



## Haven Camps Confidential Form - 2022

6420 Pillmore Drive  
 Rome, NY 13440  
 Phone: 315-336-7210  
 Fax: 315-338-0909  
 Email: office@deltalake.org

ALL PAGES MUST BE COMPLETED AND RETURNED AT  
 LEAST TWO WEEKS PRIOR TO CAMP SESSION.  
 PLEASE FILL OUT EVERY PAGE COMPLETELY.

Applicant's name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Gender: M / F Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State & Zip Code: \_\_\_\_\_  
 Camper's Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Primary Home Caregiver Name \_\_\_\_\_  
 Primary diagnosis: \_\_\_\_\_  
 Preferred Roommate Name (private rooms not available): \_\_\_\_\_  
 First time at Haven Camp? \_\_\_\_\_ yes \_\_\_\_\_ no Camper needs downstairs room? \_\_\_\_\_ yes \_\_\_\_\_ no  
 NOTE: **EMERGENCY PHONE NUMBERS MUST BE DIFFERENT** FROM THE HOME PHONE LISTED ABOVE.  
**Contact person must be available at all times during camp session to pick camper up if necessary.**  
 Emergency contact person: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Emergency contact person: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Name of person completing registration forms: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**Picture Permission:**  
 Pictures of campers are taken for the campers to bring home a memento of their week at camp. At times, those pictures are used for promotional use. Please, check the appropriate box.  
 I do give my permission       I do not give my permission  
 Camper or Caregiver Signature: \_\_\_\_\_

OFFICE USE ONLY: Invoice sent (date) \_\_\_\_\_ Confirmation sent (date) \_\_\_\_\_

Records sent to nurse (date) \_\_\_\_\_ SprH H1 H2 H2.5 H3 H4 SepH HH FH WH



Camper's Name: \_\_\_\_\_

## HAVEN CAMPS SCHEDULE - 2022

**Which weeks/weekends will you be attending? Please check all the boxes that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Haven 1 June 6-10<br><input type="checkbox"/> Haven 2 June 13-17<br><input type="checkbox"/> ***Haven 2.5 June 20-24<br><input type="checkbox"/> ***Haven 3 July 25-29<br><input type="checkbox"/> Haven 4 August 1-5 | <input type="checkbox"/> Spring Haven April 1-3<br><input type="checkbox"/> ***September Haven Sept. 16-18<br><input type="checkbox"/> Harvest Haven October 14-16<br><input type="checkbox"/> Fall Haven November 4-6<br><input type="checkbox"/> Winter Haven December 2-4 |
|--|--|

(\*\*\*)special requirements for these camps - call office for details)

## HAVEN CAMPS PRICE LIST - 2022

**Please make checks payable to : Haven Camps, Inc. Thank you!**

Haven Weeks - \$600 (Monday-Friday)

Haven Weekends - \$325 (Friday night-Sunday lunch)

**\*\*\*HAVEN MEDS need to be in their original packages. Blister packs are OK.\*\*\***

## HAVEN CAMPS PACKING LIST

### Spending money

- \_\_\_\_\_ \$20/weekend, \$30/week suggested  
**Please have this available at registration  
 to deposit in the camper bank.**

### Linens

- \_\_\_\_\_ Towels, washcloths  
 \_\_\_\_\_ Laundry bag (plastic garbage bag)  
 \_\_\_\_\_ Pillow, twin sheet set, blanket  
**(NO SLEEPING BAGS, PLEASE)**

### Outerwear

- \_\_\_\_\_ Jacket/sweatshirt  
 \_\_\_\_\_ Rain gear/hat/gloves

### Personal care items

- \_\_\_\_\_ Toothbrush, toothpaste, denture cup  
 \_\_\_\_\_ Soap, shampoo, comb  
 \_\_\_\_\_ Electric razor  
 \_\_\_\_\_ Sanitary pads

### Clothing

- \_\_\_\_\_ Casual summer clothes (6-7 full sets)  
 \_\_\_\_\_ Lightweight pajamas (2-3 sets)  
 \_\_\_\_\_ Undergarments (6 sets)  
 \_\_\_\_\_ Swimsuit  
 \_\_\_\_\_ Optional dressy clothes for banquet

### Footwear

- \_\_\_\_\_ Sneakers  
 \_\_\_\_\_ Walking shoes  
 \_\_\_\_\_ Water shoes (for campers who swim)

Camper's Name: \_\_\_\_\_

2022

**Self-care information:** Please remember to attach a copy of health insurance cards.

Please check the box which most fits the applicant's level for each area. If not independent please explain everything.

