



Colorado Lions Camp

"Camp Above the Clouds"

A Project of the Lions Clubs of Colorado

Mailing address: PO Box 9043, Woodland Park, CO 80866
Physical Address: 28541 HWY 67N, Woodland Park, CO 80863
Phone: 719-687-2087 Fax: 719-687-7435

Email: coloradolionscamp@msn.com
Website: www.coloradolionscamp.org

Dear Camper/Caregiver/Family:

Welcome to the Colorado Lions Camp - a place where campers can experience a great outdoor experience, discover their talents, make friends and grow as members of a community. It is our privilege to offer you an exciting new respite program!

This is what we need from you in order to register for respite weekend.

- - **Completed Respite Camper Application (pages 1-6)**
*All paperwork must be filled out completely and signed.
- - **Camp Registration Fee - \$50.00** - Check, Money Order or Credit Card or unless billing Medicaid or agency, then no registration fee is required.

Please make checks/money orders payable to: Colorado Lions Camp

RESPITE COST: \$200.00 (includes the \$50.00 registration fee)

MEDICAL REPORTS: Physicals no later than **24 MONTHS** from your selected camp date will be accepted. All new campers are required to have a current physical on file at camp. The physical must be signed by a physician and can be on CLC's camp form, another camp form or report from the physician's office. Physicals **MUST ARRIVE NO LATER THAN TWO WEEKS PRIOR to the camp session you are accepted to.**

Please call the camp if you have any questions.

Sincerely,

Colorado Lions Camp

CAMP GOAL

The Colorado Lions Camp has a goal to seek out every individual who is eligible to attend our camp and give them the opportunity to experience the joy of a safe, outdoor experience.

Eligibility Requirements:

1. Persons with visual impairments, deaf or hard of hearing, have speech impairments, mild cognitive and/or mild physical challenges, and those in school special education classes. This includes any number of combinations from above. The Lions Camp is wheelchair accessible. Those in wheelchairs must be able to perform the same basic independent living skills and be able to use the toilet facilities without assistance. Campers must be able to maneuver up a hill since camp is built on a mountainside. If you have any questions regarding eligibility, please contact the camp at (719) 687-2087.
2. The camp accepts all ages from 8 through senior adult. Persons must be at least age 8 by the beginning of the camp respite weekend for which they wish to apply. See appropriate age respite weekend.
3. Applicant will be required to possess basic independent living skills such as, self-feeding, showering, dressing and toileting. **Applicant must be continent, have normal bowel and kidney function and control.** Applicant must display self-sufficient skills as to **NOT require one-on-one supervision** and can be managed with a 1:6 staff to camper ratio. No one will be accepted that cannot be in contact with those under 18.

Applicants NOT Accepted

1. Incomplete applications.
2. Persons that have a contagious or infectious disease.
3. Persons who are incontinent and unable to take care of their personal hygiene needs.
4. Persons who are medically fragile.
5. Persons with challenges that would limit their ability to benefit from camp group activities.

This includes physical, behavioral, and emotional issues that would require one-on-one supervision.

***During Respite Weekends, camp nurse is not available. Meds will be passed by a QMAP trained staff member. Staff members are first aid and CPR certified. All emergencies will go straight to the local hospital.**

Letter of Confirmation

If eligible, a letter of confirmation and packing list will be mailed to the applicant or parent/caregiver upon acceptance.

Cancellation Policy

All advanced fees paid will be refunded in full if notice is received in the Colorado Lions Camp office fifteen (15) days prior to the applicants' session. If less than fifteen (15) days notice is received, all but the deposit will be refunded. If the applicant has not paid the deposit, the applicant will be billed. Promptly notify the camp in the event of a cancellation.

RESPITE WEEKENDS

Each week is limited to 8-10 campers

November 18-20, 2016	Ages 8-17
December 16-18, 2016	Ages 18+
January 20-22, 2017	Ages 8-17
February 17-19, 2017	Ages 18+
March 17-19, 2017	Ages 8-17

