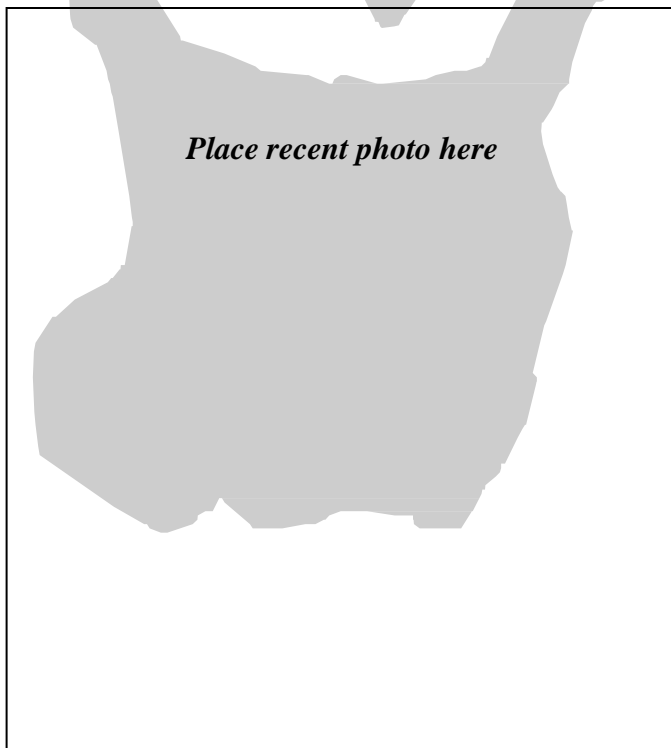


AUGUST 5TH TO 9TH
The Justin Woods Foundation – MD Adult Camp 2019
CAMPER APPLICATION

Instructions: Please complete the requested information in each section carefully and completely. All information you provide on this form will remain strictly confidential, and is used by TJWF’s Camp Director to alert appropriate camp staff and volunteers only when deemed necessary. **PLEASE WRITE CLEARLY IN BLACK OR BLUE INK ONLY.** Be sure the information provided in the application is correct and complete, if you need more space use the back of the pages. Any false statement, omission of information, or misrepresentation of the facts called for on this application may be cause for denial of admission to camp. Completion of this application does not guarantee a space for you at TJWF - MD Camp. Camp is generally available on a first-come, first-served basis. Acceptance to camp is contingent upon evaluation of this application by TJWF’s Camp Director, staff and medical advisors.

A recent **color photograph** of the applicant should be included with this form. This photo will assist camp staff in identifying campers for medications, in providing for night care without having to awaken campers, and ensuring the security of all participants. While the photo need **not** be a special passport photo, it should be a **recent color** photo of **only the camper.** This photo should be pasted below.

**All 13 pages must be filled and returned NO LATER THAN July 15, 2019 Send
to The Justin Woods Foundation at 18830 Golden State Blvd.
Madera, CA. 93637. If you have any questions please call Sandy Smith at (559) 395-6341.**



A PRE-CAMP MEDICAL HEALTH EXAMINATION IS REQUIRED FOR ALL CAMPERS. The physician who usually and most frequently cares for you and should not be a member of the applicant’s family should complete this section. The physician must evaluate you within three months prior to the camp session or at any time prior to camp as may be required by TJWF. On page 13 you will find the camper health examination form. It may be returned separately. **IF THIS HEALTH FORM IS NOT COMPLETED AND RETURNED TO TJWF AT LEAST TWO WEEKS BEFORE THE START OF THE CAMP SESSION, YOU WILL BE REFUSED ADMISSION TO CAMP.** TJWF reserves the right to deny admission to camp or dismiss from camp anyone whose medical condition, mental condition, behavior, personal conduct, or influence on other camp participants is deemed detrimental to the camp community

SECTION ONE 🖐️🖐️🖐️ Camper Profile

Complete in black or blue ink only.

Name: _____
(Last) (First) (Middle)

What type of neuromuscular disease do you have? _____

Home Address: _____
(Street)

(City) (County) (State) (Zip)

Home Phone #: () Cell (or Alternative) Phone #: ()

Parent E-mail Address: _____ Camper E-mail Address: _____

Age: _____ Date of Birth: / / Height: _____ Weight: _____

Nickname: _____ T-shirt Size: (A or Y sizing) _____

Languages Spoken: English Spanish Other (Please list): _____

We need your help to create the best opportunity for your camp experience to be a success. Please respond to the following questions with any information you feel would be helpful.

