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275 Carefree Lane  
Stokesdale, N.C. 27357  
336-427-0966  
[www.campcarefree.org](http://www.campcarefree.org)

Thank you for your interest in Camp Carefree. Camp Carefree was established approximately thirty years ago and is located in Rockingham County, north of Greensboro, North Carolina. Since that time, we have provided a free, one-week, summer camp experience to children who may not have previously had the opportunity to participate in camp due to their health problems or disabilities. We also extend our camp to the siblings of these kids, as well as kids whose parents suffer from chronic diseases and disabilities. Each week is geared to children with same or similar conditions allowing the child to fellowship with others dealing with the same or similar life experiences.

Camp Carefree has an onsite medical staff, twenty-four hours a day, to provide the necessary medical care to our campers, including dispensing medications as required. Our medical staff is made up of doctors, residents, nurses and other medical professionals from area hospitals such as Wake Forest Baptist Medical Center, Duke Medical Center and UNC Hospitals. Wake Forest Baptist Medical Center, Forsyth Medical Center, Kernersville Medical Center, and Moses Cone Memorial Hospitals are all within thirty minutes of our camp should more extensive medical care become necessary during your child's stay. We also have an offsite physician who can manage minor illnesses if needed.

Our counselors are carefully screened to ensure your child is in safe and capable care during their stay with us. Our entire staff strives to make sure that all our campers enjoy the full summer camp experience while gaining some independence and making long-lasting friendships.

Your child will be able to participate in a wide range of activities such as horseback riding, ropes course, rock-wall climbing, fishing, canoeing, camping, arts and crafts, archery and swimming. The campers also participate in cookouts, campfires, hayrides and weekly dances. On Friday evenings, we hold a talent show. We make every effort to provide a well-rounded summer camp experience to each child.

The weekly sessions fill up quickly so we ask that you please return your application as soon as possible.

**REGISTRATION:** Campers may check in between 2 p.m. and 4 p.m. on Sunday. (Please note that we hold a staff meeting each Sunday until 2 p.m., so early arrivals may have to wait for registration to begin).

**PICK UP:** Campers **MUST** be picked up at camp by 11:00 a.m. on Saturday when the camp session ends. (Please do not be late as our staff leaves at 12:00).

**CONFIRMATION:** You will be notified upon confirmation of your applications.

We look forward to receiving your application and hope to see you this summer. Please feel free to contact us if you have any questions or concerns.

**CONTACT INFORMATION:**

|   |               |
|---|---------------|
| Camp Carefree Office Phone:               | (336)427-0966 |
| Assistant Executive Director: Lynn Tuttle | (336)427-2162 |
| Program Directors: Tony McCallum          | (336)549-8704 |
| Leah Sell-Goodhand                        | (919)413-5979 |

**RETURN APPLICATIONS TO:**

**Camp Carefree  
275 Carefree Lane  
Stokesdale, NC 27357**

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CAMP CAREFREE

CAMPER APPLICATION - 2015

ALL INFORMATION **MUST BE** COMPLETED TO BE CONSIDERED FOR CAMP

**PLEASE MAKE & KEEP A COPY OF COMPLETED APPLICATION**

Name: \_\_\_\_\_ Male / Female Birthdate: \_\_\_\_\_ Age at camp: \_\_\_\_\_

Address \_\_\_\_\_  
Street or box # city state zip

Home Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Camper lives with: both parents / mother / father / other \_\_\_\_\_

Parent / guardian name: \_\_\_\_\_

Does camper have any brothers? \_\_\_\_\_ Ages: \_\_\_\_\_

Does camper have any sisters? \_\_\_\_\_ Ages: \_\_\_\_\_

Emergency numbers other than home phone: \_\_\_\_\_

Other relative or friend that may be contacted, or asked to pick up camper in emergency, if parent cannot be reached (Indicate relationship & phone): \_\_\_\_\_

\*\*\*\*\*

Check session camper qualifies for:

Session 1 - Siblings (well sibs of seriously ill or disabled children) June 21 - June 27 \_\_\_\_\_

Session 2 - Epilepsy - NEURO June 28 - July 4 \_\_\_\_\_

Session 3 - Cancer, JRA July 5 - July 11 \_\_\_\_\_

Session 4 - Spina Bifida July 12 - July 18 \_\_\_\_\_

Session 5 - Kids (with a seriously ill or disabled parent) July 19 - July 25 \_\_\_\_\_

Session 6 - Hemophilia - Von Willibrand's Disease - Turner Syndrome July 26 - Aug 1 \_\_\_\_\_

\*\*\*\*\*

**All campers please complete the following:**

Has camper previously been to camp? \_\_\_\_\_ Where? \_\_\_\_\_

Has camper had many experiences being away from home at night? \_\_\_\_\_

Does he / she make friends: Easily \_\_\_\_\_ Fairly easily \_\_\_\_\_ With difficulty \_\_\_\_\_

