

CAMP TIGER APPLICATION

Due Date: Friday, April 17, 2009

*****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED*****

Camp dates: June 2-6, 2009 (Tues. – Sat.)

Return application to: Camp Tiger, c/o Lindsey Wargo
Office of Medical Alumni Affairs, 1-201B
LSUHSC-Shreveport
PO Box 33932
Shreveport, LA 71130-3932

PERSONAL INFORMATION OF THE CAMPER (to be filled out by parent or guardian):

NAME _____ DATE _____

ADDRESS _____
Street City State Zip

PHONE NUMBER (____) ____ - _____ Email _____

AGE _____ SEX _____ WEIGHT _____

T-SHIRT SIZE ___ Youth S ___ Youth M ___ Youth L ___ Youth XL
___ Adult S ___ Adult M ___ Adult L

Parents' Names _____

CHIEF INTERESTS & HOBBIES _____

PERSONALITY (Is the child easy going, calm, restless, sensitive, alert, cheerful, strong-willed, shy, moody? Tell us a little about the child's attitude and demeanor.)

HOW DOES YOUR CHILD COMMUNICATE? Verbal Sign Language Other
If other, specify here: _____

HOW WOULD YOU RATE HIS/HER SOCIAL SKILLS? Good Fair Poor

PHYSICAL DESCRIPTION: (Please note any special problems that might affect your child while at camp.) _____

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 17, 2009 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 2009 AS WELL AS SOME ADDITIONAL INFORMATION ABOUT CAMP. THIS ADDITIONAL INFORMATION INCLUDES FORMS THAT MUST BE COMPLETED AND RETURNED BEFORE THE START OF CAMP.