IMPORTANT CAMP INFORMATION

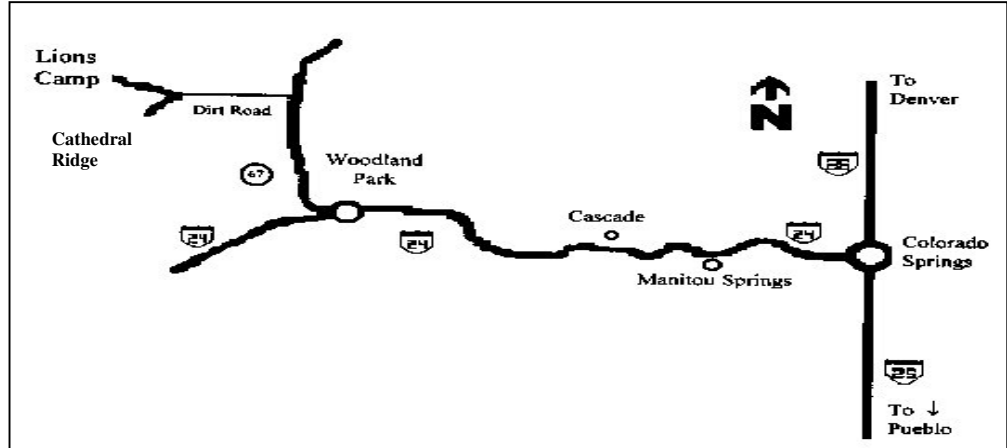
1. **Check-In Time:** Registration starts at 4:00 p.m. and will continue until 6:00 p.m. on the Friday of each designated respite weekend. Lions/agencies/parents/caregivers will be required to stay through the entire check-in process. You may choose to sign an inventory waiver to expedite the check-in process, but you will still need to meet with the QMAP and Executive Director. **We are unable to accommodate early check-ins.**
2. **Check-Out Time:** Camper check-out is no later than 2:00pm, Sunday afternoon. There will be a \$25/hour charge for all late pickups, so please plan accordingly.
3. **Clothing List and Special Equipment:** A detailed clothing list will be provided upon notification of acceptance to the camp. Please bring warm clothing. Laundry facilities are not provided. All clothing and special equipment should be clearly marked with the camper's full name **BEFORE** check-in on Sunday. **The camp is not responsible for lost, misplaced, or damaged items. Fecal soiled clothing may be discarded and not returned.**
4. **Supervision:** Activities are well supervised and staff members are required to attend a comprehensive training program. Supervision is 24 hours a day; however, 1:1 supervision is **NOT** available. We also cannot accept those who cannot be around those under 18 years of age as there are always some children at the camp.
5. **Health Care/Med Check-In Procedure:** Medical personnel are on-duty 24 hours a day. The QMAP supervises the administration of all medications as ordered by a doctor. Doctors are on-call for special cases. **A three-day supply of medicine must be sent with your camper only.** All medication (pills) **MUST** be pre-poured in a med minder box by a pharmacist/parent/caregiver/agency. You will need to include the original prescription bottles with one pill inside and/or bubble packs with remaining pills for verification. Any changes in how the medication is given, or in a dose that differs from those on the bottle(s), must be verified by a physician in writing or the camp's healthcare staff will refuse to administer it. Any medication not in the original container will not be accepted. A signed liability release statement must be signed by the person who dispensed the medication and given to the medical staff at the time of check-in. Parents/caregivers will be contacted if medication problems arise. **Nonprescription, dietary supplements and homeopathic remedies will NOT be given at camp unless prescribed by a physician.**
6. **Scheduled Activities:** Arts and crafts, miniature golf, hobbies, nature studies, exploring, games, hiking, archery, storytelling, singing, dancing, pool, air hockey, board games, team building, and open camp fire are some of the activities that may take place during the session. Persons trained in that area of interest will oversee all activities.
7. **Facilities:** Dormitories, health lodge, out-post camp, two story main lodge, on 46+ acres.
8. **Insurance:** Campers are covered by the camp's accident insurance. Pre-existing conditions are covered by the individual's group medical insurance during the period they are at camp. Insurance of the family/caregiver/camper has first coverage. It is imperative that insurance and medical information be provided on the attached forms.
9. **Licensing:** The Colorado Lions Camp is licensed annually, according to the standards of the Colorado Department of Human Services and the Colorado Department of Health.
10. **Transportation:** Parents/Guardians/Caregivers are responsible for arranging transportation to and from camp. The camp does not cover the cost of transportation.



Where are we Located?

