



2024 AHIF Recreational Camp Application

MUST BE FULLY COMPLETED BEFORE CAMPER IS CONFIRMED.

Mail to: Alabama Head Injury Foundation, 500 Chase Park South, Suite 130, Hoover, AL 35244

(205) 823-3818 • 1-800-433-8002

info@ahif.org • www.ahif.org

AHIF is pleased to offer three camp opportunities in 2024. Below are the dates for the 2024 weeklong and weekend camps. Please rank the options first, second or third choice to attend. Please complete the application in full and return as soon as possible before February 1, 2024.

___ Camp ASCCA Weekend Camp – March 8-10, 2024

___ Camp ASCCA Weeklong Camp – August 4-9, 2024

___ Camp McDowell Weekend Camp – October 18-20, 2024

Contact Information

Camper Information:

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Age: _____ Sex: Male Female

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email: _____

T-Shirt size: Small Medium Large X-Large XX-Large XXX-Large

Buddy Information:

Name: _____

Relationship to camper: _____ Can Buddy sleep on the top bunk? Yes No

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email: _____

T-Shirt size: Small Medium Large X-Large XX-Large XXX-Large

Nature of Disability

Please list disability:

Do you have seizures? Yes No

If yes, what type? _____

Typical length? _____

How often? _____

Most recent? _____

Describe behavior before, during, and after seizure:

Do certain activities or conditions trigger seizures? Yes No

If yes please explain:

Have you ever been status epilepticus? Yes No

Any other information that you feel would be helpful

Do you have shunt? Yes No

If yes, please list any special instructions.

Mobility Walks Cane Walker Wheelchair (manual power)

Other: _____

Eating/Diet Normal Chopped food Pureed Diabetic

Any other special diet (explain) _____

List problem foods or any food allergies (explain) _____

Medical Form

Do you have any allergies? Yes No

If yes, please list allergy _____

Allergic reaction symptoms and treatment. _____

Do you require an Epi pen? Yes No

Please provide details about your anaphylaxis, including the date and description of the reaction.

Has camper ever been exposed, or do you currently have a communicable disease (Hep C, HIV, TB)?

Yes No

If yes, please explain _____

Is there any additional information you would like to discuss with the camp staff? Yes No

If yes, please explain _____

MEDICATIONS: Please list all medication, dosages. **Camp ASCCA/Camp McDowell will have a nurse on site that will provide general first aid or emergency care only. Each participant is responsible for safely administering and storing their medications.**

Name of medication	Dosage (mg)/ # of pills	Reason for med
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(add additional medications to back)

May the following over-the-counter medications be given while at camp?

Acetaminophen (Tylenol) Yes No

Antacids (Rolaids, TUMs) Yes No

Antihistamines (Benadryl, Diphenhydramine) Yes No

ASA (Aspirin) Yes No

Calamine Lotion (anti-itch cream) Yes No

Chloroacetic Throat Spray Yes No

Cortaid (anti-itch cream) Yes No

Ibuprofen (Advil) Yes No

Imodium/Kaopectate Yes No

Insect Repellent Yes No

Pepto-Bismol Yes No

Robitussin/Robitussin DM Yes No

Sting Swabs (Sting-kill) Yes No

Sunburn Spray (Solarcaine) Yes No

Sunscreen Yes No

Physician and Insurance Information

Family Doctor's Name: _____

Phone Number: (____) _____

Insurance Coverage for accidents or illnesses while participating in programs at Camp ASCCA or Camp McDowell is the responsibility of the camper or family.

Please list your family health, accident, medical, or hospital insurance coverage.

CARRIER _____ POLICY OR GROUP NO. _____

MEDICARE NO. _____ MEDICAID NO. _____

I hereby grant permission to the Camp Physician or his/her authorized representatives to furnish or arrange for the furnishing medical care as the camper might require during such time as he/she is a resident of Camp ASCCA or Camp McDowell. This medical care shall include, but not be limited to, examinations, treatments, immunizations, injections, anesthesia, surgeries and other procedures, etc. This permission is conditioned upon the understanding that in an event of serious illness or accident, or in the event of a need for hospital services an and/or major surgery, said person will use all reasonable efforts to contact the undersigned. Failure in such efforts, however, shall not prevent provision of emergency treatment necessary for the best interest of the life and health of the said camper. This form may be photocopied. Camp ASCCA and/or Camp McDowell has permission to obtain a copy of the above camper's health record from the providers treating him/her. I understand that information about his/her health will be shared on a "need to know basis" with other medical providers/Camp ASCCA/McDowell staff.

For and in consideration of said covenants, the camper and the undersigned hereby release, acquit, and covenant to hold harmless the said Camp Physician and all other persons, firms, and corporations from all claims, damages, and causes of action of whatever nature which may accrue to the said camper or the undersigned, their heirs, executors, administrators and legal representatives and assigns, arising out of any of the above procedures.

By electronically signing this document I am verifying that the camper/patient is healthy enough to participate in camp activities within the limits of his/her disability (sessions are residential camps and most activities are outdoors). I hereby certify that all information given on this application is true and complete.

Signed: _____

Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Witness: _____

Date: _____

Program Restriction *****Activities may differ for Camp McDowell*****

It is important that the Camper/Sponsor alert Camp ASCCA/Camp McDowell of any activity which is unsuitable or objectionable, including any of the following activities which are normally provided at camp.

Camper may participate in all activities he/she chooses? Yes No

May camper participate in Ropes Course activities? Yes No

If no, please select activities camper MAY NOT participate in.

- Treehouse
- Cargo Net
- Zipline
- Ziptower

May camper participate in Shooting Sports Activities? Yes No

If no, please select activities camper MAY NOT participate in.

- Riflery
- Skeet Shooting
- Archery

Please add any additional comments regarding programs. _____

Personal Property

While camp locations are ADA accessible, there may be rough terrain, rocky paths, or muddy conditions. Please be aware of this possibility in regards to equipment that you might be using for transportation. AHIF and the camp are not responsible for any personal property or equipment that may be damaged during use at camp.

I, the undersigned, recognize and understand that there are inherent dangers and risks associated with the natural environment and through participating in the Camp's recreational activities. Accordingly and in consideration of Camp ASCCA/Camp McDowell enrolling camper or me in the Camp (with the exception of those activities I have directed Camp ASCCA/Camp McDowell to exclude as written above), I, and on behalf of the camper, hereby release and hold harmless Camp ASCCA/Camp McDowell, its agents and employees, of and from any and all claims, actions, causes of actions, and demands, for all injuries, damages, and losses, incurred or which may occur, to me or the camper as a result of, or arising out of, activities during camp.

Signed: _____

Relationship: _____

Witness: _____

Date: _____

Media Release

I grant permission for camper to be photographed and/or videotaped, with such pictures, video recordings and names to be used in public relations and fund-raising efforts (including websites) to promote programs of Alabama Head Injury Foundation, Camp ASCCA and Easter Seals Alabama, and Camp McDowell.

Signed: _____

Relationship: _____

Witness: _____

Date: _____