



A program of The ELM Project

# Camper Application 2024

88 Hamilton Avenue • Stamford, CT 06902  
Phone (203) 658-9577 • Fax (203) 658-9615

This packet is to be filled out by parent/guardian

Today's Date: \_\_\_\_\_

Session Date: Sunday, August 18<sup>th</sup> – Saturday, August 24<sup>th</sup>

Camper's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sex: Male  Female  Other  If other, please describe: \_\_\_\_\_

Returning camper  OR new camper  First time sleeping away from home? Yes  No

Race/Ethnicity: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

### CHILD OR GUARDIAN SOCIAL WORKER/CASE MANAGER INFORMATION (IF APPLICABLE):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### GUARDIAN INFORMATION:

Name(s) of Child's Guardian(s): \_\_\_\_\_

Relationship to Child: Parent  Grandparent  Aunt/Uncle  Foster Parent  Adoptive Parent

Group Living Situation  Other  Relation? \_\_\_\_\_

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

Email: \_\_\_\_\_

### PLEASE FILL IN THE FOLLOWING ABOUT ALL MEMBERS OF THE HOUSEHOLD:

Name	Age	Sex	Relation	Lives at Home
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

What is the total number of people in your household? \_\_\_\_\_

The mission of The ELM Project is to serve children infected with and/or affected by HIV/AIDS and sickle cell disease. Please tell us how your child relates to the mission: **(THIS QUESTION IS REQUIRED)**

\_\_\_\_\_  
\_\_\_\_\_

**CHILD'S MEDICAL INFORMATION:**

	HIV Status			Is the person indicated living?		
	Positive	Negative	Unknown	Yes	No	Unknown
Child applying to camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Biological Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Primary Caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

❖ If your child is HIV+, are they aware of their status? Yes  No  If aware, how long have they known? \_\_\_\_\_

❖ If guardian or other family member is HIV+, is child aware of this? Yes  No

**GENERAL QUESTIONS:**

Does your child have any dietary restrictions, weight loss or eating concerns? If so, please explain: \_\_\_\_\_

Does your child have any other medical conditions like: asthma, seizure disorders, cardiac disorders, etc.? If Yes, please explain: \_\_\_\_\_

Has your child ever been diagnosed with any psychiatric disorders? i.e. depression, anxiety, OCD, etc. Yes  No

If yes, please provide details: \_\_\_\_\_

Has your child ever had thoughts of suicide, attempted suicide, or engaged in self-injury? If so, When?

Please explain: \_\_\_\_\_

Does your child sleepwalk? Yes  No

Does your child have a history of bedwetting? Yes  No

If necessary, please provide details on the above or on child's sleep habits: \_\_\_\_\_

**Does child use/have** (check all that apply): Home oxygen concentrator Wheelchair Hearing Aid  
Walker/Crutches Splint/Brace Contact lenses Artificial limb Amputation Glasses Other: \_\_\_\_\_

If necessary, please provide details on the above \_\_\_\_\_

Does your child require assistance showering or dressing? Yes  No

May your child participate in swimming\*\*? Yes  No  Warm water only

**\*\*Please Note: Swimming at camp takes place under the supervision of highly trained lifeguards and instructors. No child is ever left unsupervised or alone in or near the water. \*\*Also, the pool is heated for those children who are sensitive to cold temperatures.**

**For Females ONLY:**

Does your child get her menstrual period? Yes  No

If yes, does she have any difficulties with her menstrual period? Yes  No

If yes, please explain: \_\_\_\_\_

May your child use tampons if necessary? Yes  No

**SCHOOL INFORMATION:**

Name of Your Child's School: \_\_\_\_\_

Grade during 2023-2024 school year: 1<sup>ST</sup>  2<sup>ND</sup>  3<sup>RD</sup>  4<sup>TH</sup>  5<sup>TH</sup>  6<sup>TH</sup>  7<sup>TH</sup>  8<sup>TH</sup>  9<sup>TH</sup>   
10<sup>TH</sup>  11<sup>TH</sup>  12<sup>TH</sup>

Is your child in Special Education? Yes  No

**If yes, please provide a copy of your child's Individual Education Plan (IEP).**

Do you or the school have concerns about your child's behavior in school? Yes  No

If yes, please describe \_\_\_\_\_

Has your child ever been suspended from school? Yes  No  If yes, please explain the reason, when the suspension occurred and for how long: \_\_\_\_\_

Is your child receiving *counseling services*: in school: Yes  No  via a clinic or hospital? Yes  No

When your child is angry, frustrated or upset how do they handle themselves? What is the best way to handle this behavior? \_\_\_\_\_

Have there been any recent deaths, losses or changes for the family or your child that might cause concerns or affect their behavior while at camp? \_\_\_\_\_

Please share anything else that you think is important for us to know about your child: \_\_\_\_\_

## **EMERGENCY CONTACT NUMBERS**

**\*\*Please include contact information for at least three (3) individuals other than parent/guardian\*\***

I authorize the following person(s) or agency to be contacted in the event of an emergency and I cannot be reached. I also authorize the following person(s) or agency to be contacted and authorize my child to be turned over to this person(s) if for any reason my child must leave camp or be picked-up at the bus stop if I am unavailable.

