the camper application. The physical must be dated within the year that the camper will be attending camp. A physical form is enclosed for your convenience or we will accept a school physical or a Special Olympics physical. NOTE: Returning Camper's only need to renew this portion every two years unless changes have been made since last physical that we need to be made aware of. A **“Youth & Adult Camp Health Exam/Record for Campers”** is included with this packet. This **MUST** be renewed every other year.

**Health Information Privacy Protection Act:** A copy of the HIPPA Act is enclosed, along with an acknowledgement of receipt of this form. Please fill out the acknowledgement and return to TXPWA with your camper application. We must have this on file and must return signed every year.

**“People With Smiles” Camp 2016**

Camp Theme: **Olympic Games!**

Camper check-in: July 8th at 1:00 p.m.

Camper check-out: July 10th at 2:30 p.m.

**Camp Location:  
Peaceable Kingdom Camp  
19051 FM 2484  
Killeen, Texas 76542**

**Camp Shirt Size:** \_\_\_\_\_  
**Preferred Counselor/Camper Ratio:**  
(Please Circle)  
1:1      1:2

Has camper attended "People With Smiles" Camp before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Camper Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail: \_\_\_\_\_

\_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Person Completing Application: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Group Home: \_\_\_\_\_ Phone: \_\_\_\_\_

**In case of Emergency: (Name of individual who will be available during camper's stay at camp)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance: (Please send a copy of the camper's insurance card)**

Name of insurance: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone of Physician: \_\_\_\_\_

**Please list all Disabilities, Serious Illness or Limitations:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**The following information will help the staff care for the camper:**

Does the camper use a wheelchair? yes or no Is the wheelchair? manual or electric

Does the camper need assistance with walking? yes or no cane(s) crutch(es) other \_\_\_\_\_

Does the camper have hearing problems? yes or no Wears hearing aids? yes or no

Does the camper have trouble with speech? yes or no Uses sign language? yes or no

Does the camper follow directions well? yes or no Needs verbal prompts? yes or no

Does the camper need help with restroom? yes or no Wears Attends? No/all the time/ night only

Does the camper need help with bathing? yes or no Total assistance? yes or no

Does the camper wear dentures? yes or no

Does the camper use ear plugs? yes or no (please send to camp) Nose plugs? yes or no

Does the camper wear glasses? yes or no Contacts? yes or no

Does the camper have behavior problems that are non-PWS specific? yes or no (please explain on separate sheet; if camper has behavior plan, please include/send to camp)

Does the camper use special adaptive equipment? yes or no Describe: \_\_\_\_\_

**Any additional comments to help the staff:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Medications:

1. All medications being sent to camp must be in their **original containers and labeled with the prescription. NO WEEKLY PLANNERS.** See following 'IMPORTANT MEDICATION INFORMATION notice below for complete guidelines!!
2. With camper confirmation letter, a Medication Packing Slip will be enclosed. Please bring this to camp, filled out completely along with medication.
3. The medical staff will always attempt to contact the guardian before giving medications for illness.
4. Listed below are the "Over the Counter Medications" that are used at camp for minor illnesses. If you do not approve of these medications, please send other medications with camper.
  1. Headache or Fever-----Tylenol - yes no Ibuprofen – yes no
  2. Cold Symptoms-----Benadryl - yes no Robitussin - yes no
  3. Stomachache/Nausea/Diarrhea-----Pepto Bismol - yes no

### Medical Information: Please complete the following information:

**Allergies:** (List all allergies, including food, medications, animals, etc.)

---

Camper's Weight: \_\_\_\_\_

Height: \_\_\_\_\_

**Routine medication times at camp are as follows:** 8 am 12noon 5 pm 8 pm  
Are these times acceptable? yes or no

**Blood Sugar:** Is the camper a diabetic? yes or no  
How often does the blood sugar need to be taken? \_\_\_\_\_ Average \_\_\_\_\_

**Blood Pressure:** Does the camper have high blood pressure? yes or no  
Is camper on medication for blood pressure? yes or no

**Heart Disease:** Does the camper have a present or history of heart disease? yes or no  
If yes, explain \_\_\_\_\_

**Seizures:** Does the camper have present or a history of seizures? yes or no  
Type of seizure: \_\_\_\_\_ How often? \_\_\_\_\_  
Description of seizure: \_\_\_\_\_

**Description of behavior after a seizure:** \_\_\_\_\_

**Last seizure:** \_\_\_\_\_ **Length of seizure:** \_\_\_\_\_

**Camper last tetanus vaccination?** \_\_\_\_\_

**Additional medical concerns:** \_\_\_\_\_

**Special Dietary Needs – Non-PW Specific:**

(describe) \_\_\_\_\_

# Important Medication Information

## Please Read Carefully!!!

The Texas Prader-Willi Association has a policy and procedure regarding medications for Campers. We will need you to bring your Camper's medications in a "pill organizer," and also bring the original medication bottles. You **must put at least one full day dose of medication in the original bottles**, but can contain the remainder of the monthly amount. **State requirements will not allow us to keep your camper and administer the medications unless you bring the original medication containers with the correct prescription label to camp.** Follow the same procedure for over-the-counter medications, vitamins, and supplements. Bring liquid medication(s) in the original container(s). If a prescription label is incorrect on a container, we will need a signed note from the doctor with the correct information.