Camp Physical Address:
(do not send mail to this address)

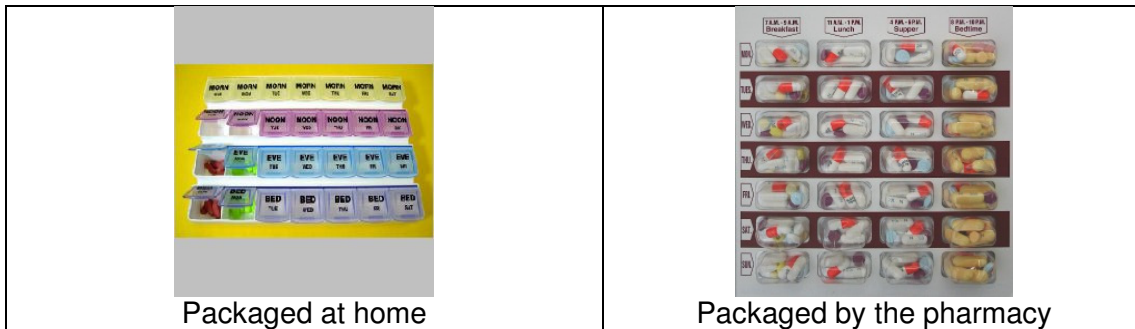
**28541 Hwy 67N
Woodland Park, CO
80863**



- From I-25 in Colorado Springs take US 24 West (Exit 141) towards Pikes Peak and Manitou Springs.
- In Woodland Park turn North US 67 North.
- Proceed for four miles and you will see a large yellow sign on the left pointing towards to the camp. (On the right side you will see a sign Red Rocks Campground)
- Turn left at the sign onto the dirt road and keep to the right at the fork in the road. It is approximately one mile from HWY 67.

How do I prepare my camper’s medication for check-in?

All medication, vitamins and supplements must be pre-poured/prepackaged in a med minder box by a pharmacist, parent/caregiver, or agency. See pictures listed below.



Bring the med minder box, the original prescription bottle(s) and/or bubble pack(s) showing the current prescription information, **AND** the signed liability release statement signed by the caregiver/parent/agency who poured the medication. Each bottle needs to contain one pill inside for verification purposes - this includes vitamin and homeopathic supplements prescribed by a physician.

You will receive further instructions in your camper confirmation packet.



COLORADO LIONS CAMP
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 Website: www.coloradolionscamp.org

For Office Use Only:

Application Rec'd _____ Approved by _____
 Deposit Rec'd _____ Week _____
 Campership _____
 Name Tag _____ Nurse _____ Entered _____
 Conf. Pkt. Sent _____

Respite Camp Application

All pages 1 -7 of the application MUST be completed and returned to our office for registration. Applications are processed on a first come, first served basis. **DO NOT** wait for medical reports to be completed before sending in your application. Many of our weeks fill up quickly and you may not be placed in your first choice.

Camper's Name _____ Nickname _____

Camper's Mailing Address _____

City _____ State _____ Zip Code _____

Age _____ Date of Birth _____ Sex: M / F Returning camper? Yes or No T-Shirt Size: _____

Parent/Caregiver/Group Home Name _____

Phone Number: Home: () _____ Work: () _____

Parent's Employer Name & Address _____

Camper lives with: Independently parents group home host home foster family

How do you wish to receive camp confirmation? (please circle) Mail (Camper address or agency) Email or Fax

Email (Parent/Caregiver/Agency) _____ Fax: _____

Agency Name and Mailing Address _____

#1 Emergency Contact Information

(Must be someone OTHER than above listed parent/guardian)

Name _____ Relationship _____

Phone _____

#2 Medical Emergency Contact Information

(Who should be contacted if the camper needs to go to the ER, etc.?)

Name _____ Relationship _____

Phone _____

Choice of Camp Session: First _____ Second _____

PAYMENT INFORMATION: (This portion must be filled out for ALL campers.)

* Camp costs \$200.00. The \$50.00 **registration fee** is part of the total camp fee.

* Full payment is due by the start of the session, unless a CCB/Agency has agreed to pay the full camp fee or the camp will be billing Medicaid.

* CLC accepts credit card payments for full camp fees. Call the camp office for more information.

* No refunds will be made if the camper leaves camp because of behavior problems, illness, or other reasons by the Executive Director.