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## **Media Release Form 2024**

*Note: The names of Camp AmeriKids campers **will not** be released*

I give The ELM Project, Inc. permission to photograph, interview, and/or video tape my child and use pictures or videos of my child either alone or in groups to be used in promotional, fundraising, or educational materials including, but not limited to video tapes, slide shows, pamphlets, newsletters, calendars, website content, and social media. I understand that The ELM Project will not release photographs or videos of my child to newspapers or television media without obtaining additional consent. I authorize The ELM Project, its assignees, and transferees to copyright, use and publish the previously mentioned materials in both print and electronic formats. I waive my rights to hold The ELM Project officers, staff, board members, or volunteers liable connected with the taking and use of the previously mentioned materials. In addition, I waive all rights, interests, or claims for payment in connection with any exhibition or release of these materials. **The ELM Project respects the privacy of its campers and their families and does not allow unauthorized visitors to photograph the camp or campers.** I hereby acknowledge that I have given this consent voluntarily to The ELM Project.

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print Parent/Guardian Name

*If you have questions regarding the media release of your child/ren please do not hesitate to call Nyeka at the office: 203.658.9577.*



## COVID Informed Consent and Waiver

The ELM Project has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you, your household members, or your child(ren) will not become infected with COVID-19. Further, attending Camp AmeriKids programming could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren), household members, and I may be exposed to or infected by COVID-19 by attending Camp AmeriKids and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I am aware of these risks, and I am assuming them on behalf of my child and my household. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules and COVID protocols and my child and I both agree that they are familiar with these rules and will obey them.

On my behalf, and on behalf of my child, I hereby release, covenant not to sue, discharge, and hold harmless Camp AmeriKids, their employees, officials, agents, and representatives, of and from any claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Camp AmeriKids programs, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at Camp AmeriKids.

Please note that Camp AmeriKids strongly urges campers to be vaccinated for COVID-19. **While this is currently *not* a mandatory requirement for camp**, depending on how things may change over the next few months, our policy might change.

I understand that my signature below gives consent for my child to be tested for COVID prior to and/or while at camp, if deemed necessary by the Medical Director. I agree to enroll my child in Camp AmeriKids, a program of The ELM Project, Inc.

\_\_\_\_\_  
Print Child's Name

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

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Date

## PARENT / GUARDIAN CONSENT FORM

**\*\*THIS FORM MUST BE SIGNED FOR YOUR CHILD TO ATTEND CAMP AMERIKIDS\*\***

### CONSENT FOR MEDICAL TREATMENT

I, the undersigned parent/guardian hereby grant permission to the medical staff or consulting physician at Camp AmeriKids to administer medications and provide medical care for the attending camper. I also give consent for any emergency transportation deemed necessary. I understand that all attempts will be made to reach me or an emergency contact before any action is taken. If no contact is available, the decision to treat my child will be made by the camp Medical Director and Executive Director. I also understand that The ELM Project, Inc. will treat all information pertaining to my child as confidential; however, I agree that said information may be shared with/released to appropriate personnel and/or third parties for the purpose of treating and/or supervising my child.

### ASSUMPTION OF RISK

I understand that part of the camping experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. These risks include but are not limited to, nature walks, uneven terrain, insects, interactive games, illnesses, and sports injuries. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that they are familiar with these rules and will obey them.

### JURISDICTIONAL CLAUSE

It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in the Supreme and County Court of Sullivan County, New York, and shall be construed in accordance with the laws of New York.

### CONSENT OF ENROLLMENT

I agree to enroll my child in Camp AmeriKids, a program of The ELM Project, Inc. I understand that by giving my consent, my child will be able to participate in all activities, including transportation to and from the campsite, provided by The ELM Project, Inc., unless otherwise noted on the application form. In addition, The ELM Project, Inc. is not responsible for personal property that is lost or stolen. The Executive Director, in their sole discretion, may dismiss a participant at any time and The ELM Project, Inc. is responsible for that child's transportation back home.

**I fully understand and agree to the terms stated above and agree that all information on this application is complete and correct to the best of my knowledge.**

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Print Child's Name

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Parent/Guardian Signature

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Print Parent/Guardian Name

---

Date



**To be filled out by  
parent/guardian**

## HIPAA FORM

I, \_\_\_\_\_ (**GUARDIANS' NAME**), hereby authorize The ELM Project, Inc.'s Camp Physician to use or disclose my child's, \_\_\_\_\_ (**CAMPERS' NAME**), protected health information (as defined herein) to the Camp Director and other medical or pertinent staff as is deemed necessary by the Director or the Camp Physician for the safety and wellbeing of my child during the Camp AmeriKids program.

In addition, I authorize the Camp Physician to request, secure and use information regarding any prior and ongoing health condition and any prior and ongoing care and treatment from all health care providers holding such information (my "Protected Health Information") including, but not limited to: history and physical examination; admission and discharge summaries; operative reports; progress notes and nursing notes; laboratory reports; radiology reports; immunization records; billing summaries; consultation reports; pathology reports; psychological and psychiatric assessments; and medications.

I understand that in the event my child is treated for drug or alcohol abuse, psychiatric condition, communicable diseases, including HIV/AIDS, this information will be included as part of my Protected Health Information.

I understand that the Camp Physician may not condition treatment or eligibility to participate in the Camp AmeriKids program on my signing this authorization.

I understand that this authorization is intended for use or disclosure of my child's Protected Health Information to the extent of and as permitted by the Standards for Privacy of Individually Identifiable Health Information (the so-called "Privacy Rule") issued by the U.S. Department of Health and Human Services to implement the requirement of the Health Insurance Portability and Accounting Act of 1996 ("HIPAA"). I have been given an opportunity to inquire and request information to my satisfaction regarding the requirements of the above law and regulations.

I understand that this authorization will expire automatically on the later of 90 days from the date hereof or the end of the camp period, and I also understand that I may cancel and revoke this authorization at any time effective upon my delivering written notice thereof to the Camp Physician except to the extent there has already been use or disclosure in reliance on this authorization.

\_\_\_\_\_  
(Signature of Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Relationship of Legal Guardian to child)

Child's Social Security Number: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_