Camper is entering grade: \_\_\_\_\_ School: \_\_\_\_\_

Describe camper's: Conduct at school: \_\_\_\_\_ Work at school: \_\_\_\_\_

Does camper have any special needs that we need to be aware of \_\_\_\_\_

**Camper attending Sessions 1 or 5, please complete the following:**

Which sib or parent is ill: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Diagnosed when: \_\_\_\_\_ Receives treatment where: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Well child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

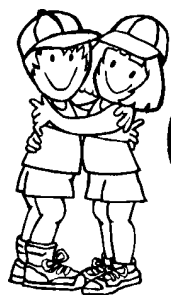
**Camper attending Sessions 2, 3, 4 or 6, please complete the following:**

Ill child's diagnosis (primary & secondary): \_\_\_\_\_

Diagnosed when: \_\_\_\_\_ Receives treatment where: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Camp  
Carefree**

**CAMPER INFORMATION**

PLEASE  
PLACE A  
RECENT  
PHOTOGRAPH  
OF YOURSELF  
HERE.

Camper's Full Name: \_\_\_\_\_

By what name are you usually called? \_\_\_\_\_

How old will you be at camp time? \_\_\_\_\_

What grade will you be entering next school year? \_\_\_\_\_

What are your favorite subjects in school? \_\_\_\_\_

What are your hobbies or interests? \_\_\_\_\_

Do you have any talents that you would like to perform at the talent show? \_\_\_\_\_

What are your favorite sports? \_\_\_\_\_

Do you know how to swim? \_\_\_\_\_ If no, would you like to learn? \_\_\_\_\_

Have you ever been to any camp before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

What are you most looking forward to at camp? \_\_\_\_\_

Is there anything else you would like us to know about you? \_\_\_\_\_

Was this form filled out by: Camper \_\_\_\_\_ Parent \_\_\_\_\_

\*\*\*\*\*

**PARENTS PERMISSION (TO BE FILLED OUT BY PARENT ONLY):**

We have a full week of activities planned for your camper, including horseback riding, canoeing, swimming and other athletic activities. All of these areas are approached with safety being our number one goal.

I give permission for my child to participate in all activities: (parents signature) \_\_\_\_\_

I, \_\_\_\_\_, give permission for my child to participate in all activities except: \_\_\_\_\_

If photos are taken of my child, I give permission to Camp Carefree to use appropriate photos in program publicity or brochures.

Camper's Name: \_\_\_\_\_ Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MEDICAL INFORMATION**

for: Camp Week \_\_\_\_\_

**(MUST BE FILLED OUT  
& SIGNED BY PHYSICIAN)**

Camper \_\_\_\_\_

Birthdate \_\_\_\_\_

This child is an applicant for attendance at CAMP CAREFREE. If you are familiar with this child's medical history, a complete physical is NOT required. We would appreciate your help in supplying the pertinent medical information requested below. Information is solely for the use of our medical staff of nurses and physicians who are full-time participants in our summer camp program.

CAMPER: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

Ill camper's diagnosis: \_\_\_\_\_ Recent surgeries: \_\_\_\_\_

Ill sib's, or parent's diagnosis: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Physical restrictions / limitations, if any: \_\_\_\_\_

Special equipment (i.e.: wheelchair, braces, must be in good repair.) Wheelchairs MUST have seatbelts.

List any equipment used: \_\_\_\_\_

**HEALTH HISTORY** (to be filed out for ALL campers):

Describe camper's mental functioning in relation to age:

Learning problems: \_\_\_\_\_ A.D.D. / A.D.H.D.: \_\_\_\_\_

Mentally retarded (age level): \_\_\_\_\_

Describe any apparent, or diagnosed, emotional or behavior problems:

Aggressive: \_\_\_\_\_ Temper Tantrums: \_\_\_\_\_

Difficulty with Instructions: \_\_\_\_\_

Bed Wetting: \_\_\_\_\_ Other: \_\_\_\_\_

Allergies: \_\_\_\_\_ to foods \_\_\_\_\_

\_\_\_\_\_ to insects, plants \_\_\_\_\_

\_\_\_\_\_ to medications \_\_\_\_\_

Convulsions / seizures (type and frequency): \_\_\_\_\_

Chicken Pox (documented case, exposure, or vaccine) \_\_\_\_\_

Has camper ever had varicella zoster immunoglobulin / VZIG? \_\_\_\_\_

List any dietary restrictions: \_\_\_\_\_

IMMUNIZATIONS: \_\_\_\_\_ Most recent TB test \_\_\_\_\_ Tetanus \_\_\_\_\_

**PHYSICIAN'S STATEMENT:** I hereby verify the above information concerning camper's medical history, health matters, immunizations and to the best of my knowledge, believe child is able to attend camp.

