

world's greatest camp application

Please complete EVERYTHING

Family Last Name _____ **How many** will be coming to camp? _____
Street _____ Family E-mail _____
City _____ State _____ Zip _____ Phone (_____) _____
Parent(s)/Guardian(s) living at above address (full names please) _____
_____ Cell Ph. (_____) _____

Please list name, sex, and birthdates of **all immediate family members ATTENDING camp. Patient, siblings, and parents only!!**

Name _____ M _ F _ DOB _____ Name _____ M _ F _ DOB _____
Name _____ M _ F _ DOB _____ Name _____ M _ F _ DOB _____
Name _____ M _ F _ DOB _____ Name _____ M _ F _ DOB _____
Name _____ M _ F _ DOB _____ Name _____ M _ F _ DOB _____

Person to contact in case of emergency _____ Home Phone (_____) _____
Relationship to child _____ Business Phone (_____) _____

IMPORTANT INFORMATION

Have children attended a World's Greatest Camp? _____
Describe any unusual bedtime and sleep habits (bedwetting, sleepwalking...) _____
Describe any physical handicaps and special needs _____
Does anyone use any special equipment such as a walker, crutches, wheelchair, or prosthesis? _____
Describe _____
Is there anything we should know that would make your family's camp experience more enjoyable? _____
Additional information counselor needs to know _____

*****PATIENT MEDICAL INFORMATION*** (if there are siblings with special requirements, please copy & include)**

Medical diagnosis _____ Date diagnosed _____
Date of last therapy _____
List current medications your child is taking at home _____
Does child have a central catheter (broviac)? _____
Allergies? _____
Dietary restrictions and/or special foods _____
Most recent blood count (must be taken within four weeks of camp if applicable)
Date _____ H/H _____ WBC _____
Diff _____ Platelets _____
Physician _____ Hospital _____ Phone(_____) _____

(We must have your doctor's name, hospital, and phone number on this application!)

TRANSPORTATION

It is expected that **all children (age 4 and up) will be traveling by bus** to camp. Since parking is limited at camp, car-pooling will be arranged for parents just prior to departure. If you will need to car-pool, check here _____

PLEASE NOTE:

If anyone on this application requires a vegetarian diet, list names here _____
If anyone on this application is unable to swim, list names here _____
If you (Parents) are *not* planning on sleeping in a camp bed, please indicate here, and who _____

FOR THIS APPLICATION TO BE COMPLETE, THIS ENTIRE APPLICATION MUST BE FILLED OUT & SIGNED!!
Mail completed form to: OCFOCF c/o Brenda Hohnstein 512 E. Jefferson Ave. Orange, CA. 92866