What are your three favorite hobbies or interests?

1) _____ 2) _____ 3) _____

What are your eating habits? (CHOOSE ONE) GOOD FAIR POOR

Please explain: _____

Please list foods/snacks you like: _____

Please list foods/snacks you dislike: _____

Do you choke easily or have problems swallowing? _____

What foods/snacks would you prefer not be offered to you? _____

What is your usual bedtime? _____ Do you generally sleep well? YES NO (CHOOSE ONE)

Is there a bedtime routine we can help with to make you more comfortable? _____

Do you have any strong fears (e.g. darkness, water, dogs, thunder, bugs, horses, etc.) we should be aware of? _____

Are you comfortable making new friends? _____

Have you experienced a significant life event or are there any special situations we should know about that affect your life? If yes, briefly describe: _____

SECTION ONE CONTINUED   Camper Profile

Have you ever received psychological or psychiatric counseling or treatment? (CHOOSE ONE) YES NO

If yes, please provide dates and explain diagnosis and treatment: _____

If you responded “yes” to the previous question, may TJWF contact the treating physician/healthcare professional if the TJWF Camp Director or medical staff feels it is necessary and in your best interest or in the best interests of the camp community? (CHOOSE ONE) YES NO

Name of Contact: _____ Phone #: () _____

Relationship to your child (i.e. physician, psychiatrist, etc.) _____

Have there been any major life changes within the last year? (CHOOSE ONE) YES NO

If yes, please provide details: _____

Is there anything else that we should know about you that might help in making your stay at camp more pleasant?

CAMPER INFORMATION

Name		
Street Address		
City, State, Zip Code		
Home Phone #	()	()
Employer Name		
Work Phone #	()	()
Cell/Pager #	()	()
Fax Number #	()	()

Marital Status: Married Separated Divorced Single

SECTION TWO   Camper Health/Medication Information

The camp medical staff supervises the health and wellbeing of campers and volunteers. Please complete **all** requested information in the sections below. Please include any additional health concerns you may have that are not specifically requested in the space at the end of this section. To the extent any information is designated as protected health information under the Health Insurance Portability and Accountability Act (HIPAA), TJWF agrees to abide by all applicable laws.

Name of your family physician/pediatrician: _____ Phone #: (____) _____

Name of your MDA clinic physician: _____ Phone #: (____) _____

MEDICAL INSURANCE COVERAGE

*Attach photocopy of
FRONT of
Insurance card*

*Attach photocopy of
BACK of
Insurance card*

1. Please list any **MEDICATION ALLERGIES** you have experienced: _____

2. Please list any **FOOD ALLERGIES** you have experienced: _____

3. ***OTHER ALLERGIES** (e.g. sun, latex, animals, plants, etc.): _____

**Since service animals may accompany some campers, please indicate applicant's typical reaction to and severity of any animal allergies so that appropriate accommodations can be made.

Are you prone to any of the following illnesses or conditions?

ADD/ADHD	YES	NO	Hay fever	YES	NO
Anxiety/Depression	YES	NO	Headaches	YES	NO
Asthma	YES	NO	Heart Conditions/Problems	YES	NO
Back/Neck Pain	YES	NO	Hepatitis/Hepatitis Exposure	YES	NO
Bed Sores	YES	NO	Homesickness	YES	NO
Bed Wetting	YES	NO	Indigestion	YES	NO
Bee Sting Reactions*	YES	NO	Panic Attacks	YES	NO
Bladder Control Problems	YES	NO	Peanut/Nut Allergies*	YES	NO
Bone Fractures	YES	NO	Pet Allergy*	YES	NO
Constipation	YES	NO	Pneumonia	YES	NO
Developmental Delay/Autism	YES	NO	Seizures/Convulsions	YES	NO
Diabetes	YES	NO	Severe Menstrual Cramps	YES	NO
Diarrhea	YES	NO	Shortness of Breath	YES	NO
Ear Infections	YES	NO	Sinusitis	YES	NO
Eating Disorder	YES	NO	"Swimmer's" Ear	YES	NO
Emotional Problems/Self Injurious Behavior	YES	NO	Urinary Tract Infections	YES	NO
Frequent Colds	YES	NO	Wheezing	YES	NO