1. Eating  Independent, no modifications  Needs food cut  Needs food ground

**PLEASE ATTACH EATING ASSESSMENT. HAVEN CAMP DOES NOT PROVIDE ANY ADAPTIVE EQUIPMENT (i.e. built-up handled spoons, nose cups, etc.).**

EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

2. Dressing:  Independent  Needs verbal cues  Needs physical help

EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

3. Bathing:  Independent  Needs verbal cues  Needs physical help

EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

4. Toileting:  Independent  Needs verbal cues  Needs physical help  Wears Attends

EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

5. Walking:  Independent  Cane  Needs a walker  Needs a wheelchair

**HAVEN CAMP DOES NOT PROVIDE ANY MEDICAL EQUIPMENT.**

EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

6. Communication :  Verbal  Non-verbal  Signing  Foreign language

EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

7. Sleep Habits:  Needs to be awakened to use the bathroom  Sleeps with night light  Tends to wander if awakened  
 Disturbs roommate

Usual bedtime? \_\_\_\_\_

8. Corrective Lenses: Yes \_\_\_\_\_ No \_\_\_\_\_ Hearing Aid: Yes \_\_\_\_\_ No \_\_\_\_\_ Dentures: Yes \_\_\_\_\_ No \_\_\_\_\_

Camper's Name: \_\_\_\_\_

2022

**Other helpful information:**

Does this camper swim?             NO     YES

Comments: \_\_\_\_\_  
\_\_\_\_\_

If they pass our swim test can they go water tubing?    NO     YES      Water skiing?    NO     YES

Has there been a history of aggressive behavior?    NO     YES

**PLEASE ATTACH BEHAVIOR PLAN AND IPOP (INDIVIDUAL PLAN OF PROTECTION).**

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pointers to help de-escalate the situation if this camper becomes agitated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does this camper like to do in his/her free time? (likes, dislikes, hobbies, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*Return the registration form with the health information forms, copy of insurance cards, & the registration fee.\*\*\* Campers will not be accepted without this form.**

**Signature (required):**

I verify that pages 1-4 are complete and accurate. I will bring any changes to the attention of Haven Camps office/staff prior to the camper's arrival.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Haven Health History Form – 2022

**PLEASE DO NOT WRITE "SEE ATTACHED." THIS FORM NEEDS TO BE COMPLETED FOR THE USE OF OUR COUNSELORS.**

Camper's Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Immunizations & Tests:** Date of last tetanus vaccine \_\_\_\_\_

**Recent History:** Has this camper had any recent illness, injury, surgery or exposure to infectious disease? YES / NO If yes, explain \_\_\_\_\_

Does this camper have:	✓ YES	✓ NO	If yes, give specifics
Allergies			
Diabetes			
Cardiac condition			
History of seizures			
Asthma/other respiratory			
CPAP machine			
Corrective footwear			
Corrective Prosthesis			
Special Adaptive device			
Medical restrictions			
Does camper smoke?			How much per day?

**Please remember to attach a copy of health insurance cards.**

Please give any other information that could help the nursing staff to understand the needs of this camper while at camp:

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# Required Haven Medication Orders Form - 2022

Camper's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

All medication must be brought to camp in original container or blister packs with label. DO NOT pre-pour medication. Copies of current prescriptions will be accepted in place of MD signature when attached to this **COMPLETED FORM** (MARS do not qualify unless signed by a doctor). Please attach copies of insurance cards.

	Medication Name	Dosage	Frequency	Route	√ Times to be given at camp				
					8A	12N	4P	HS	PRN
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

**Haven Camp has a supply of the following over-the-counter medications.  
Circle "yes" or "no" for each medication that may be given to the camper.**

Ibuprofen 200 mg	As per label	For pain/fever	YES / NO
Acetaminophen 325 mg	As per label	For pain/fever	YES / NO
Maalox liquid	As per label	For stomach upset	YES / NO
Triple antibiotic ointment	As per label	For minor abrasions/lacerations	YES / NO

Physician's Signature \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Print Physician's Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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