Physician's signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT PERMISSION STATEMENT:** I give permission for this child to receive medications and/or treatment deemed necessary by Camp Carefree or emergency medical staff.

Parents signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency phone number for parent: (W) \_\_\_\_\_ (H) \_\_\_\_\_

Other \_\_\_\_\_

Insurance Company \_\_\_\_\_

&amp; Policy Number \_\_\_\_\_

**MEDICATIONS/TREATMENTS NEEDED  
AT CAMP**

(to be filled out by the **parent**)

Camp Week \_\_\_\_\_  
Name of Camper \_\_\_\_\_  
Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Parent phone (H) \_\_\_\_\_  
(W) \_\_\_\_\_

The camp nurse will store and administer the medications and treatments listed below. It is expected that each family will supply any prescribed medications needed for their child. Our med shed is stocked with emergency supplies. Thank you.

**CHILD'S DIAGNOSIS** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_  
(primary & secondary)

**MEDICATIONS** (please list all medications, dosages, and home schedule)

|    | <u>Medication Name</u> | <u>Dosage</u> | <u>Time to be given</u> |
|----|------------------------|---------------|-------------------------|
| 1. | _____                  | _____         | _____                   |
| 2. | _____                  | _____         | _____                   |
| 3. | _____                  | _____         | _____                   |
| 4. | _____                  | _____         | _____                   |
| 5. | _____                  | _____         | _____                   |
| 6. | _____                  | _____         | _____                   |
| 7. | _____                  | _____         | _____                   |

**ALLERGIES TO MEDICATIONS** \_\_\_\_\_  
\*\*\* is the child allergic to latex gloves? \_\_\_\_\_ Other allergies \_\_\_\_\_  
\_\_\_\_\_

**TREATMENTS/PROCEDURES** (please tell us **exactly** how you do these)  
\*\*\* spina bifida - - separate sheet for bowel and bladder care to be sent

Central venous catheter (Hickman, Broviac, Port) \_\_\_\_\_  
\_\_\_\_\_  
Glucose monitoring \_\_\_\_\_  
\_\_\_\_\_  
Factor infusions \_\_\_\_\_  
\_\_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_

**PARENT PERMISSION STATEMENT:** I give permission for this child to receive medications and/or treatment deemed necessary by Camp Carefree or emergency medical staff:

Parents signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Emergency phone number for parent: (W) \_\_\_\_\_ (H) \_\_\_\_\_  
Other \_\_\_\_\_

Insurance Company \_\_\_\_\_  
& Policy Number \_\_\_\_\_

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## SUGGESTIONS FOR WHAT YOU SHOULD BRING TO CAMP - CAMPER

### CLOTHING:

1-2 pair of long pants  
 5-6 T-shirts and shorts  
 8-9 pair underwear and socks  
 2 pair tennis or lace-up shoes  
 NO FLIP-FLOPS OR SANDALS  
 WITHOUT BACK STRAP  
 1-2 swimsuits  
 1-2 pajamas  
 1 jacket or sweatshirt  
 1 raincoat or poncho with hood  
 1 hat or visor

### OPTIONAL:

camera & film • non-aerosol bug repellant • sunscreen • musical instrument • playing cards • reading material  
 envelopes or postcards w / stamps • pen • comfort toy

**NOTE:** Due to the excessive number of unclaimed items at the end of each session, clothing and other articles coming to camp **MUST** be labeled with your name. Permanent marker is best. Clothes and meds left behind will not be mailed back unless camp is reimbursed for the cost of mailing.

### HOW TO GET TO CAMP CAREFREE: 275 Carefree Lane, Stokesdale, NC 27357

Camp Carefree is located off Hwy. 220 N in Rockingham County.

The exit from 220 N is 12.5 miles north of WalMart in Greensboro and about 1 mile north of the junction of Hwys. 68 & 220 where the highway becomes 4 lanes. It is 5 miles south of the Madison exit. Turn off 220 N on Simpson Road, then right on Ram Loop, then left on Carefree Lane. **NOTE:** The most direct route from I-40 is Hwy. 68N (not 220 which winds thru Greensboro.)

FOR FURTHER DIRECTION HELP:

CALL 336-427-0966

**CAMP BEGINS SUNDAY 2 PM**  
**SATURDAY PICK-UP BY 11 AM**

### EQUIPMENT:

1 set of single sheets or a sleeping bag\*  
 a PILLOW  
 a towel and washcloth  
 a large towel for pool  
 toilet articles in marked plastic bag (including a cup)  
 marked bag for dirty laundry  
 water bottle / container for carrying from activity  
 to activity

***\*If camper is prone to bedwetting, please send sheets - not sleeping bag.***