***If you indicated any allergies above, will you be bringing an Epipen to camp? (CHOOSE ONE) YES NO**

SECTION TWO CONTINUED 🖐️🖐️🖐️ Camper Health/Medication Information

Use the space provided below to explain any "YES" answers (e.g. date of last event, was hospitalization necessary, treatment received, etc.) _____

Bowel and bladder habits - How frequently do you go to the bathroom? _____

Do you have any history of heart problems (including arrhythmia(s), abnormal blood pressure, etc.)?
(CHOOSE ONE) YES NO If yes, please specify: _____

Immunization Status

An up-to-date immunization status is required to attend camp. Please list the dates of the **most recent** immunizations given to you and **attach a copy of immunization record**.

DPT series (campers under age 10) _____ Mumps..... _____
Td (Tetanus...campers over age 14)..... _____ German Measles (Rubella)..... _
Measles (Rubeola) _____ TOPV or OPV or Salk (Polio)....
Flu/H1N1 _____
Have you had H1N1? (CHOOSE ONE) YES NO **OR** UNKNOWN

Immunization Documentation: (CHOOSE ONE)

- Copy of current official documented immunization record attached
- Religious Beliefs exemption form (if applicable by state law) signed by parent/guardian attached
- Medical exemption form signed by a physician and parent/guardian attached
- Signed Laboratory Proof of Immunity form attached

Is there any other information the medical staff should be aware of (e.g. special diet, motion sickness, recent surgeries, serious injuries, depression, suicide threats or attempts, eating disorder, anxiety disorder, etc.)? _____

Are upcoming surgeries or new medical equipment on order that you will receive prior to camp? If yes, list nature of surgery, proposed date and/or new medical equipment (if applicable). _____

Have you been exposed to a communicable disease (e.g. head lice, strep throat, mononucleosis, etc.) in the last six (6) months? (CHOOSE ONE) YES NO If yes, please describe: _____

IMPORTANT: YOU ARE REQUIRED TO NOTIFY TJWF IF YOU HAVE BEEN EXPOSED TO A COMMUNICABLE DISEASE AFTER SUBMISSION OF THIS APPLICATION.

SECTION TWO CONTINUED   Camper Health/Medication Information

For Female Campers Only

Is your menstrual history normal? _____ Any special concerns or problems (e.g. severe cramps, etc). _____

Are you currently pregnant? (CHOOSE ONE) YES NO

PHYSICAL NEEDS

DO YOU REQUIRE:

	YES	NO	Details
Assistance with verbal communication.....	YES	NO	Details _____
Assistance with stairs (if mobile)	YES	NO	Details _____
Assistance to stand (if mobile)	YES	NO	Details _____
Assistance to transfer	YES	NO	Details _____
Assistance with dressing.....	YES	NO	Details _____
Assistance with toileting.....	YES	NO	Details _____
Assistance with bathing	YES	NO	Details _____
Assistance with eating	YES	NO	Details _____
Special positioning in bed.....	YES	NO	Details _____
Turning in bed at night	YES	NO	Details _____
Use of hospital bed	YES	NO	Details _____
Head of bed elevated	YES	NO	Details _____
Urinal at bedside	YES	NO	Details _____
Night Splints	YES	NO	Details _____
Leg braces	YES	NO	Details _____
Body corset	YES	NO	Details _____
Feeding tube.....	YES	NO	Details _____
Use of hydraulic lift	YES	NO	Details _____
Bringing a service animal to camp.....	YES	NO	Details _____

RESPIRATORY NEEDS

DO YOU REQUIRE:

Bi-pap	YES	NO	Details _____
C-pap.....	YES	NO	Details _____
Cough assist	YES	NO	Details _____
Inhaler	YES	NO	Details _____
Mechanical ventilator/trach	YES	NO	Details _____
Nebulizer.....	YES	NO	Details _____
Respiratory equipment/therapy	YES	NO	Details _____
The Vest.....	YES	NO	Details _____
Oxygen.....	YES	NO	Details _____
Suction machine.....	YES	NO	Details _____

Please detail the schedule for when each piece of equipment should be used: _____