The pill organizers show the days of the week on the plastic container, with separate compartments for each dose. They come in a variety of shapes and sizes, and can easily be purchased at Wal-Mart, some "Dollar" stores, and most pharmacies.

Make sure you pick an organizer that has the correct number of doses per day that your camper takes. If your camper takes medicine 3 times per day, then make sure you have an organizer with 3 dose compartments per day, or get three single dose organizers and label them with the correct time to administer them. Each pill organizer must be labeled with:

- Camper's name
- Medication name and strength for each pill, for each dose time.

See the **EXAMPLE** below on how you would label the pill organizer. After the pill organizer is correctly filled and labeled, please put it in a Ziploc type plastic bag, with your camper's name on it. This will prevent loss of pills in case a compartment accidentally comes open.

### Example of Label:

(You do NOT need to label each little compartment, just one for each time of day.)

<b>CAMPER FIRST/LAST NAME</b>
<b>08:00 A.M. Breakfast</b>
<b>Depakote 125mg, 2 capsules</b>
<b>Multivitamin, 1 chewable</b>
<b>08:00 P.M. Bedtime</b>
<b>Depakote 125mg, 2 capsules</b>

We are enclosing what we anticipate are frequently asked questions and their answers. If we have not answered any questions you may have, please contact the CAMP DIRECTOR @ 903-520-5178.

## Frequently asked questions:

### 1. What if my camper has medications that are not pills, such as liquids, powders, inhalers, and creams?

Bring the medication in the original labeled container. Please make sure there is enough to make it until Friday afternoon. If you have pills also, put the pills in a pill organizer and note on the label that there are other medications due at the correct time.

### 2. What if my camper has large pills or too many to fit in the compartment of the pill organizer?

There are pill organizers that are larger in size, but these usually only have one dose per day. If your camper has more than one dose per day, then purchase the appropriate number of organizers and mark them correctly. If he/she has meds at breakfast and supper, then get one and mark for breakfast meds and another for supper meds, and make sure they are labeled as required on each.

### 3. What if my camper's meds come in a "blister pack" from the pharmacy?

Blister packs are a sheet of cardboard with a plastic bubble for each dose of medication and you just push the medication to get it out. Just bring the blister packs, making sure you have enough of each medication, and make sure the label on the blister pack is correct. This is considered the "original container", so you won't have any bottles or a pill organizer. Pharmacy's will create bubble packs for you with a specified number of days per med for FREE if requested.

### 4. What if the medication container does not have the correct dose amount or times?

We realize that sometimes the amount or times change. If this happens there are two ways to fix it. You can get the doctor to call in a new prescription and get new labels printed at the pharmacy, or get the doctor to write a note with the correct information and sign it. It must have the doctor's signature and the date on the note. *We are not allowed to give medications differently than what the doctor has ordered.*

### 5. What if my camper has meds they only take occasionally, as needed?

Bring those in their original, labeled containers.

### 6. What if my camper has growth hormone that needs to be injected?

All growth hormone must be packed in a small portable insulated case with plastic reusable ice packs. Instructions are to be taped to insulated case with all above information on it, just as you would any oral medications. We will administer as instructed.

### 7. What if I forget or don't have my camper's original medication bottles?

Unfortunately, we will not be able to legally give the medication, so **YOUR CAMPER WILL NOT BE ABLE TO STAY AT CAMP.**

### 8. What if there have been changes in my child's medications since I completed the on line application?

Bring your new and correct prescription bottles or a signed note from the doctor with you to check in. You do not need a note if you have discontinued a medication or it is a new prescription and the bottle label is correct.

**It is very important that you call the CAMP DIRECTOR at 903-520-5178, if you have any questions or concerns.**

Thank You for choosing “People With Smiles” Camp. After your application is received by TXPWA you will receive a confirmation e-mail, along with a list of items needed for camp and a map. “People With Smiles” Camp is not responsible for lost or stolen articles.

Permission form for Camper: **(Please sign this section)**

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

This information presented in this application is correct to the best of my knowledge and the person herein described has permission to engage in all camp activities, except as specified on this application by me. In the event of an emergency, TXPWA Camp Director(s) has my permission to seek emergency medical treatment for the described camper on this application. This is to include hospitalization, emergency surgery, anesthesia or any other medical treatment deemed necessary by the emergency physician. This consent will only be used if TXPWA is unable to contact the legal guardian in an emergency situation. TXPWA will not be held liable for any personal injuries, damages or loss of personal property while attending TXPWA “People With Smiles” Camp.

