

# CAMPER APPLICATION

Date of Application \_\_\_\_\_

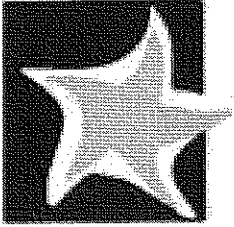
Child-Size T-shirt: S M L XL

or

Dietary Preferences: \_\_\_\_\_

Adult-Size T-shirts S M L XL XXL

*We hope to accommodate your child's needs.*



**CAMP  
STAR  
LIGHT**

P.O. Box 80666  
Portland, OR 97280  
503.964.1516

[info@camp-starlight.org](mailto:info@camp-starlight.org)

You may return  
completed application via  
US Mail or scan and  
email to above email  
address.

## PERSONAL INFORMATION

Camper's Name \_\_\_\_\_  
First Middle Last

Nickname \_\_\_\_\_ Sex \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ What grade will your child be in this Fall? \_\_\_\_\_

Child's Ethnicity/Race:  White  Black/African-American  Hispanic  Asian  
 American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  Other

Name(s) of Legal Guardian(s) of Child \_\_\_\_\_

Address \_\_\_\_\_

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

Is it okay for Camp Starlight to send mailings to this address? Yes No

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_  
(If Different From Above)

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

## SIBLINGS ATTENDING CAMP

Names & Ages \_\_\_\_\_

## SIBLINGS NOT ATTENDING CAMP

Names & Ages \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**This section to be completed by parent or caregiver**

**HOME**

Who lives in the home with this child? \_\_\_\_\_

\_\_\_\_\_

Who are the other significant people in this child's life? \_\_\_\_\_

\_\_\_\_\_

Have there been any major crises in the home-life in the past year? (i.e. losses, moves, accomplishments, school issues)

\_\_\_\_\_

\_\_\_\_\_

**BEHAVIOR**

Please describe how this child is around other children. \_\_\_\_\_

\_\_\_\_\_

How does this child get along with authority figures (teachers, parents)? \_\_\_\_\_

\_\_\_\_\_

Has this child tried to hurt him/herself or others intentionally? Please explain the behavior, when it occurred, and what was done. \_\_\_\_\_

\_\_\_\_\_

Please check if your child has displayed any of the following behaviors:

Aggressiveness       Difficulty with peers       Difficulty with authority       Bedwetting

Tearfulness/Sadness       Sleep difficulties       Hyperactivity       Eating/Food Issues

Please explain your checked responses. \_\_\_\_\_

\_\_\_\_\_

Does this child take behavior related medication?    YES    NO

If "Yes," please explain name of prescription, dosage, resistance, and duration. \_\_\_\_\_

\_\_\_\_\_

To the best of your knowledge, has this child used regularly or experimented with any of the following?

Tobacco       Prescription Drugs (other than as directed)

Alcohol       Other (please explain)

Marijuana

Please explain your checked responses. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This section to be completed by parent or caregiver**

**HIV STATUS**

What is this child's HIV status?    Positive    Negative

If positive, when did he/she receive this diagnosis? \_\_\_\_\_ Are they aware of their status?    Yes    No

Please list anyone else in the child's family who is HIV-positive \_\_\_\_\_

Is the child aware of family member's status?    Yes    No

What is this child's understanding of HIV, symptoms, medications, etc? \_\_\_\_\_

Has this child experienced any major medical changes or crisis in the past year, either with a family member or personally?

**CAMP QUESTIONS**

Has this child ever stayed away from home for more than one day/night?    Yes    No

If "yes," how was that experience? \_\_\_\_\_

Has this child ever been to a residential camp?    Yes    No

If "yes," how was that experience? \_\_\_\_\_

Describe your thoughts and feelings about sending this child to camp. Please include any fears, worries, hopes, expectations.

What are some GREAT things about your child that you would like to share? \_\_\_\_\_

Any additional comments or questions? \_\_\_\_\_

*I affirm to the best of my knowledge that the information provided is true.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

## QUESTIONS FOR CAMPERS

CAMPER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

What are 2 things you are looking forward to about Camp Starlight?

1.

2.

What are 2 things you would like to do at Camp Starlight?

1.

2.

**HIV/AIDS**  
**Acknowledgement**

There will be a skit presented on the opening night of Camp talking about how we are all affected by HIV/AIDS. If your child feels like discussing HIV any further, it will be his or her choice. Volunteers are trained to talk with your child(ren) about HIV and our mental health team is always available for support. If your child brings up any serious concerns at camp, about HIV or anything else, we will talk with you about this after camp.

We encourage you to discuss how your family is affected by HIV with your child(ren) before they come to Camp Starlight. While this is not a requirement to attend Camp, we support open communication about HIV in an effort to reduce the shame and secrecy some children experience.

