

2024 Camp F.L.E.A.

Family Life Enrichment Adventure

Registration Form

Camper's Name: _____ Date of Birth: _____ Boy

Would Camper require bus transportation from Towanda or Dushore? _____ Girl

Camper's T-Shirt Size: Youth – S _____ M _____ L _____

Adult – S _____ M _____ L _____ XL _____

Caretaker Name: _____

Relationship to camper: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone#: _____ Cell Phone #: _____

Place of Employment: _____

City: _____ State: _____ Zip: _____

Work Phone #: _____ Work Schedule during week of camp: _____

Caretaker Name: _____

Relationship to camper: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone #: _____ Cell Phone #: _____

Place of Employment: _____

City: _____ State: _____ Zip: _____

Work Phone #: _____ Work Schedule during week of camp: _____

Caretaker with Custody: _____

Are there any PFA's in affect that pertain to this child? ___ No ___ Yes

(If yes, please attach a copy of the PFA to this application)

Does Your Camper wish to participate in the OVERNIGHT CAMP experience?

Yes No Maybe

2024 CAMP F.L.E.A
CHILD PICK-UP/RELEASE FORM

Camper's Name: _____

A parent or guardian must authorize at least one individual(s) to pick their child up from Camp.

I, _____ authorize the following individuals to pickup my child from Camp F.L.E.A. Please list all people, including yourself, who are allowed to pickup your child.

Name: _____ Phone#: _____

Relationship to your child: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone#: _____

Relationship to your child: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone#: _____

Relationship to your child: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone#: _____

Relationship to your child: _____

Address: _____

City: _____ State: _____ Zip: _____

Please list all people who are NOT allowed to pickup your child.

Name: _____ Phone#: _____

Relationship to your child: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone#: _____

Relationship to your child: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature of Parent/Guardian: _____ Date: _____

2024 CAMP F.L.E.A
IN CASE OF EMERGENCY

Camper's Name: _____

Notify: _____ Phone #: _____

Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Notify: _____ Phone #: _____

Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY AUTHORIZATION: I understand that first aid will be available at the camp, that the campers will be closely supervised, and that if a serious illness or injury develops, medical and/or hospital care will be given. However, the Camp F.L.E.A. staff is not responsible in case of accidental injury or illness. I hereby give my consent to the Camp F.L.E.A. staff presently caring for my child _____, to obtain emergency medical care which is necessary to preserve his or her life or prevent permanent impairment of his or her health in case time does not permit obtaining my personal consent to these procedures.

Parent/Guardian Signature:  Date: _____

2024 CAMP F.L.E.A
OTHER SERVICES

Camper's Name: _____

Does your child have a Children & Youth caseworker? Yes No

If applicable the worker's name: _____

Does your child have Juvenile Probation Officer? Yes No

If applicable the probation officer's name: _____

Does your child receive mental health services? Yes No

If yes, what type of services do they receive:

- Individual Outpatient
- Family Based
- Other _____
- Partial
- Wrap-Around/TSS
- Mobile Therapist

Name of agency that provides mental health services for your child. _____

Name of mental health professional working with your child: _____

Agency Phone Number: _____ Cell Phone: _____

I give consent for Camp F.L.E.A. staff to contact my child's mental health service provider, _____, to discuss the minimally necessary information in case my child experiences a mental health emergency.

Parent/Guardian Signature:  Date: _____

2024 CAMP F.L.E.A.
PHOTO AUTHORIZATION

Camper's Name: _____

Occasionally pictures, newspaper articles or videos are taken of campers during activities at CAMP F.L.E.A. These are shown to other program participants, parents and community groups to help explain CAMP F.L.E.A. Articles and pictures may appear in local newspapers.

I, _____ parent/guardian of _____

Do Not
Object

Object

_____ Photo/Video for the presentation at end of Camp

_____ Newspaper Articles

_____ Camp F.L.E.A. brochure

_____ Online/Social/Print Media

Parent/Guardian Signature:  Date: _____

CAMP F.L.E.A. 2024
MEDICATION AUTHORIZATION

Administration of Over-the-Counter Medication:

I hereby authorize Camp F.L.E.A. medical staff to administer over-the-counter medication if necessary. This includes, but is not limited to Tylenol (headache, fever), Advil (cramps, aches), Pepto-Bismol (upset stomach, nausea) and Benadryl (allergies).

Is the camper allergic to any of the above over-the-counter medications: _____ Yes _____ No

If yes, please specify: _____

Authorization for administration of medications:

I give my consent for medication to be administered to my child per the Licensed Medical Practitioner's instructions on my child's physical statement.

Parent/Guardian Signature: **Date:** _____

2024 CAMP F.L.E.A.

CAMPER PHYSICAL STATEMENT

Camper's Name: _____

Immunization History:

Are basic immunizations up to date: ___ Yes ___ No

Date of last tetanus vaccination: _____

Medical Conditions:

Please check the box if the child has any of the following medical conditions. Please explain any additional information that is necessary.

Allergies (specify all types of food or plant): _____

Child has Epi-Pen for above stated allergies

Asthma _____

Bed Wetting _____

Bleeding/Clotting Disorders _____

Diabetes _____

Dislocations or Strains _____

Ear Infection or Tubes in Ears _____

Epilepsy or Convulsions _____

Heart Condition _____

Hernia _____

Other (Please specify.) _____

Does camper use any of the items listed below?

Glasses/Contacts _____

Hearing aids _____

Teeth (braces, partials) _____

Other (Specify) _____

Are there any physical activities that the camper should NOT participate in? ___ Yes ___ No

If yes, please explain: _____

CAMPER PHYSICAL STATEMENT

Camper's Name: _____

Does the camper have any dietary restrictions or allergies? Yes No

If yes, please explain: _____

Medication:

Please have your Licensed Medical Practitioner fill out any medication that your child is taking. Please include current immunization record (if available).

Medication: _____ Prescription
 Dosage Instructions _____ Over the Counter
 Purpose of Medication _____
 Side Effects of Medication: _____

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2024 CAMP F.L.E.A.
CLOTHING REQUIREMENTS

We would like to ensure that all campers have appropriate clothing for hiking and outdoor activities. Listed below are items the camper needs to wear or bring with them. (For Campers who choose to also participate in the Overnight Camp Out Experience an additional packing list will be provided.)

Sneakers or hiking shoes that fit properly and tie - REQUIRED!

Socks (we don't want them to get blisters from hiking without socks) – REQUIRED!

Flip Flops or Crocs are only allowed for going to swimming area not allowed during hiking and other activities

Shorts or pants that they can comfortably move in

One piece swimming suit for girls

Swimming trunks for boys

Towel for swimming

Extra set of shorts or pants (just in case they get wet)

Hood shirt or sweatshirt in case it is cold

Also, in case a camper doesn't have what they need we will make sure they have the appropriate clothes and shoes.

Does your child have sneakers or hiking shoes that fit and tie? _____ Yes _____ No

If not, what size do, they wear? _____

Does your child have socks? _____ Yes _____ No

Does your child have flip flops or Crocs for swimming _____ Yes _____ No

If not, what size do, they wear? _____

Does your child have an extra set of shorts or pants? _____ Yes _____ No

If not what size clothes do they wear? _____

Does your child have a swimming suit? _____ Yes _____ No

If not, what size do, they wear? _____

Does your child have a towel for swimming? _____ Yes _____ No

Does your child have a hood shirt or sweatshirt? _____ Yes _____ No

If not, what size do, they wear? _____