Other equipment/aids used by you at home: _____

SECTION TWO CONTINUED 🖐️🖐️🖐️ Camper Health/Medication Information

THERAPY AND ORTHOPEDIC NEEDS

Will you require physical therapy at camp? (CHOOSE ONE) YES NO
Please detail your current home physical therapy program. Be sure to include the length of time each day and number of times each week the routine is performed. (Attach a list of exercises -- what type, how many and how often -- on separate sheet with instructions if necessary.) _____

Are you ambulatory (able to walk)? _____
Do you ever use a wheelchair or walker? _____

Please check which type(s) of wheelchair will be brought to camp. ___Manual___Power___Scooter___N/A
Please describe the type of braces that you wear and the schedule by which they are worn. _____

Is there any further information that may be helpful in understanding your needs at camp? _____

What "aches and pains" are "normal" for you and how should they be treated? _____

Other assistance required and/or additional health concerns: _____

IMPORTANT:

- 🖐️ **IF YOU REQUIRE EXTRA PILLOWS OR FOAM WEDGES FOR POSITIONING, PLEASE BRING ITEMS TO CAMP AS THEY WILL NOT BE AVAILABLE AT THE CAMP FACILITY.**
- 🖐️ **ALL WHEELCHAIRS AND SCOOTERS MUST HAVE A SEATBELT. SEATBELT USE IS STRICTLY ENFORCED.**
- 🖐️ **PLEASE PROVIDE ENOUGH MEDICAL SUPPLIES FOR ONE WEEK, PLUS 2 ADDITIONAL DAYS.**
- 🖐️ **ALL RESPIRATORY EQUIPMENT SHOULD BE BROUGHT TO CAMP WITH YOU.**
- 🖐️ **IF BRINGING MEDICAL EQUIPMENT, PLEASE ALSO PROVIDE A SURGE PROTECTOR WITH THE YOUR NAME CLEARLY MARKED. ALL EQUIPMENT NEEDED ON A DAILY BASIS MUST BE BROUGHT WITH YOU.**
- 🖐️ **PLEASE HAVE ALL SPLINTS, BRACES, WHEELCHAIRS, RESPIRATORY EQUIPMENT AND ASSISTIVE ACCESSORIES CHECKED OR SERVICED PRIOR TO ARRIVAL AT CAMP. PLEASE BE SURE EACH ITEM IS CLEARLY IDENTIFIED WITH YOUR FIRST AND LAST NAME.**

If you are in the process of ordering new equipment, please work with your equipment vendor to ensure that it will be available prior to the start of camp. Please contact TJWF if you are concerned about equipment availability

I understand that the equipment I bring to camp must be, to the best of my knowledge, in good operating condition and that any repairs made to the equipment while at camp that are a result of routine use will be my responsibility if such repairs are not covered under the Association's program guidelines.

SECTION TWO CONTINUED   Camper Health/Medication Information

MEDICATIONS

Camp regulations require that the camp medical staff administer ALL medications. All prescription medications (such as antibiotics, birth control pills, asthma medications, insulin, "heart pills," etc.) and all non-prescription medications (such as allergy pills, cold tablets, vitamins, antacids, etc.) must be turned in to the medical staff when you arrive at camp. Individuals may be allowed to keep inhalers, bee sting kits and nitroglycerin tablets after consultation with the medical staff **PLEASE BRING ENOUGH OF YOUR MEDICATIONS FOR THE FULL WEEK CAMP STAY PLUS TWO (2) ADDITIONAL DAYS. ALL PRESCRIPTION MEDICATIONS MUST BE BROUGHT TO CAMP IN THE ORIGINAL CONTAINER (S) WITH ORIGINAL PHARMACY LABEL (S) OR ASK YOUR PHARMACIST FOR AN EXTRA, FULLY LABELED CONTAINER FOR USE AT CAMP.**

Please complete the listing below with all medications, including non-prescription medications such as dietary supplements, to be taken by you, and the schedule by which they are given. (Attach a separate sheet detailing all other medications if additional writing space is required.)

Medication Name	Dose	Reason for Medication	Time Doses Are Given
-----------------	------	-----------------------	----------------------

Medication Name	Dose	Reason for Medication	Time Doses Are Given
-----------------	------	-----------------------	----------------------

Medication Name	Dose	Reason for Medication	Time Doses Are Given
-----------------	------	-----------------------	----------------------

Medication Name	Dose	Reason for Medication	Time Doses Are Given
-----------------	------	-----------------------	----------------------

While we encourage campers to continue all medications during the summer camp session, please list all medications currently being taken by you that you've chosen, in consultation with your treating physician, **not** to provide during the camp session.