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By signing this form, you acknowledge the following:  
It will be stated openly that each person attending Camp Starlight is in some way affected by HIV/AIDS.  
HIV/AIDS may be discussed if campers choose to talk about it.

Child's name \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

## CONFIDENTIALITY AGREEMENT

I understand that, subject to the terms of this agreement, Camp Starlight will maintain the confidentiality of information about me/my child.

It is the goal of Camp Starlight to use confidential camper information to the minimum extent necessary to provide its campers with effective services.

I understand and consent to Camp Starlight sharing confidential information about me/my child within the agency (including staff, independent contractors and camp volunteers) to the minimum extent necessary to provide me/my child with the services I request or receive. I also understand that my/my child's information will be shared to comply with program requirements of its funding sources, including governmental and nongovernmental entities.

I understand that, except as set forth in this agreement, information will not be released to anyone outside the agency without my permission, *except* that, under certain circumstances, release of information may be allowed, authorized or required by law, including:

- Information may be shared with medical/health professionals outside of Camp Starlight if treatment has been requested and information is needed to facilitate that treatment
- Information may be shared with physicians and other health care providers to the extent necessary to facilitate emergency medical diagnosis and/or treatment
- Information may be released if necessary to assist in the investigation of a crime
- Information may be released if necessary to prevent the commission of a crime or when information indicates a clear and immediate danger to the client or others
- Any information relating to suspected child abuse, suspected abuse of elderly persons, or suspected abuse of nursing home patients may be subject to mandatory reporting requirements, and such information may be shared with law enforcement officers.

I \_\_\_ **DO** \_\_\_ **DO NOT** (check one) wish to receive mail from Camp Starlight. I understand that Camp Starlight is not identified on the return address of that mail. **However**, I understand that, if I am also a Camp Starlight volunteer or financial donor, I will receive mail with Camp Starlight identified as the sender, **even if** I check the "do not" box indicating I do not wish to receive client mail.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Camp Starlight

## RELEASE OF LIABILITY, AGREEMENT NOT TO SUE

- 1) **RELEASE OF LIABILITY.** In consideration for allowing my child to participate in the Camp Starlight program I hereby release, waive and discharge Camp Starlight and all their directors, officers, agents, representatives, volunteers, employees and assigns (hereinafter ("Camp Starlight")) from all liability known and unknown, now or later arising, to my child, myself, my spouse, or the legal representatives, heirs, and assigns of any of us, for any and all loss or damage, and any claims or damages resulting there from, on account of any injury to my child and/or my child's property and/or my property, including any injury resulting in the death of my child, whether caused by the active or passive negligence of Camp Starlight, connected to my child's participation in camp program activities, including but not limited to any transportation to or from the camp, but excluding only gross negligence or wanton or willful misconduct. Knowing the risks associated with camp activities generally, and specifically the risks associated with transmission of HIV/AIDS, I hereby agree to assume those risks and to release and hold Camp Starlight harmless from all such risks.
- 2) **AGREE TO ASSUME RISKS.** I recognize that the Camp Starlight program is a camp for children affected by or infected with HIV/AIDS. I hereby give permission for my child to attend Camp Starlight whether or not she/he is infected with HIV/AIDS. I understand that Camp Starlight personnel will make a good faith effort to maintain the confidentiality of my child's (and/or any family member's) HIV/AIDS status. If my child is not aware that he/she (and/or a family member) is infected with HIV/AIDS, I assume all risks in connection with my child learning that he/she (and/or family member) is infected with HIV/AIDS. I waive, release and discharge Camp Starlight from any and all liability resulting from such disclosure to my child under all circumstances, including but not limited to disclosure due to the active or passive negligence by Camp Starlight or otherwise.
- 3) **AGREEMENT TO INDEMNIFY.** I agree to indemnify, defend and hold Camp Starlight harmless from any and all actions, claims, judgments, losses, liabilities, damages or cost (including attorney's fees) I, my spouse, or my child, or the legal representatives, heirs or assigns of any of us may incur due to my child's participation in camp program activities, whether caused by the active or passive negligence of Camp Starlight or otherwise, but excluding only gross negligence or wanton or willful misconduct.
- 4) **SEVERABILITY.** I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the State of Oregon in accordance with its terms. If any portion of this release, waiver and indemnity agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect.
- 5) **AUTHORIZATION FOR TREATMENT.** I hereby authorize Camp Starlight personnel or trained medical personnel, as appropriate, to administer to my child any medical treatment deemed necessary in the event of any injury my child sustains while at Camp Starlight or being transported to or from the camp location. I have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my child's behalf. In the event that I leave my place of residence during the camp session, I will advise the Camp Starlight camp administration where I may be contacted in the event of an emergency.
- 6) **AGREEMENT BINDING ON HEIRS.** This agreement shall bind my heirs, personal representatives, assignees, and all members of my family, including my child, to the terms to which I have agreed.
- 7) **GENERAL INTENT.** My intent in signing this form is to agree not to sue and to release Camp Starlight for injury to my child, my family, or myself or the legal representatives, heirs or assigns of any of us resulting from Camp Starlight's negligence. I agree to indemnify Camp Starlight for lawsuits brought by me, my spouse or child, or the legal representatives, heirs or assigns of any of us that are based on conduct determined to be simple negligence.