The Camper's fee will be paid by (please fill in all that apply):

\$ _____ Parents \$ _____ Self \$ _____ Medicaid SLS or CES Waiver \$ _____ Agency \$ _____ CCB

If CCB or Agency will be paying, please fill out the following information completely:

Name of Agency/CCB: _____ Contact Person: _____

Phone Number: _____

The Colorado Lions Camp is licensed through the Department of Human Services, and as the licensing agency, they require the following information. The Civil Rights Act of 1964 prohibits the discrimination based on race, color, religion, sex, nor national origin. This information will not be used to determine the eligibility of your camper.

Ethnic Heritage: (circle one) Asian Hispanic Black Native American White Other _____

Anyone not authorized to pick up camper: _____

PARENT/CAREGIVER CHECKLIST

Camper Name _____

PLEASE READ AND INITIAL ALL THE FOLLOWING LINES AND RETURN WITH APPLICATION:

The camper application and camper questionnaire forms are **completely** filled out and signed by the legal guardian. Please note that these forms should be forwarded to the camp as soon as possible to reserve your preferred camp date. INITIAL_____

The medical report is completely filled out by authorized medical personnel only and signed by a doctor. *All campers must have a medical report on file with the camp no older than 24 months of the date of their camp session.* Medical reports must be returned **TWO WEEKS** prior to camp. **Failure to return the Medical Report may result in the camper being dropped from the session and no refund will be given.** INITIAL_____

I understand that all medications **MUST** be pre-poured in a med minder box by a pharmacist, parent/caregiver, or agency. I must bring the original bottles with one pill in the original container and/or complete bubblepack with remaining pills (this includes vitamin supplements.) Any changes in how the medication is given, or in a dose that differs from those on the bottle, must be verified by a physician in writing or the healthcare staff **WILL REFUSE** to administer it. Any medication not in the original container will not be accepted. A signed liability release statement must be signed by the person who dispensed the medication and given to the nurse at the time of check-in. Nonprescription, dietary supplements and homeopathic remedies will **NOT** be given at camp unless prescribed by a physician. INITIAL_____

I understand that the Colorado Lions Camp does **NOT** provide **1:1 supervision** and if the camper has inappropriate behaviors or requires 1:1 attention, the camp may require me to pick up the camper before the end of the scheduled session. **No refunds will be made due to an early departure.** INITIAL_____

All advanced fees paid will be refunded in full if notice is received in the CLC office fifteen (15) days prior to the applicants' session. If less than fifteen (15) days notice is received, all but the deposit will be refunded. If the applicant has not paid the deposit, the applicant will be billed. INITIAL_____

CHECK-IN: is **Friday** between the hours of **4:00 p.m. and 6:00 p.m.** A parent/caregiver or other authorized person will be required to assist the camper during the **entire** check-in process. INITIAL_____

CHECK-OUT: is **Sunday by 2:00 p.m. for all campers.** **There will be a \$25/hour fee charged for all late pickups. Please plan accordingly.** INITIAL_____

I understand that upon receipt of medical report, a review of the report by nurse and or director may result in cancellation of the camper's session. INITIAL_____

Signature _____

Date _____

Camper Name _____

CAMPER QUESTIONNAIRE

The care of the camper depends on how completely you fill out this form. Please answer all questions to the best of your ability and please be specific. This questionnaire must be completed before acceptance letter can be sent.

Primary Diagnosis _____ Secondary Diagnosis _____

ALLERGIES: List ALL types, food, drug, environmental, etc.:

Allergy	Symptoms	Treatment

Does camper have an allergy that requires an Epi-pen? _____

Behavior/Social Interaction (please check all that apply or have occurred within the past year)

<input type="checkbox"/> NO HISTORY	<input type="checkbox"/> Destructive	<input type="checkbox"/> Self-Abusive	<input type="checkbox"/> Inappropriate Sexual Behaviors
<input type="checkbox"/> Gets upset easily	<input type="checkbox"/> Physically Aggressive	<input type="checkbox"/> Invades Space	<input type="checkbox"/> Sexually Aggressive
<input type="checkbox"/> Pulls hair	<input type="checkbox"/> Threatens	<input type="checkbox"/> Wanders/Runs Away	<input type="checkbox"/> Sexually Passive
<input type="checkbox"/> Hits/Scratches others	<input type="checkbox"/> Curses/Verbally Abusive	<input type="checkbox"/> Screams	<input type="checkbox"/> Other:
<input type="checkbox"/> Bites	<input type="checkbox"/> Lies or Steals	<input type="checkbox"/> Bangs Head	

How often do these behaviors occur? (Please circle)