Medication Name	Dose	Reason for Medication	Time Doses Are Given
-----------------	------	-----------------------	----------------------

Medication Name	Dose	Reason for Medication	Time Doses Are Given
-----------------	------	-----------------------	----------------------

I give permission for the TJWF camp medical staff to administer the following (or similar brand of) over-the-counter medications if deemed necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

HeadacheAcetaminophen or Ibuprofen	Diarrhea.....Imodium AD
Upset Stomach.....Pepto Bismol	Menstrual Cramps.....Ibuprofen
Poison Ivy.....Hydrocortisone cream	Constipation.....Dulcolax/Fleet
Allergy/Congestion/Cold.....Benadryl/Sudafed	Enema/MiraLax

SECTION THREE   Legal Releases—Guidelines and Agreements
PLEASE COMPLETE AND SIGN ALL PARTS OF EACH SUB-SECTION

Medical Consent and Emergency Contacts

The health history contained in this application is correct so far as I (we) know and the person herein described has permission to engage in all camp activities, except as noted by me (us) and/or an examining physician. I certify to the best of my knowledge, I do not have any contagious or communicable disease or condition. I also understand that TJWF and the camp are not responsible for illness due to previous injuries, health conditions or illness incidental to attending camp.

If there should be a medical emergency while at the TJWF-MD Camp or going to and from camp, I (we) authorize treatment by the TJWF-MD Camp medical staff or referred by such staff to emergency medical personnel, nurses and/or physicians. TJWF-MD Camp medical staff maintains a medical cabin on the campgrounds. They are able to evaluate and treat most minor illnesses and injuries as well as stabilize any serious medical conditions. I (we) also authorize routine treatment by the TJWF-MD Camp medical staff during the week of camp. I (we) authorize the TJWF Camp Director or medical staff of the camp to select and designate emergency medical personnel, nurses and physicians to furnish emergency medical services, nursing, medical and/or surgical care should it be necessary and to arrange transportation and admittance to a hospital in case of emergency. I (we) further absolve TJWF, the camp and camp volunteers, staff and participants from any and all liability for their reasonable acts done in good faith.

EMERGENCY CONTACTS

The individuals listed below have been advised and have agreed to serve as emergency contacts:

In case of emergency, **please contact**

Secondary **emergency contact:**

Name of Primary Contact (PLEASE PRINT)

Name of Secondary Contact (PLEASE PRINT)

Relationship to camper

Relationship to camper

City

City

() ()

() ()

Phone # - day Phone # - evening

Phone # - day Phone # - evening

()

()

Cell/Pager #

Cell/Pager #

Can the individuals listed above as emergency contacts also act on your behalf to make **non-emergency decisions** regarding activities or other services provided to you while at camp?

(CHOOSE ONE) YES NO

PHOTO CONSENT AGREEMENT AND ROSTER RELEASE

PHOTO CONSENT

TJWF regularly photographs and films camp and participants in the camp program for fund-raising and publicity purposes. The following consent form allows TJWF to use your photograph or film for these purposes.

In consideration of The Justin Woods Foundation ("TJWF's") permitting me to attend TJWF-MD Camp, I hereby give my consent to TJWF, its officers, directors, employees, agents, chapters, assignees, licensees, volunteers, and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns to use my name, picture, portrait, likeness, writings, biographical information, audiotape and/or videotape recordings and sound and/or silent motion pictures of me and my real and/or personal property in any medium for use in camp yearbook, editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and for any other purpose in furtherance of the corporate purposes and objectives of TJWF, without payment to me. This consent shall be binding upon heirs, my executors, administrator, assigns and myself.

ROSTER RELEASE

I hereby give my consent for my name, address, birthday, phone number and e-mail address to be included in the TJWF-MD Camp Roster and/or camp yearbook.

In consideration of The Justin Woods Foundation ("TJWF") permitting me to attend TJWF-MD Camp, I hereby for myself, my heirs, executors, administrators and assigns, **WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE** that I may have against TJWF, its directors, officers, employees, counselors, volunteers, medical staff, agents, chapters, assignees, licensees, and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which I may suffer while taking part in TJWF-MD Camp or any activities connected with the TJWF-MD Camp. **I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE any or all of the Released Parties in connection with the event.** I further understand that I assume all risks in participating in TJWF-MD Camp. I further recognize that TJWF and the camp cannot be held responsible for personal injury, death, (including traveling to and from the activities) and loss of clothing or personal property while at camp, and I will try to have all belongings plainly marked. In addition, I understand that some camp counselors or volunteers may be under age eighteen.