I have read and understand the conditions of this agreement.

Camper Name: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

**CAMP STARLIGHT  
PHOTO RELEASE**

Camp Starlight will be an exciting week for campers, volunteers and camp program staff! Camp Starlight will photograph and videotape Camp Starlight campers to share with campers, staff, and to be used for fundraising purposes. We intend to take a group camp photo as well. We believe that it is appropriate for campers to have photos of their camp experience. It can also prove helpful for Camp Starlight to use photos of camp activities to raise funds to enable Camp Starlight and the Camp Starlight program to continue their important mission.

*Initial*

\_\_\_\_\_ **I grant permission** for my child to participate in the Camp Starlight group photo, general photos, and video of campers to be shared with campers, volunteers, and staff, and to be used by Camp Starlight for fundraising purposes. I further grant Camp Starlight, and its officers, directors, employees, contractors and volunteers, the unrestricted right to take photographs and video of the camper identified below ("Camper") or in which the Camper may be included (the "Photos"), and to use the Photos for illustration, promotion, advertising, fundraising, or any other purpose in connection with Camp Starlight and its business activities without financial compensation to the Camper, including, but not limited to, using the Photos in calendars, brochures, newsletters and the Camp Starlight website.

I release and agree to hold harmless and indemnify Camp Starlight, and its officers, directors, employees, volunteers and contractors, from any claims, losses, or liability based on or in any way related to the use of the Photos in any manner.

I understand that Camp Starlight does not monitor camera use by individual campers or volunteers, and hereby release and agree to hold harmless and indemnify Camp Starlight, and its officers, directors, employees, volunteers and contractors, from any claims, losses, or liability based on or in any way related to an individual camper's or volunteer's use or publication of photographs or video taken by the individual camper or volunteer of or including the Camper.

*Initial*

\_\_\_\_\_ **I decline permission** for my child to participate in the Camp Starlight group photo, general photos, and video of campers to be shared with campers, volunteers, and staff. Although I have declined permission for the Camper to be photographed by Camp Starlight staff, I understand that Camp Starlight does not monitor camera use by individual campers or volunteers, and hereby release, and agree to hold harmless and indemnify Camp Starlight, and its officers, directors, employees, volunteers and contractors, from any claims, losses, or liability based on or related in any way to an individual camper's or volunteer's use or publication of photographs or video taken by the individual camper or volunteer of or including the Camper.

I have read, understood, and completed the above Photo Release form for the Camp Starlight.

Camper Name: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name





# CAMPER HEALTH HISTORY

The following information must be provided by the participant's Parent/Guardian. The intent of this form is to provide camp health care personnel the background to provide appropriate care. Any changes to this form should be provided to Camp Starlight's health personnel upon the participant's arrival at camp. Please provide complete information so that the camp is fully aware of your child's needs. Thank you.

CAMP  
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LIGHT

P.O. Box 80666  
Portland, OR 97280  
503.964.1516

[info@camp-starlight.org](mailto:info@camp-starlight.org)

You may return  
completed health forms  
via US Mail or scan and  
email to above email  
address.

Camper Name \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Contact Phone number \_\_\_\_\_

## HEALTH INSURANCE INFORMATION

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Group # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Effective through September ? YES NO

**\*\*Photocopy of front and back of health insurance card must be attached to this form.**

## PHYSICIAN CONTACT INFORMATION

Name \_\_\_\_\_ Clinic \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

## PARENT/GUARDIAN AUTHORIZATION:

This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel at Camp Starlight to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

ALLERGIES (list all known)

DESCRIPTION OF REACTION AND HOW IT IS MANAGED

Allergies (include insect stings, hay fever, asthma, animals, etc.)

