



Camp Joy Belize
 campjoybelize@gmail.com
 P.O. Box 464, Belmopan, Belize
 +501-625-0569

www.campjoybz.org



JESUS.OTHERS.YOU

Camp Dates: July 1st - 5th 2020
Baptist Training Camp
Camalote Village

RETURNING CAMPER Information Form

Camper Information:

Camper's Name _____ Nickname _____
 Camper's age _____ Date of Birth (DD/MM/YY) ____/____/____ Sex: ___M___F
 Home Phone _____ Cell Phone _____ E-mail _____
 School or Center Camper attends: _____

Parent/Guardian information:

Name: _____ Occupation _____ Cell Phone _____
 Home Phone _____ E-mail: _____
 Address _____
 _____ Street _____ City _____ District _____

Camper T-shirt Size: Small Medium Large X-Large 2X-Large Other: _____

Equipment

Does the camper use any of the following equipment?

_____ Glasses: _____ for reading only _____ at all times _____ other: _____
 _____ Hearing Aide: _____ Left _____ Right _____ Both
 _____ Speech Output Device
 _____ Communication board/book
 _____ Walker
 _____ AFOs/Braces
 _____ Prosthesis
 _____ Crutches/Cane
 _____ Wheelchair: ___ Manual/___ Power _____ at all times/___ for long distances
 _____ self-propel/___ assisted
 _____ Shower Chair
Other: _____



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Parent/Guardian Assessment:

Disability/Diagnosis/Handicap:

Is there a secondary disability? If so, describe:

Approximate Mental/Social Age

Does the camper have seizures? ___ No ___ YES If yes, Type: _____

Duration: _____ Frequency: _____ Date of last seizure: _____

Has anything changed from last year camp that we should take into consideration this year at camp?

Behavior

Has anything changed in their behavior since they were at Camp Last Year?

Are there any Camp Activities your child should not participate in?:

Reason: _____



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AUTHORIZATION RELEASE (please check if YES)

_____ My child has permission to **pet** horses. _____ My child has permission to **ride** horses.

_____ My child has permission to swim and play in the pool.

I authorize/give permission to Camp Joy Belize/ International Partners to release the name of my child or photos/videos of my child to promote services for persons with disabilities and Camp Joy to newspapers, radio stations, television, websites and other media outlets, including but not limited to Facebook. I give permission for my child to be transported in a private/church/camp vehicle as needed.

In case of medical emergency, I understand every effort will be made to contact parents/guardians. In the event the parent/guardian cannot be reached, I hereby give permission to the physician selected by Camp Joy Director to secure proper treatment, to hospitalize, order injections, anesthesia &/or surgery for my child as needed. I also affirm that the medical information submitted in this application is both complete and correct.

Camper's Name _____ Date _____

Guardian/Parent Name _____ Signature _____

Camper Medication/Health Information

Over the Counter medicines

I give permission to administer to my child, as necessary, any "over-the-counter" medicines (Including: Antibiotic Creams/Ointments/Sprays, Band-Aids, Ear Drops, Eyes Drops, Bug Spray, Tylenol, Cough Drops, Tums, Cough Medicine, etc.)

_____ You have my permission to administer any "over the counter medicines" as necessary.

Guardian/Parent Name _____ Signature _____



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Allergies

_____ Camper does not have any known allergies (Please initial here _____)

Allergy	Reaction	Treatment

I hereby certify that this medicine record and health history for _____ (*Camper's name*) is correct and true to the best of my knowledge, and I give permission for this camper to engage in all camp activities except as noted.

Parent/Guardian Signature _____ Printed name _____

Relationship to Camper _____ Date: _____



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