Seldom (1X or less per month) *Often* (1X or less per week) *Frequently* (more than 1X per week) *Daily*

Does camper have a safety plan or protocol in place? (If yes, please submit copy with application) _____

Please describe in detail these or any other challenging behaviors we should know about: _____

Do you have specific ways or use "key phrases" of handling behavior? _____

What usually triggers challenging behavior? _____

During the past year, has the camper seen or is currently seeing a professional to address mental/emotional health concerns?
 Yes () No () If yes, please give a brief plan of care camper is following: _____

Has the camper had a significant life event (death of a loved one, family change, group home change, trauma, etc) that has occurred in the last year? Yes () No () If yes, please specify and give additional detail as needed: _____

Has camper ever attended camp before? () YES () NO If yes, name of camp: _____

What hobbies/activities/interests does camper enjoy doing? _____

Does camper have any fears? _____

Toileting/Showering & Dressing <i>(please check all that apply)</i>	Independently	With Verbal Cues	Some Assistance	Total Assistance
Uses Toilet* (see below)				
*We understand that toileting accidents occur. Please circle frequency: Never Rarely Occasionally Frequently *Camper must be continent. Depends are okay, but camper must be able to change and cleanup <u>without assistance</u>. Staff is unable to assist with wiping.				
Menstrual Care				
Shampooing/Soaping				
Showering				
Hair Care				
Brushing Teeth				
Dressing				

Camper Name _____

QUESTIONNAIRE (CONTINUED)

Is camper able to care for and keep track of their own belongings? _____ Yes _____ No

ALL CLOTHING AND PERSONAL ITEMS NEED TO BE LABELED WITH THE CAMPERS FIRST & LAST NAME

The Camp is not responsible for lost, misplaced, or damaged items.

The camp is built on the side of a mountain, and the camper dorms are uphill from the Main Lodge. Can the camper walk up or maneuver the hill?

Yes () No () Comments: _____

Communication: (circle all that apply) VERBAL NON-VERBAL SIGN LANGUAGE GESTURES
READS LIPS MAKES NEEDS KNOWN HEARING LIMITATIONS

Specific Eating Requirements: (circle all that apply)

No assistance Some assistance Food needs to be cut Diabetic diet Gluten-free diet Lactose Intolerant

Food Allergies Only (**what degree/reaction**): _____

Does the camper have any special dietary requirements? _____

List all specialized equipment that will be brought to camp _____

EMERGENCY MEDICAL INFORMATION

This is in **addition** to the medical form from your doctor.

INSURANCE INFORMATION:

(Application cannot be accepted until all information is completed in this area)

PLEASE ATTACH A COPY OF INSURANCE/MEDICAID/MEDICARE CARD

Health Insurance Company (if no insurance, please write none) _____

Co. Address _____ Telephone _____

Policy # _____ Certificate # _____

Name of Insured _____ Company Name _____

Employer Contact: Name: _____ Telephone _____

Camper Name _____

PARENT/LEGAL GUARDIAN AGREEMENT

Please read carefully, sign below and return with camp application

I hereby give consent for the camper named above, to participate in all Colorado Lions Camp sponsored programs and supervised activities. I certify that the information on the application is true, accurate, and complete. CLC emphasizes safety first; however, participation in CLC programs has inherent risks that may result in injury.

I do hereby agree to indemnify and hold the Colorado Lions Camp and its agents, servants and/or employees harmless from any and all damages, claims, expenses or costs of whatever nature, causes of action, suits and liability of every kind including attorney fees, for injury to or death of my camper, or for damage or loss to any property, arising out of or in connection with my camper's use or occupancy of the premises or participation in the Colorado Lions Camp programs, except where such injuries, death, damages or loss are caused in whole or in part by negligence of the Colorado Lions Camp, or joint negligence of the Colorado Lions Camp and any other person or entity employed by the Colorado Lions Camp.

I understand that the program will include not only normal activities conducted on the campgrounds, but also opportunities for off-site activities that will require transportation to and from camp as well as trips that will involve walking/hiking away from camp.

PUBLICITY RELEASE

Colorado Lions Camp uses photographs, images or recordings of campers for publication in brochures, email, website and various other media to promote services or to recruit volunteers and staff. The camper named above **MAY be included** in these promotional materials unless you contact the camp directly.

