REACH OUT CONFERENCE
Supplemental Application

Camper's Name: _____

Reach Out is not a medically staffed program. We do have a health care manager on site twenty-four hours a day, but participants must demonstrate abilities in basic self-care; be able to walk 1/4 mile; and be continent. This supplemental application will be reviewed by our staff and you will be notified of the participant's acceptance into the program. Please answer each question as honestly as possible so that we can make the best determination as to whether your camper will thrive during their time with us at camp. Campers who cannot care for themselves may be sent home from camp.

Is the camper able to…?	By Self	With Assistance
Walk on a dirt road		
Climb stairs		
Shower/bathe		
Maintain daily hygiene		
Get Dressed		
Swim		
Use the toilet		
Communicate with others		

DOES THE CAMPER EXPERIENCE ANY OF THE FOLLOWING? (if yes, please explain)

Seizures:_____

_____

Incontinence – day or night:_____

_____

Allergies – food, insects, medicine, etc.:_____

_____

Diabetes:_____

Skin Problems:_____

Sleeping Problems:_____

Headaches:_____

What sort of special assistance does this camper need?

_____
_____
_____
_____
_____
_____

Are there any other conditions or concerns that we should know in order to best care for the camper?

_____
_____
_____
_____
_____
_____

To best assist our nursing staff, please list any medications the camper is currently prescribed and all related dosing information.

_____
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_____

Please return this supplemental application to Cedarkirk by mail, fax, or email.

Cedarkirk/Reach Out Application
1920 Streetman Drive
Lithia, FL 33547

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813.689.9170 (fax)
camps@cedarkirk.org