



Haven Camps Confidential Form - 2021

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

Applicant's name: _____

Age: _____ Gender: M / F Date of Birth: _____ / _____ / _____

Street Address: _____

City, State & Zip Code: _____

Home Phone: (_____) _____ - _____ Fax Number: (_____) _____ - _____

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: _____

If we have additional questions regarding this form, who should we contact?

Name: _____ Phone: _____

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) _____ H1 H2.5 H3 H4 Summer H



Camper's Name: _____

HAVEN CAMPS SCHEDULE - 2021

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

Haven Weeks

___ Haven 1 Monday - Friday, June 21-25

___ *Haven 2.5 Monday - Thursday, June 28-July 1

*(special qualifications for Haven 2.5 - call office for details)

___ Haven 3 Monday - Friday, July 19-23

___ Haven 4 Monday - Friday, August 2-6

Haven Weekends

___ Summer Haven July 30-August 1

HAVEN CAMPS PRICE LIST - 2021

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

Haven 1, 3, & 4 - \$500

Haven 2.5 - \$425

Summer Haven weekend - \$300

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

HAVEN CAMPS PACKING LIST

Spending money

___ \$15/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

Camper's Name: _____

2021

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. DELTA LAKE 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

DELTA LAKE 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: _____

2021

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 - 2021

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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Haven Medication Orders Form - 2021

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**. Please remember to attach a copy of health 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 OTC medications.

Circle the ones that may be given to this camper while attending camp.

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 ____/____/____