



**DISABILITY DIAGNOSIS:**

- MENTAL RETARDATION
- BLIND/VI
- DEAF/HI
- ADD/ADHD
- PDD
- CEREBRAL PALSY
- MUSCULAR DYSTROPHY
- DIABETIC
- AUTISM
- ASTHMA
- SEIZURES
- MULTIPLE SCLEROSIS
- DOWNS SYNDROME
- OTHER: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ASSISTIVE TECHNOLOGY USED:**

- WHEELCHAIR
- RACES/CRUTCHES
- CANE
- ORTHO. WALKER
- GLASSES
- HEARING AIDES: \_\_\_LEFT \_\_\_RIGHT
- COMMUNICATION BOARD

DOES CAMPER CURRENTLY TAKE MEDICATION (including OTC)? \_\_\_ YES, \_\_\_ NO  
 IF CAMPERS' MEDICATION WILL BE CHANGED WITHIN 2 MONTHS PRIOR TO CAMP ATTENDANCE,  
 CAMPER OR CAREGIVER MUST NOTIFY CAMP VIA A WRITTEN STATEMENT IF MED CHANGE CAN  
 CAUSE ADVERSE AFFECTS.

**Please complete the following information thoroughly and honestly. Please Be Specific, the more details you provide us, the better care your "camper" will receive. If no assistance is needed, please answer N/A.**

BATHING: \_\_\_\_\_

DRESSING: \_\_\_\_\_

FEEDING: \_\_\_\_\_

\_\_\_ Special Diet, \_\_\_ Puree Food, \_\_\_ Diabetic Diet, \_\_\_ Cut into small pieces, \_\_\_ Allergies: \_\_\_\_\_

TOILETING: \_\_\_\_\_

Is Camper Continent? \_\_Yes, \_\_No Does Camper wear adult briefs? Yes\_\_ No\_\_ If Yes, when? \_\_Day-time \_\_Night-time  
**CAMPER MUST PROVIDE HIS/HER OWN BRIEFS TO LAST THE ENTIRE CAMP STAY.**

MENTALLY CHALLENGED: \_\_\_ NONE \_\_\_MILD \_\_\_MODERATE \_\_\_SEVERE

USUAL BEDTIME: \_\_\_\_\_ DOES CAMPER SLEEP ALL NIGHT? \_\_\_ YES \_\_\_ NO

Does camper walk in his/her sleep: \_\_\_YES, \_\_\_ NO Explain: \_\_\_\_\_

If Deaf/Hearing Impaired- What is the means of communication? \_\_\_\_\_

Does Camper read/write Braille? \_\_\_YES \_\_\_ NO Does Camper read/write large print? \_\_\_YES \_\_\_NO

HOBBIES, TALENTS, SPECIAL INTERESTS, SPECIAL SKILLS \_\_\_\_\_

**VISUAL IMPAIRMENT INFORMATION:**

1. Degree of Vision Loss (Check which apply):

- ( ) Totally Blind or light perception only, ( ) Legally Blind (20/200) or side vision of not more than 20 degrees, ( ) Vision in one eye only, ( ) Partially sighted-low vision of 20/70 Snellen or less with correction

2. Cause of vision loss: \_\_\_\_\_

3. Campers Eye Doctor (Ophthalmologist or Optometrist)

Dr. Name \_\_\_\_\_ Phone: \_\_\_\_\_

**WILL CAMPER BE BRINGING A GUIDE DOG? YES \_\_\_; NO \_\_\_**

NAME OF GUIDE DOG: \_\_\_\_\_ FROM WHAT ORGANIZATION DID YOU HIRE YOUR DOG? \_\_\_\_\_ PHONE: \_\_\_\_\_

\*\*\*A health certificate from the veterinarian must be mailed to above address three (3) weeks prior to your arrival date. Camper must bring adequate supply of dog food for entire stay, clean up bags, dog dishes, harness, & tie-downs. Camper is responsible for cleaning up after their dog. Failure to do so will result in early dismissal.\*\*\*RETIRED GUIDE DOGS ARE NOT PERMITTED AT CAMP!\*\*\*

**BEACON LODGE WILL NOT BE RESPONSIBLE FOR LOST OR STOLEN ITEMS OF CAMPERS OR STAFF MEMBERS.**

**FOR EMERGENCY USE,** List **TWO PERSONS OTHER THAN** a parent or guardian to be contacted. Give name, daytime and evening phone numbers and relationship to the camper. (DO NOT list a person who will be at camp with you):

1. \_\_\_\_\_  
Name Relation to Camper Day Phone Evening Phone

2. \_\_\_\_\_  
Name Relation to Camper Day Phone Evening Phone

I WILL COME TO CAMP BY: Bus \_\_\_\_\_; Train \_\_\_\_\_; Plane \_\_\_\_\_; Private Car \_\_\_\_\_; Agency Van \_\_\_\_\_  
Agency Name \_\_\_\_\_; Phone Number \_\_\_\_\_; **Arrival Time** \_\_\_\_\_  
**Not Before 12:00 NOON**

I WILL DEPART CAMP BY: Bus \_\_\_\_\_; Train \_\_\_\_\_; Plane \_\_\_\_\_; Private Car \_\_\_\_\_; Agency Van \_\_\_\_\_  
Agency Name \_\_\_\_\_; Phone Number \_\_\_\_\_; **Departure Time** \_\_\_\_\_  
**9:30am-12:00pmNO LATER**

**SCHEDULE ARRIVALS/ DEPARTURES FOR ENCLOSED TRAVELING TIMES\*\***

Name and phone number of person responsible for transportation on arrival day to Beacon Lodge.  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name and phone number of person responsible for meeting camper on departure day from Beacon Lodge.  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_

\*\*If you choose to take a later Bus/Train than the enclosed specified times **YOU** will be responsible for transportation to & from camp. \*\*

PA LIONS BEACON LODGE CAMP RESERVES THE RIGHT TO DISCONTINUE SERVICE,IF ANY INFORMATION IS WITHHELD ON CAMPER REGISTRATION OR MEDICAL FORMS THAT IS RELATIVE TO THE CAMPER'S PRESENT BEHAVIOR OR MEDICAL SITUATION.

**ACKNOWLEDGEMENT OF RISK:**

I am aware that camping and activities at camp such as rock climbing, canoeing, and other adventure activities hold inherent risks which include the possibility of illness, injury, or death. I fully acknowledge that after reasonable precautions are taken, there are certain hazards which cannot be eliminated, and I release the PA Lions Beacon Lodge Camp and its Directors, Agents, and Employees from liability connected with the camp activities and waive any claim for damage arising from and cause whatsoever (with the exception of gross negligence). I further agree to release PA Lions Beacon Lodge Camp all rights and privileges to photographs or videotapes taken of me for use in Camp publicity that is in the proper interest of the Camp. I have read or caused this to be read to me and do hereby acknowledge that I fully understand each and every part.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(CAMPER IF 18 OR OVER)

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(PARENT OR LEGAL GUARDIAN)