

Camp Flame Catcher/ Camp for Champs
Epilepsy Alliance Ohio
895 Central Avenue, Suite 550
Cincinnati, OH 45202

**PARTICIPATION
ENROLLMENT FORM**

DATE: _____

Participant:

Last Name: _____ First: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Social Security Number: _____

Parent or Guardian:

Mother:

Last Name: _____ First: _____ M.I.: _____

Address: _____ Phone: _____

City/State/Zip: _____

Cell phone: _____ e-mail _____

Employer's Name: _____

Address: _____

Phone: _____ e-mail: _____

Father:

Last Name: _____ First: _____ M.I.: _____

Address: _____ Phone: _____

City/State/Zip: _____

Cell phone: _____ e-mail _____

Employer's Name: _____

Address: _____

Phone: _____ e-mail: _____

Guardian:

Last Name: _____ First: _____ M.I.: _____

Address: _____

City/State/Zip: _____ Phone: _____

Cell phone: _____ e-mail _____

Employer's Name: _____

Address: _____

Phone: _____ e-mail: _____

Applicant Information:

A. Seizure History:

I have had a seizure in the past six months Yes _____ No _____
My last seizure was _____ Usual Length of Seizure _____
Type Of Seizure: Absence ___ Focal Onset Aware (simple partial) ___
Focal Onset Impaired Awareness (complex partial) ___ Tonic Clonic ___
Other Type (please explain): _____
Triggers: _____
Protective Headgear Yes _____ No _____
My Seizures Look like _____
I use emergency medication Yes ___ No ___ Type _____
Administer Emergency Medication after how long? _____
Do you have the VNS Yes _____ No _____ be sure to bring your magnet.

B. Food Allergy:

Yes ___ No ___ Please explain _____

C. Non-Food Allergy:

I am allergic to: _____
Reaction: _____ Treatment: _____
I have an Epi Pen: Yes _____ No _____ please bring to camp

D. Immunizations:

My Child is up to date on immunizations: Yes _____ No _____ If no, please explain:

E. Swimming:

Our summer camp includes swimming and other water activities that are supervised by trained pool staff. Is camper permitted to swim? Yes ___ No ___
Applicant is currently a: Swimmer _____ Non-Swimmer _____

F. Special Interests or concerns: _____

G. T-Shirt Size – YS – YM – YL – Small – Medium – Large – XL – XXL – XXXL

****ALL MASTER INFORMATION AND RELEASE STATEMENTS ARE ACCEPTED FOR A 2 YEAR PERIOD. IT IS YOUR RESPONSIBILITY TO NOTIFY THE EPILEPSY ALLIANCE/CAMP FLAME CATCHER/ CAMP FOR CHAMPS OF ANY CHANGES.**

Contact Information:

Primary Emergency Contact:

Name: _____ Phone: _____
Phone #2: _____ Relationship: _____

Other Emergency Contacts:

(1) Name: _____ Phone: _____
Phone #2: _____ Relationship: _____
(2) Name: _____ Phone: _____ Phone #2: _____
Relationship: _____

Social Worker (If Applicable): _____ Phone: _____

Physician: _____
Address: _____ Phone: _____

Neurologist: _____ Phone: _____

Dentist: _____ Phone: _____

PLEASE READ THE FOLLOWING CAREFULLY AND THEN SIGN EITHER A OR B:

A. I grant consent to transport applicant to a designated source(s) of emergency medical or dental care, if necessary.

Signature: Parent or Legal Guardian Date

B. I do **not** grant consent to transport applicant for emergency treatment but instruct the Epilepsy Alliance to do the following in the event of a medical emergency:

Signature: Parent or Legal Guardian Date

EMERGENCY MEDICAL RELEASE

In the event the undersigned cannot be reached in an EMERGENCY SITUATION, the undersigned hereby gives permission to the physician selected by the Camp Director or his/her designee to hospitalize and/or to secure proper treatment, including, but not limited to, injection, anesthesia or surgery for the applicant named below. The undersigned accordingly releases jointly and separately the Epilepsy Alliance Ohio; Camp Flame Catcher/ Camp for Champs; Shane Center; any agency with which any of those organizations may be affiliated; and the officers, employees, trustees, volunteers and members of each of them of any and all damages; liabilities; causes of action and/or obligation of any nature whatsoever past, present or future; known or unknown arising out of and/or relating in any way to the above medical treatment or decisions relating to the same.

NOTE: Upon admission for emergency treatment, health insurance carried by the undersigned, as indicated below, will cover costs of such treatment.

Applicant

Signature of Parent or Legal Guardian

Date

Printed name of Parent or Legal Guardian

Medical Insurance Company: _____

Policy number

Plan number

MEDICATION RELEASE FORM

I agree to allow Epilepsy Alliance staff and Camp Flame Catcher staff to administer the medications listed below at the times listed below to my child who is not able to self-administer his/her medications or who becomes unable to self-administer his/her medications under some extraordinary circumstance. In the event that my child is in need of over-the-counter medications, I authorize the Epilepsy Alliance staff and Camp Flame Catcher staff to administer over-the-counter medications when appropriate with any exceptions listed below.

Medication:	Dosage:	Frequency:

My child is able to self-administer his/her own medications under normal circumstances:

Yes _____ No _____

Over-the-counter medications my child may **not** receive:

_____	_____
_____	_____
_____	_____
_____	_____

Parent/Legal Guardian

Date

Release Form

In consideration of the acceptance of: _____
Applicant's Name

for any of the programs provided by the Epilepsy Alliance Ohio, the undersigned hereby assumes complete and sole responsibility for any injury to person or any damage to property sustained or incurred by the applicant arising out of and/or relating in any way to any activities, programs, or transportation to and from any Epilepsy Alliance Ohio Camp Flame Catcher/ Camp for Champs, Epilepsy Alliance Ohio Special Programs/Field Trips, including the transportation to and from and participation in any of the above contemplated sessions, programs or periods. The undersigned agrees to allow the applicant to participate in: all activities at Camp Flame Catcher; all activities included in any Special Program/Field Trip; and to participate in travel that is involved as a part of any of these programs, sessions or periods. The undersigned accordingly releases jointly and separately the Epilepsy Alliance Ohio, Camp Flame Catcher/ Camp for Champs and any agency with which any of these organizations may be affiliated; including the officers, employees, trustees, volunteers and members of each organization; of any and all damages, liabilities, causes of action and/or obligations of any nature whatsoever past, present or future, known or unknown arising out of and/or relating in any way to the above programs, activities, sessions and the transportation to and from any Epilepsy Alliance Ohio Camp Flame Catcher/ Camp for Champs or Special Program/Field Trip. The Epilepsy Alliance will reserve the right to exclude any client that is known to pose a serious risk of harm. Program Administration will consider behavior, health, safety and potential risk before recommending exclusion.

Signature of Parent or Legal Guardian

Date

Printed name of Parent of Legal Guardian

The signature of the parent or legal guardian above does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liabilities, cost and/or claim for damage whatsoever which may be imposed upon said parties because of any defect or lack of such capacity to so act and release said parties on behalf of the and the parents or legal guardian.