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GENERAL QUESTIONS (explain "yes" answers below)

- |  |     |    |
|--|-----|----|
| 1. Had any recent medical condition (e.g. illness, injury)? .....            | Yes | No |
| 2. Have a chronic or recurring illness/condition?.....                       | Yes | No |
| 3. Ever been hospitalized?.....  | Yes | No |
| 4. Ever had surgery?.....  | Yes | No |
| 5. Have frequent headaches?.....   | Yes | No |
| 6. Ever had a head injury or been knocked unconscious?.....                  | Yes | No |
| 7. Wear glasses, contacts or protective eyewear?.....                        | Yes | No |
| 8. Ever had frequent ear infections?.....                                    | Yes | No |
| 9. Ever had chest pains, been dizzy, or passed out during or after exercise? | Yes | No |
| 10. Ever had seizures or epilepsy?.....                                      | Yes | No |
| 11. Ever had high blood pressure?.....                                       | Yes | No |
| 12. Ever been diagnosed with a heart murmur?.....                            | Yes | No |
| 13. Ever had back problems?.....   | Yes | No |
| 14. Ever had problems with joints (e.g. knees, ankles)?.....                 | Yes | No |
| 15. Bringing an orthodontic appliance to camp?.....                          | Yes | No |
| 16. Have any skin problems (e.g. itching, rash, acne)?.....                  | Yes | No |
| 17. Have diabetes?.....  | Yes | No |
| 18. Have asthma?.....  | Yes | No |
| 19. Had problems with diarrhea/constipation?.....                            | Yes | No |
| 20. Have problems with sleepwalking or bed-wetting?.....                     | Yes | No |
| 21. Ever had emotional difficulties for which professional help was sought?  | Yes | No |

Please explain any "yes" answers, noting the number of the question.

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# MEDICATIONS:

Please list ALL medications (including over-the-counter and/or non-prescription drugs) taken routinely. Bring enough medication to last the entire week of camp. Keep all medications in their original packaging/ bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

\* \_\_\_ This person takes NO medication on a routine basis.

This person takes medications as follows:

Med #1 \_\_\_\_\_ Sig: \_\_\_\_\_

Med #2 \_\_\_\_\_ Sig: \_\_\_\_\_

Med #3 \_\_\_\_\_ Sig: \_\_\_\_\_

Med #4 \_\_\_\_\_ Sig: \_\_\_\_\_

Med #5 \_\_\_\_\_ Sig: \_\_\_\_\_

Med #6 \_\_\_\_\_ Sig: \_\_\_\_\_

Med #7 \_\_\_\_\_ Sig: \_\_\_\_\_

Identify any medications during the school year that participant does not take during the summer:

# CAMPER MEDICAL EXAMINATION

THIS PAGE MUST BE COMPLETED BY A LICENSED MEDICAL PERSONNEL

## A. OVERALL ASSESSMENT:

Date of physical exam \_\_\_\_\_

HR \_\_\_\_\_ BP \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

GENERAL \_\_\_\_\_

HEENT \_\_\_\_\_

CARDIAC \_\_\_\_\_

LUNGS \_\_\_\_\_

ABDOMEN \_\_\_\_\_

BACK \_\_\_\_\_

SKIN \_\_\_\_\_

EXT/JOINTS \_\_\_\_\_

GU \_\_\_\_\_

OTHER \_\_\_\_\_

In my opinion, this applicant is able to participate in an active camp program. The applicant is under the care of a physician for the following medical conditions:

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

## B. RECOMMENDATIONS OR RESTRICTIONS AT CAMP:

Medically-prescribed meal plan or dietary restrictions \_\_\_\_\_

Clinical Diagnosis: HIV \_\_\_\_\_ AIDS \_\_\_\_\_ None \_\_\_\_\_ Other \_\_\_\_\_

Does patient have any behavioral or mental health concerns ? If yes, please describe:

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

Description of limitation(s) or restriction(s) on camp activities : \_\_\_\_\_

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

**C. TUBERCULOSIS (TB) SKIN TESTING OR INTERFERON GAMMA RELEASE ASSAY (IGRA):**

The American Academy of Pediatrics recommends annual TB skin tests for all HIV-infected children; it is also recommended for children who reside with HIV-infected adults. TB testing information is **required** for the child's participation. A TB skin test result must be documented within the past 12 months. **This is an absolute requirement!**

Most recent TB Skin Test **OR** IGRA Date: \_\_\_\_\_ Result: \_\_\_\_\_ mm

Chest x-ray (If test positive or hx of disease) Date: \_\_\_\_\_ Result: \_\_\_\_\_

If patient has history of TB infection, please indicate when treated \_\_\_\_\_

**D. IMMUNIZATIONS:**

Are immunizations up to date? Yes \_\_\_ No \_\_\_

**\*\*\*Please attach a copy of the immunization record**

**SIGNATURE OF LICENSED MEDICAL PERSONNEL:**

\_\_\_\_\_ Date \_\_\_\_\_

**Printed Name:**

\_\_\_\_\_ Title \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_