CRISTO VIVE CAMP APPLICATION FORM

Cristo Vive International, 108 Sierra Heights St., Soldotna, AK 99669
Phone: 907-252-2558 email: gene@cristovive.net online: cristovive.net,

DATES OF CAMP _____/_____/_____ --_____/_____/_____

I. IDENTIFYING INFORMATION

Applicant's Full Name: _____ Phone #_____
Street Address _____County_____
City _____ State _____ Zip Code _____

Sex: M / F Height:_____ Weight: _____ Date of Birth _____ Age:_____
Is the applicant attending school? YES/ NO Grade Level: _____

Parent/Guardian: _____ Phone # _____
Street Address _____County_____
City _____ State _____ Zip Code _____
Parent Email:_____
Place of Employment: _____ Phone # _____
Additional Emergency Phone # _____ #_____

Agency/Facility Serving Applicant:_____
Street Address _____County_____
City _____ State _____ Zip Code_____

HAS THE APPLICANT ATTENDED A CRISTO VIVE CAMP BEFORE? YES / NO

II. PERSONAL INFORMATION:

- Please describe the applicant's disability, and the extent / degree of that disability.

_____
_____
_____
_____
_____
_____

III. FINANCIAL ARRANGEMENTS:

Who will be responsible for payment of the camp fee?
Name: _____ Phone _____
Street Address _____Country_____
City _____ State _____ Zip Code _____

IV. **MOBILITY & EQUIPMENT:** (Please check all that apply)

❑ Normal Walking	❑ Cane(s)	❑ Walker
❑ Slow Walking	❑ Crutches	❑ Hoyer Lift
❑ Unsteady Walking	❑ Braces	❑ Legs bear weight
❑ No Walking	❑ Wheelchair-manual	❑ Wheelchair-electric

- Please describe the best way to transfer the applicant from a wheelchair:

  _____
  _____
  _____

V. **COMMUNICATION:** (Please check all that apply)

❑ Normal Speech	❑ No Speech	❑ Sign Language
❑ Impaired Speech	❑ Comm. Board	❑ Hearing Aids

- Please identify any important word substitutes or sounds used by applicant:

  _____
  _____
  _____
  _____

VI. **SLEEPING ARRANGEMENTS:** (Please check all that apply)

❑ Sleeps well	❑ Prone to bad dreams	❑ Wets bed often	❑ Bipap used

- List any other sleeping information/concerns:

  _____
  _____
  _____

VII. **EATING:** (Please check all that apply)

❑ Independent	❑ Trouble Swallowing	❑ Good Appetite
❑ Needs Assistance	❑ Uses a straw	❑ Normal Appetite
❑ Needs to fed	❑ Needs food cut up	❑ Poor Appetite

Please describe any:

Adaptive eating equipment:

_____
_____

Food allergies:

_____
_____
_____

Does applicant have **Diabetes Mellitus**? YES/NO If YES, please specify type.

❑ Insulin dependant (please pack glucose monitor)	❑ Non-Insulin dependant

Specify dietary restrictions:

_____
_____
_____

VIII. APPLICANT PERSONAL CARE & HYGIENE: (Please check all that apply)

TASKS	No Help Needed	Needs Help	Total Care	Additional Comments
Dressing				
Showering				
Wash Hands				
Brush Teeth				
Toileting				

- Other personal care information:

_____
_____
_____
_____

IX. PERSONALITY & BEHAVIOR INFORMATION: (Please check all that apply)

❑ Sociable	❑ Friendly	❑ Cooperative	❑ Helpful
❑ Sensitive	❑ Aggressive	❑ Self-Abusive	❑ Withdrawn
❑ Homesickness	❑ Bad Temper	❑ Shy	❑ Complains

- Please explain any of the above. Describe any other unusual behavior & behavior modification techniques:

_____
_____
_____
_____

X. PROGRAM INFORMATION:

- What kind of activities does the applicant enjoy?_____
  _____
  _____
- What kind of activities does the applicant NOT enjoy? _____
  _____
  _____
- Please list any general concerns about applicant's participation in camp activities:_____
  _____
  _____
  _____

XI. MEDICAL INFORMATION:

Applicant's Physician's Name: _____
Clinic/Hospital: _____Phone # _____

Please include a copy of applicant's Medical Insurance card.

Illnesses Applicant <u>HAS</u> had: (Please check all that apply)

❑ Measles	❑ Chicken Pox	❑ Mumps
❑ Scarlet Fever	❑ Frequent Colds	❑ Sore Throat
❑ Ear Infections	❑ Fainting Spells	❑ Skin Rashes
❑ Heart Disease	❑ High Blood Pressure	❑ Breathing Problems

- Please explain any chronic or recurring illnesses, rashes, or infections:
  _____
  _____
  _____

Immunizations: (Please check all that apply & provide date of last booster)

❑ Tetanus/Diptheria date:	❑ Mumps date:	❑ Hepatitis A/B date:
❑ Rubella date:	❑ Polio date:	❑ Mantoux Test- TB date:

- Is the applicant an active TB carrier? YES/NO

- Is the applicant allergic to:

❑ Bee stings	❑ Poison Ivy	❑ Latex

If YES, please describe reaction & treatment:

_____
_____
_____

- Should the applicant avoid exertion due to heart or other health concerns? YES / NO

Seizures & Convulsions: Does the applicant have a history of seizures? YES / NO

If YES, please describe a typical seizure, medication, & precautions to reduce onset of seizure:

_____
_____
_____
_____
_____

MEDICATIONS
Please list all medications, dosage, frequency & reason taken:

_____
_____
_____
_____
_____
_____
_____

Please set up medications in pill boxes, or provide in labeled prescription bottles. Please supply an extra day's worth of each medication in the case that medication falls on the floor. Prescription and non-prescription medication will ONLY be dispensed by a licensed nurse.