This release shall be binding upon heirs, my executors, administrators, assigns and myself.

I (we) acknowledge that TJWF-MD Camp program typically may include but is not limited to the following activities:

Archery -Boating-Horseback riding-Motorcycle sidecar or 3-wheel cycle rides-Swimming.

TJWF goes to great lengths to select the most trustworthy and appropriate camp volunteers who are well suited to the task of caring for campers. TJWF carefully screens and interviews each camp volunteer prior to the camp session. TJWF camp volunteers work with you in the context of a visible, well-scrutinized community that has many built-in checks and balances. Volunteers are supervised by staff and are guided by clear, firm policies regarding behavior. Their actions are also visible to a community full of volunteers, campers, and TJWF staff.

Camp volunteers spend one week at TJWF-MD Camp and TJWF does not take responsibility for their behavior or actions outside of the TJWF-MD Camp session. If you wish to continue contact with a camp volunteer after the camp sessions ends, that is, of course, your right. However, by doing so, you understand that you accept full responsibility for overseeing whatever contact occurs as a result.

TJWF-MD CAMP POLICIES

Please read the following TJWF-MD Camp Practices and Policies Agreement carefully and thoughtfully, and then sign the statement of compliance that follows.

RESPECT: Each camp participant -- including campers, counselors, cabin leaders, activity staff, medical staff and administrative staff -- has a RESPONSIBILITY to respect the camp leadership, as well as the health and well-being of the TJWF-MD camp community. Each camp participant is expected to be a considerate cabin mate and be respectful to people and their belongings. All campers must maintain wheelchairs at a safe speed. Profanity is frowned upon and initiations are not permitted.

MEDICAL SERVICES: Every camp participant must turn in a completed medical status form prior to camp. The camp will provide medical care to anyone who becomes ill or injured during the camp session. Authorized and licensed medical team members will administer all treatment and/or health care. Medication (prescription and over-the-counter) must be kept in the infirmary and dispensed by medical staff. The medical staff must be advised promptly of any injuries, allergies or health problems.

DRESS CODE: Females should wear one-piece bathing suits only. Please do not wear "short shorts," low cut tanks, or shirts with inappropriate slogans. Shirts promoting liquor or with sexual references are not appropriate at camp.

MORAL BEHAVIOR: Everyone at camp is expected to behave in a morally upstanding way. Public displays of affection between campers and/or volunteers are not tolerated. Obscene, pornographic or lewd materials are not allowed. Any sexual activity at camp is strictly forbidden.

CURFEW: Everyone is urged to get enough sleep to be able to function effectively throughout the day.

CAMPGROUNDS: TJWF leases facilities to host local camp sessions. The camp's facilities and equipment should be treated with the utmost care and respect. All camp participants should take care not to damage or destroy any camp property and to be considerate of all wildlife on the campgrounds.

ACTIVITY SCHEDULE: Campers are expected to take part in the daily camp program by following the camp schedule and attending activities.

TRAVEL-IN-THREE'S SYSTEM: All campers must be accompanied by at least 2 volunteers at all times. Always practice the "rule of three" during the camp week.

VISITORS: Visitor's Day is primarily for TJWF sponsors and key volunteers. No other visiting is permitted during the camp week, including parents of campers.

VALUABLES AND CASH: Everyone is urged not to bring valued clothing, accessories, computer or camera equipment. TJWF and the camp are not responsible for loss or damage to personal property.

DRUGS AND WEAPONS ARE FORBIDDEN: The possession or use of illegal drugs are strictly forbidden and will be grounds for immediate dismissal from camp. The possession of any weapon (firearm, knife, explosives, etc.) is strictly forbidden on camp property as well. The weapon will be confiscated and the participant will be dismissed from camp.