AUTHORIZATION FOR CARE

I hereby grant permission to all physicians, nurses, and hospitals and their authorized employees to render routine medical care deemed necessary for my camper. We desire notification at a telephone number, which we agree to supply, or other appropriate means, of any such emergency or other circumstances likely to have an adverse effect upon our camper's health, including notification of any emergency treatment.

MEDICAL REPONSIBILITY

I understand that regardless of my assigned insurance benefits, I am responsible for total charges in consideration for services rendered. CLC cannot assume responsibility for any medical expenses that may occur if medical care must be sought.

RELEASE OF INFORMATION

I authorize release of any medical information requested by representatives of local, state or federal agencies, insurance companies or other organizations as may be required for payment of claims.

ASSIGNMENT OF BENEFITS

If a Medicare patient, I certify that the information given by me in applying for payment under TITLE XVII of the Social Security Act is correct. I request the payment of authorized benefits be made in my behalf.

NOTICE OF PRIVACY

In accordance with the Health Insurance Portability and Accountability Act (HIPPA) of 1996, clients of Colorado Lions Camp are entitled to the greatest degree of privacy possible. Colorado Lions Camp will strive to ensure that client information is used only for the authorized purpose as agreed to by the client.

**REQUIRED – Signature of applicant, if legally represents self;
parent, legal guardian or authorized person**

Date



Colorado Lions Camp Phone (719) 687-2087
 PO Box 9043 Fax (719) 687-7435
 Woodland Park, CO 80866

FOR OFFICE USE ONLY: Date Rec'd _____ Session _____

coloradolionscamp@msn.com

Camp Physical Examination

This form must be completed and signed by a Licensed Physician NOT by parent or caregiver.

We request this form or a copy of a physical dated no later than **24 months** from your camp date be received in our office at least **TWO WEEKS** prior to scheduled camp session.

Name: _____ Date of Birth ____/____/____ Male ____ Female ____

Diagnosis: _____

Is any condition present, which may result in an emergency? Please describe: _____

Allergies (Drug/Food/Environmental): _____

EXAMINATION COMPLETED BY DOCTOR

Height:	Weight:	Mouth/Throat/Nose:
Pulse:	BP:	Temp:
Hearing Loss: NONE PARTIAL COMPLETE Hearing Aids Worn? Cochlear Implant?		Neck/Thyroid & Lymph Sys:
Vision Loss: NONE PARTIAL COMPLETE Glasses Worn? Contacts Worn?		Nervous System/Reflexes/Gait/Sensations:
		Bringing to camp: CPAP or Oxygen (CIRCLE) DAY NIGHT (CIRCLE)
Cardiac:	GI Distress - upper - lower (please specify)	
Lungs:	Headaches:	
Abdomen:	Bedwetting:	
Musculoskeletal:	Incontinence – Urinary - Fecal (please specify)	
Back/Spine:	Respiratory/Asthma/Emphysema (please specify)	
Skin:	Sleep Apnea/COPD:	
Diabetic:	Insulin: YES NO	Seizures: Type:
Frequency of glucose monitoring:		Frequency: Last:
Mobility	Uses: WALKER CANE WHEELCHAIR	

PREVIOUS ILLNESS (give age when these occurred): Chicken Pox _____ Measles _____ Mumps _____ MRSA _____ Shingles/Herpes _____ Strep Throat _____ Hepatitis _____ Frequent UTI _____ Frequent URI _____ Chronic Cough _____ High BP _____ Other _____
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IMMUNIZATION HISTORY Please give dates (month/year) of immunizations and most recent booster dates: (DPT) _____ MMR _____ Polio _____ Smallpox _____ Influenza _____ TB Test _____ Hepatitis b series _____ Tetanus _____ Type _____ (REQUIRED) *Campers ages 8-21 must attach copy of current immunization record. If records are unavailable, please send statement to that effect. Statement "up-to-date" not acceptable.

QUESTIONNAIRE

Is camper free from communicable diseases? YES/NO If no, please describe: _____

How would you access the applicant's current health? GOOD FAIR POOR

Has the applicant been hospitalized or treated in the emergency room in the last year? YES NO
 If yes, please explain. _____

Is the applicant a carrier of Hepatitis B or C has he/she been exposed to Hepatitis B or C? YES NO

Are there medical reasons to limit or restrict this individual from participating in the following camp activities: swimming, horseback riding, supervised ropes course, hiking, and archery? _____ Any limitations? _____

Is this applicant on medication? YES NO (Please see back of form)