- Please list any known drug allergies and resulting reaction:_____
_____
_____

XII. COMPLETION:

- This application *and* waiver must be completed & signed before submission. Incomplete applications will not be processed. We believe that the information you provide in ALL sections of this application is very important to a happy & safe camp experience for your child / youth. Thank you for your cooperation.

- Please include a copy of applicant's Medical Insurance card and applicant's medications.

- Please enclose your camp payment (payable to Cristo Vive International) with your application.

"I have completed the Cristo Vive Camp Application. The applicant has my permission to attend & participate in Cristo Vive Camp. Cristo Vive International has my authorization to use the designated Camp Physician/Nurse for emergency treatment for the applicant. Medical information may be released by the attending physician as given on this application."

Signature of Parent/Guardian _____
Date: _____

✉ **Please return this application form with payment to:**

Cristo Vive International
108 Sierra Heights St.
Soldotna, AK 99669

Cristo Vive International, 108 Sierra Heights St., Soldotna, AK 99669
Phone: 907-252-2558 email: gene@cristovive.net

AUTHORIZATION FOR MEDICAL ATTENTION, MINISTRY ACTIVITY AND WAIVER FOR LIABILITY/ MINORS

Authorization for emergency medical treatment for a minor child.

I, _____ residing at _____
(Guardians name-please print) (Complete address)
am the _____ of _____,
(Father/mother/legal guardian) (Child's full name)
_____ in the event all reasonable attempts to contact me at _____
(Age) (Phone #)
or _____ have been unsuccessful, I hereby give my consent to
(Phone #)
the Director, Cristo Vive International ministries or designated representative to (1) obtain emergency treatment (such as X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advise of a physician and surgeon licensed in the country of participation to practice such medical care, and (2) the transfer of the minor child to any hospital reasonably accessible. This authorization does not cover major surgery, unless the medical opinions of two other licensed physicians concur in the necessity of the surgery. I agree to release Cristo Vive International or any of it's designated representatives from all financial responsibility for any medical expense which may be incurred in the event such action needs to be taken as, I either have medical insurance or, I intend to furnish payment at my own expense.

Pertinent facts to which a physician should be alerted, IE: Allergies, Medication being taken; Physical impairments:

PERMISSION FOR A MINOR CHILD TO PARTICIPATE IN THE FOLLOWING ACTIVITIES AND MINISTRY

Travel to and participate in a camp activity for persons with a disability. The child will be a participant at the camp activities.. As a part of this ministry, the child will be conducting physical activity in a camp facility which will include activities such as horseback riding, swimming, running, ball playing, and other typical children's activities normally conducted at summer camps. The child will also be accompanying adults on various trips and activities outside of camp site.

Waiver for Liability. I hereby affirm that I am the lawful guardian, and give my consent for the minor named above to participate in the events described in the application accompanying this form with Cristo Vive International. I am acquainted with CVI ministries. I will not hold this ministry liable or responsible for any injury to my child beyond the limits of my insurance that may be in force and effect, and which provides coverage for injuries such as may happen. I acknowledge that no representations have been made to me about whether such coverage does or does not exist. In the event it does not exist, I understand that I am releasing Cristo Vive International, and any person officially connected with this event from any and all liability for any and all injuries, which my child may receive.

A photo copy of this authorization medical care shall be as valid as the original, and in effect until revoked in writing.

This signed release form signifies my agreement to all of the above:

____/_____/_____ _____ _____
(Date) (Signature) (Printed name of parent/legal guardian)

Note: Cristo Vive International requires a form for each minor child to be completed and signed by the minor's parent or legal guardian before participation with any event or activity associated with CVI. No minor will be allowed to travel to or participate in any of the ministry functions without having this form completed and signed and in the possession of a designated representative of Cristo Vive International. Thank you for your cooperation.

Cristo Vive International

108 Sierra Heights St. Soldotna,AK 99669/Tel:907-252-2558
e-mail gene@cristovive.net /www.cristovive.net

AUTHORIZATION FOR USE OF PHOTOS

I _____ DO / DO NOT give permission for
(name of parent/legal guardian) (circle one)
Cristo Vive International to use any photographs taken of myself or my child _____ while participating in activities with Cristo Vive International.

I agree to allow Cristo Vive International to use these photos for advertising, marketing, publicity and other legal purposes for the ministry of Cristo Vive. Use of these photos will be limited to a period not to exceed five years beyond the date of this release, without prior written approval from me.

I further agree that I will not receive any compensation for the use of these photos, nor will I receive any royalties or monies received by Cristo Vive International as these photos are used.

I also understand that these photos will not be released or sold to any other party for use of any purpose without my specific written consent.

_____
Signature of Parent/Legal Guardian

_____
Printed Name of Parent/Legal Guardian

_____
Date