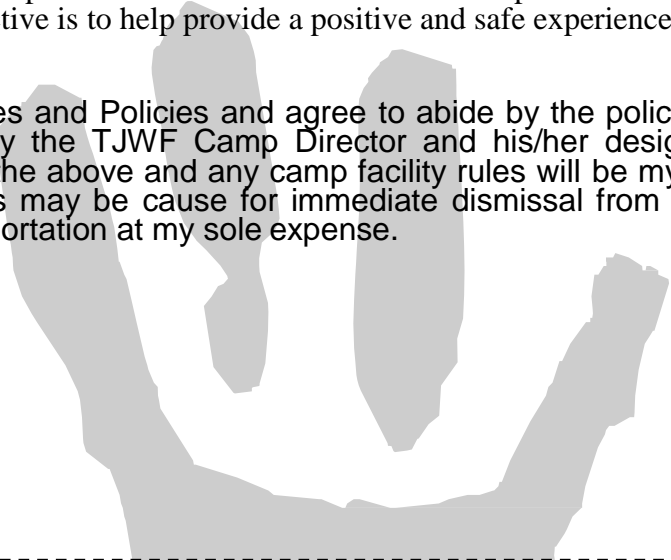
ALCOHOL IS FORBIDDEN: The possession or use of alcohol strictly forbidden and will be grounds for immediate dismissal from camp.

SIGNATURE REQUIRED

In order to attend TJWF-MD Camp, I will adhere to the rules set forth here and those established before and during the camp session:

1. I will respect the camp leadership and the entire camp community.
2. I understand that the paramount interest at TJWF-MD Camp is the safety and best interests of the campers and that my main objective is to help provide a positive and safe experience for those in attendance.

I have read the Practices and Policies and agree to abide by the policies detailed in this contract, as well as those established by the TJWF Camp Director and his/her designated camp assistants. I am fully aware that adhering to the above and any camp facility rules will be my sole responsibility. Deviation from these policies and rules may be cause for immediate dismissal from the Camp and I will have to make arrangements for transportation at my sole expense.



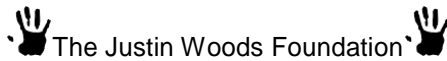
(Please initial all you agree to)

- Administer over-the-counter medications**
- Medical Consent**
- Emergency Contacts**
- Photo Consent**
- Roster Release**
- Legal Release**
- TJWF – MD Camp Policies**

(Please Print) name of applicant or responsible party

Signature of applicant or responsible party

Date



The Justin Woods Foundation
 A Miracle Just-In Time
 18830 Golden State Blvd. Madera, CA. 93637
 Phone (559) 395-6341

Medical Status: To Be Completed By Physician/Health Professional
 (NOT a member of applicant's family)

This section is to be completed by a medical professional familiar with your neuromuscular condition who can determine if you are eligible to attend TJWF-MD Camp program. This evaluation must take place no more than three months prior to camp and more recently if your health so requires.

Name: _____ Age: _____

Height: _____ Weight: _____ Pulse: _____ Resp. Rate (Resting): _____ Blood Pressure (Resting): _____

General Inspection/Type of Neuromuscular Disease: _____

STATUS, ESSENTIAL FINDINGS, DEVIATING FROM NORMAL

Head.....
 Eyes/Vision.....
 Nose.....
 Mouth/Teeth.....
 Ears/Hearing.....
 Neck/Thyroid.....
 Thorax/Lungs.....
 Heart.....
 Abdomen/Hernia.....
 Skin.....
 Lymphatics.....
 Spine.....
 Extremities.....
 Emotional Status.....
 Neurological Exam: _____

RECOMMENDATIONS AND/OR RESTRICTIONS WHILE AT CAMP

Participation involves group living, out door activities, physical activity, adaptive sports, and swimming.

Cardiac: _____
 Pulmonary: _____
 Special Diet: _____
 Medication(s) (please specify dosage): _____
 Therapy (physical, respiratory, etc.): _____
 Swimming: _____
 Strenuous Activity: _____
 Other: _____
 Can he/she tolerate high altitudes? (If applicable): _____

NOTE TO HEALTH PROVIDER:

- In your medical opinion, is TJWF-MD Camp an appropriate environment for him/her?** YES NO
- I have examined the person herein described and reviewed his/her health history. In your opinion is he/she medically and emotionally able to engage in camp, except as noted above?** YES NO

If no, please explain: _____

.....A PHYSICIAN/HEALTH PROFESSIONAL MUST SIGN IN THE SPACE PROVIDED BELOW.....

(PLEASE PRINT) Physicians/Medical Professional's Name

Address

Physicians/Medical Professional's Signature

City

State

Zip

Date

()

Phone

2019 Campers Name _____