



# Randi's Camp For Hope & Courage Application

**Date July 10-11-12, 2024**

## IDENTIFYING INFORMATION

Child's Name: \_\_\_\_\_ Sex: (M) \_\_\_\_ (F) \_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Current School and Grade: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ Safe To Call \_\_\_\_ Safe To Leave a Message \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Safe To Call \_\_\_\_ Safe To Leave a Message \_\_\_\_\_

Work Phone: \_\_\_\_\_ Safe To Call \_\_\_\_ Safe To Leave a Message \_\_\_\_\_

Does child live with Parent/Legal Guardian? \_\_\_\_\_

If not, with whom does child live with: Name? \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

In case of an emergency, please indicate two safe phone numbers you can be reached at during group

hours: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Please give permission below if any other person beside yourself will be picking up your child from

group. I give permission for (Name) \_\_\_\_\_ to pick up my child from

group.

**IF THERE IS A COURT ORDER OR PROTECTION FROM ABUSE FOR THE CHILD**

Defendant's Name: \_\_\_\_\_

Child's Relationship to Defendant: \_\_\_\_\_

Custody Agreement: \_\_\_\_\_

Name(s) of persons restricted from custody of child: \_\_\_\_\_

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**MEDICAL HISTORY (Check all that apply)**

**Physical:**

\_\_\_\_\_ Allergies Please List \_\_\_\_\_

\_\_\_\_\_ Asthma

\_\_\_\_\_ Food restrictions: Please list as specifically as possible \_\_\_\_\_

\_\_\_\_\_ Other Health concerns: \_\_\_\_\_

**Medication:** (Please list all of the child's prescribed medication and indicate if they will need to be given meds during the camp day) \_\_\_\_\_

**BEHAVIORAL CHALLENGES, INTELLECTUAL AND/OR DEVELOPMENT DISABILITIES**

Please check below any that apply to your child.

\_\_\_\_\_ Anxiety Disorders: Please describe \_\_\_\_\_

\_\_\_\_\_ Autism Spectrum Disorder: Please describe \_\_\_\_\_

\_\_\_\_\_ ADHD

\_\_\_\_\_ Chronic Tic Disorder

\_\_\_\_\_ Depression

\_\_\_\_\_ Eating Disorder: Please Describe \_\_\_\_\_

- Encopresis
  - Enuresis
  - Oppositional Defiant Disorder
  - Post Traumatic Stress Disorder
  - Other: Please Describe \_\_\_\_\_
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**Educational Information: Check all that apply**

- Emotional Support:  FT  PT
- Gifted Support
- Learning Support:  FT  PT
- Occupational Therapy
- Speech Therapy
- Other Special Education Services: Please describe \_\_\_\_\_

**BEHAVIORAL PROFILE (Check all that apply)**

**Personal Strengths:**

- |   |   |
|---|---|
| <input type="checkbox"/> Athletic           | <input type="checkbox"/> Independent                      |
| <input type="checkbox"/> Creative           | <input type="checkbox"/> Makes friends easily             |
| <input type="checkbox"/> Cares about others | <input type="checkbox"/> Participates in group activities |
| <input type="checkbox"/> Follows directions | <input type="checkbox"/> Personal hygiene is good         |
| <input type="checkbox"/> Good communicator  | <input type="checkbox"/> Polite                           |
| <input type="checkbox"/> Good listener      | <input type="checkbox"/> Responsible                      |
| <input type="checkbox"/> Helpful            | <input type="checkbox"/> Sense of Humor                   |
| <input type="checkbox"/> High self-esteem   | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Honest             | _____   |

Enjoys the following activities:

<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Dancing	<input type="checkbox"/> Sports
<input type="checkbox"/> Singing	<input type="checkbox"/> Water games	<input type="checkbox"/> Playing outdoors
<input type="checkbox"/> Creative writing	<input type="checkbox"/> Other _____	

What special issues (behavioral, emotional, or social) does the child have that camp staff should be aware of? Please list all suggested behavioral management techniques (be specific).

Issues: \_\_\_\_\_

Techniques: \_\_\_\_\_

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**I release the information in this application to the Randi's Camp for Hope and Courage selection committee which includes RHOA Program Development Committee and Camp Coordinator.**

**I give my permission for my child to participate in Randi's Camp for Hope and Courage.**

\_\_\_\_\_  
**Parent/Guardian Signature**

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