

Founded in 1927 by  
Rev. Walter Thorpe



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### Camper Application 2016

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail \_\_\_\_\_

**Camper Lives with:**

Name: \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Telephone \_\_\_\_\_

What is your relationship to the camper? \_\_\_\_\_

**Legal Guardian:**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

**Physician:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**Agency Contact: (Mental Health, SRS, School, Other)**

Name \_\_\_\_\_ Agency \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Has the applicant attended Camp Thorpe before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

**Insurance:** Medicare No. \_\_\_\_\_

Medicaid No. \_\_\_\_\_

Other \_\_\_\_\_

**Health Information**

Please describe current health problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Heart or Blood Pressure Problems: \_\_\_\_\_

Respiratory Problems: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Skin Problems: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Seizure Disorder? \_\_\_\_\_ Yes \_\_\_\_\_ No Controlled? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type: \_\_\_\_\_ Grand Mal \_\_\_\_\_ Petit Mal \_\_\_\_\_ Psychomotor

Frequency: \_\_\_\_\_

Does camper usually run a normal temperature? \_\_\_\_\_

Sun Sensitive: \_\_\_\_\_

Bug Sensitive: \_\_\_\_\_

Significant past medical histories \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medications and Treatments (Dosage and Time of Administration)**

\_\_\_\_\_

\_\_\_\_\_

Problem taking medications? \_\_\_\_\_

Special way to give medications? \_\_\_\_\_

**Physical Challenges** (Indicate any that describe camper)

\_\_\_\_\_ Cerebral Palsy

\_\_\_\_\_ Spina Bifida

\_\_\_\_\_ Muscular Dystrophy

\_\_\_\_\_ Quadraplegia

\_\_\_\_\_ Paraplegia

\_\_\_\_\_ Ambulatory

\_\_\_\_\_ Uses Wheelchair

\_\_\_\_\_ Uses Crutches

\_\_\_\_\_ Walks with Assistance

\_\_\_\_\_ Other \_\_\_\_\_

**Mental Challenges** (Indicate any that describe camper)

\_\_\_\_\_ Developmentally Delayed  
   \_\_\_ Mild            \_\_\_ Moderate            \_\_\_ Severe

\_\_\_\_\_ Autism  
   \_\_\_ Mild            \_\_\_ Moderate            \_\_\_ Severe

\_\_\_\_\_ Emotional Behavioral Needs  
   \_\_\_ Mild            \_\_\_ Moderate            \_\_\_ Severe

\_\_\_\_\_ History of \_\_\_\_\_ physical, \_\_\_\_\_ mental,  
   or \_\_\_\_\_ sexual abuse

\_\_\_\_\_ Down's Syndrome            \_\_\_ Other \_\_\_\_\_

**Hearing**

\_\_\_\_\_ "Normal" Hearing    \_\_\_\_\_ Functional Hearing

\_\_\_\_\_ Hard of Hearing    \_\_\_\_\_ Deaf

**Vision**

\_\_\_\_\_ "Normal" Vision    \_\_\_\_\_ Functional Vision

\_\_\_\_\_ Legally Blind    \_\_\_\_\_ Blind

**Communication**

\_\_\_\_\_ Uses Speech    \_\_\_\_\_ Understands Speech

\_\_\_\_\_ Uses Sign Language    \_\_\_\_\_ Understands Signs

\_\_\_\_\_ Uses Adaptive Communication Device

What is the best way to communicate with the camper?

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**Behavioral Challenges** (Indicate any that describe camper)

\_\_\_\_\_ Aggressions toward people    \_\_\_\_\_ Tantrums

\_\_\_\_\_ Aggressions toward objects    \_\_\_\_\_ Self Injury

\_\_\_\_\_ Hyperactive    \_\_\_\_\_ Manipulative

\_\_\_\_\_ Non-Compliance    \_\_\_\_\_ Swears

\_\_\_\_\_ Poor Peer Relations    \_\_\_\_\_ Withdrawn

\_\_\_\_\_ Inappropriate Sexual Behavior

Others \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is the most effective way of managing the camper's behavioral challenges?

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Does camper have specific behavioral procedures followed at home, school or day program? \_\_\_\_\_

If yes, please describe (Use additional pages if necessary)

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What are the camper's preferred activities and reinforcement?

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Daily Living Skills

	Independent	Needs Help	Needs Total Care
Dressing			
Bathing			
Hygiene			
Toileting			
Eating			
Bedmaking			
Clothing Care			

Does camper wet the bed? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

Please use this space for additional information that will help us better serve your camper.

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If necessary, can your camper receive the following over-the-counter medications while at camp?

Please check if yes

_____ Tylenol	_____ Advil
_____ Benadryl	_____ Sudafed
_____ Robitussin (cough)	_____ Pepto Bismol
_____ Kaopectate (anti-diarrheal)	_____ Milk of Magnesia
_____ Tums	_____ Visine

During the course of the upcoming camping season one of the activities will involve campers making both a campus collage of pictures, as well as a more individual cabin collage of pictures. In order for this to be successful, we would like your permission to have your camper take part in an activity. Signing the statement that follows is an indication that you are aware of and give permission for your camper to appear in pictures that go home with other campers and that your camper has permission to appear in a camp-wide collage.

_____	_____
Parent/Guardian	Date

**Session Information**

Applying for Session(s) # \_\_\_\_\_

**Dates & Rates**

Session 1: Sunday June 19 - Friday July 1	\$900 ages 21 and Over	\$800 Under 21
Session 2: Sunday July 3 - Friday July 15	\$900 ages 21 and Over	\$800 Under 21
Session 3: Sunday July 17 - Friday July 29	\$900 ages 21 and Over	\$800 Under 21
Session 4: Sunday July 31 - Saturday August 6	\$550 ages 21 and Over	\$500 Under 21

The tuition is due in full on or before the opening day of the session.

\* A limited number of camperships are available upon request

If you would be willing to have your camper appear in a Camp Thorpe brochure or video that might result from videos or pictures taken during this camping season, and which would be used only for the purpose of promoting Camp Thorpe, please sign below.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Another activity that occurs each year is tye dying. Campers have the option of tye dying one of the following items.

Please indicate your preference.

\_\_\_\_\_ a Camp Thorpe shirt (may be purchased at check-in time)

\_\_\_\_\_ a shirt brought from home

\_\_\_\_\_ Cloth provided by Camp

### Medical Release

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

Camper's Social Security Number \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Who knows how to get in touch with you?

Name	Telephone
_____	_____
_____	_____
_____	_____

### Certification and Permission

I certify that I am \_\_\_\_\_'s Legal Guardian.  
(camper's name)

I give permission to Camp Thorpe to secure medical treatment in case of an emergency.

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

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