**Please note that if the camper is his/her own guardian they must sign for themselves.**

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Print name of legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**(WITHOUT THE ABOVE SIGNED, CAMPER WILL NOT BE ACCEPTED INTO “PEOPLE WITH SMILES” CAMP)**

General Permission form: **(Please sign this section)**

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

“People With Smiles” Camp has my permission to photograph and videotape my camper (myself) during my stay at Peaceable Kingdom Retreat Center. This does also include the cabin pictures taken with my cabin friends and given upon departure from camp. *(Due to changes in HIPPA laws, campers are not allowed to bring cameras to take pictures).* I understand the photographs and videotapes are for promotional purposes only. All campers will be mailed a memory DVD/pictures at the conclusion of the camp .

(If the camper is their own legal guardian they must sign for themselves)

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Print name of legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**(WITHOUT THE ABOVE SIGNED, CAMPER WILL NOT BE INCLUDED IN ANY PICTURES, INCLUDING MEMORY BOOK OR DVD IF APPLICABLE.)**

**RETURN ALL REGISTRATION FORMS PRIOR TO MAY 1st :**

*TXPWA Summer Camp  
c/o Jennifer Arcaya  
3937 Upper Passage Ln.  
Round Rock, TX 78681*

TEXAS

# PRADER-WILLI

ASSOCIATION

## Texas Prader Willi Association Camp

### Youth & Adult Camp Health Exam/Record for Campers

*Physical Exams are valid for 2 years From Date of Last Examination*

Camper

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Arrival at Camp: \_\_\_\_\_ Departure Date: \_\_\_\_\_

To Be Completed By The Specified Medical Practitioner: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

\_\_\_\_\_ May participate in all camp activities

\_\_\_\_\_ May participate except for:

\_\_\_\_\_

Medical Information pertinent to routine care and emergencies:

\_\_\_\_\_

Is the individual taking prescription medication?  YES  NO

If yes, indicate prescription: \_\_\_\_\_

Does the individual have allergies?  YES  NO

Explain: \_\_\_\_\_

Is the individual on a special diet?  YES  NO

Explain: \_\_\_\_\_

This camper is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No
Measles		
Mumps		
Rubella		
Chickenpox		
Tetanus		
Hepatitis B		
Diphtheria		
Pertussis		
Polio		

Print name of medical care provider: \_\_\_\_\_

Medical Care Provider's address: \_\_\_\_\_

Medical Care Provider's: City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
(Signature of Physician, APRN or PA)

\_\_\_\_\_  
(Date Form Signed)

\_\_\_\_\_  
(Telephone Number)



# **“People With Smiles” Camp**

## **Health Information Privacy Protection Act (HIPPA)**

In accordance with the Health Information Privacy Act (HIPPA), “People With Smiles” Camp's legal duty will respect the rules around the privacy of medical/health information for the camper and how we protect the privacy of one’s medical/health records that we receive and provide. “People With Smiles” Camp gathers two types of information for our camper. The first is personal identification (name, address, phone number, etc.) and the second is medical information such as medications, medical treatment and medical history.

“People With Smiles” Camp will share personal and medical data only with those people directly involved in their medical care. We may obtain, but we are not required to, your consent for the use or disclosure of your protected health information for treatment. We are required to obtain your authorization for the use or disclosure of your information or other specified purposes or reasons.

### **How We May Use and Disclose Medical Information**

“People With Smiles” Camp can use or disclose medical information about staff regarding medical treatment or health care operations and we will make a good faith effort to have you acknowledge your copy of the Notice of Privacy Practices.

**Treatment:** We may use medical information about you to provide you with treatment or services. We also may disclose medical/health information about you to people outside “People With Smiles” Camp who are involved in your medical care after you leave the camp.

**Health Care Operations:** We may use and disclose medical health information about you for our facility health operations. These uses and disclosures are necessary to run “People With Smiles” Camp and make sure that all of our campers/staff receive quality care. We may also disclose information to “People With Smiles” Camp staff on a need to know basis. It may also be necessary to obtain or exchange camper/staff information with appropriate government agencies and law enforcement.

### **Uses and Disclosures of Medical/Health Information that do NOT Require your Consent or Authorization**

We may use or disclose health information about you without your consent or authorization when:

- there is an emergency or when we are required by law to treat you
- we are required by law to use or disclose certain information
- there are substantial communication barriers to obtaining consent from you, or
- required to do so by federal, state or local law.

**“People With Smiles” Camp**  
**Health Information Privacy Protection Act**  
**(HIPPA) Acknowledgement Form**

Camper Name: \_\_\_\_\_  
*Print Name*

Camper Birth Date: \_\_\_\_\_  
*Month Day Year*

I acknowledge that I have been given a copy of the “People With Smiles” Camp Health Information Privacy Protection Act policy.

\_\_\_\_\_  
*Print the First Name, Middle Initial and Last Name of Camper/Parent/Guardian*

\_\_\_\_\_  
*Signature of Camper/Parent/Guardian*

\_\_\_\_\_  
*Date*

Please check one of the following to indicate the relationship between the camper and the person whose signature appears on the line above.

Camper     Camper's Parent     Camper's Guardian     Camper Refused to Sign Form