

Dear Parents,

We are super excited to open camp for summer 2024! Our mission at Camp Hawkins is to create an atmosphere where every child feels special and loved.

Camp Hawkins is a five-day camp for children ages 8 - 21 with special needs including, but not limited to, ADHD, Autism, Cerebral Palsy, Developmental Delays, Down's Syndrome, Learning Disorders, or Traumatic Brain Injury. Each camper will be assigned a counselor, who will serve as their one-on-one camp buddy for the week.

Once you submit an application, someone from GBCHFM will make contact with you. It is important when you submit your application that everything is complete, including scholarship information and physical form. Any incomplete applications, may result in your camper being bumped from the first come/first serve protocol.

The submission of applications will close out Feb. 29, 2024. During the months of March and April, administrative staff members will work to assign campers and review paperwork. If this is the first summer for your camper, you will be contacted about a virtual meeting to meet your camper and to get to know his/her routines. Acceptance letters will be emailed in April.

Thanks again for entrusting us with your camper. We can't wait to see everyone!

Sincerely,
Rachel Laubrich
Cheryl McReady
Katlyn Renfroe

New Important Notice

There is one important reminder pertaining to the medical form to consider when filling out this application. We require that every camper prior to camp has an up-to-date physical. Every camper's doctor must sign off that they have had a physical within the last year. The medical form is located on page 15&16.

IN ORDER FOR YOUR CHILD TO BE ACCEPTED AND CONFIRMED FOR CAMP HAWKINS 2024, YOU MUST HAVE THE MEDICAL FORM COMPLETED INCLUDING THEIR PHYSICIAN'S SIGNATURE BY APRIL 15, 2024.

The application is due on February 29, 2024. Turning in this application before or on February 29, 2024 will reserve your child a slot at camp. However, if you need more time completing the medical form, you have until April 15 to get it in. If we do not receive your child's medical form by April 15 their slot at camp will no longer be reserved. If you run into any problems with this or any questions, do not hesitate to reach out!

Participant's Name _____

Camp Hawkins 2024

Application Forms

New Camper: _____ Returning Camper: _____

Please circle T-shirt size

Youth small (6-8)

Youth medium (10-12)

Youth large (14-16)

Adult Small

(Adult Medium)

Adult Large

Adult X-Large

Adult 2XL

Adult 3XL

APPLICATION DEADLINE:

Upload to the Camp Hawkins Website
No Later than February 29th

<https://www.georgiachildren.org/camp-hawkins>

Camp Dates

Please put a "1" by your preferred session. We will do our best to accommodate your request. However, if we are unable to place your child in the session of your choice please rank your alternate options by placing a "2" and a "3" by the dates listed. ****Please notice camp is being offered at two different locations. ONLY CHOOSE THREE DATES TOTAL FROM BOTH LOCATIONS!!!****

Baxley, Georgia Location	
<u>Dates</u>	<u>Choices</u>
Session 1: June 12-16 (Wednesday-Sunday)	_____
Session 2: June 19-23 (Wednesday- Sunday)	_____
Session 3: June 26-30 (Wednesday- Sunday)	_____

Mt. Airy, Georgia Location	
Session 1: June 5-9 (Wednesday-Sunday)	_____
Session 2: June 12-16 (Wednesday-Sunday)	_____
Session 3: June 19-23 (Wednesday-Sunday)	_____
Session 4: June 26-30 (Wednesday-Sunday)	_____
Session 5: July 3-7 (Wednesday-Sunday)	_____

No preference.

Any session will work with our schedule.

May have conflicts with the following week:

Please list the name of camper you would like your child to attend with if any:

RELEASE FOR
Participant's Name: _____

Note: This complete and signed release form and notice (signed and dated on all four lines) must accompany all applications. No participant will be accepted at Camp Hawkins until administrative personnel receive all requisite forms.

- I.** “To the best of my knowledge, full disclosure of the above named participant’s medical history has been made to the Physician/Licensed Health Care Provider named on participant’s medical section of this application and that such Health Professional has noted any and all pertinent and applicable conditions on these forms so that Camp Hawkins medical personnel and/or any emergency medical personnel will have record of such. I hereby agree to indemnify and hold harmless the actions of Georgia Baptist Children’s Homes and Family Ministries, Camp Hawkins, and/or volunteers, employees, or agents of any or all of these entities against any and all claims arising from any bodily injury or loss suffered by the above named. I authorize such physicians or medical staff as Camp Hawkins/Georgia Baptist Children’s Homes and Family Ministries, Inc. may designate to carry out any minor medical or surgical treatment and/or administer medication necessary. In the event that illness, accident, or injury should occur to the above named, I authorize Camp Hawkins/Georgia Baptist Children’s Homes and Family Ministries, Inc. to secure treatment deemed necessary and prudent and I assume complete responsibility for any hospital and/or medical expenses incurred thereto. It is understood that if hospitalization or treatment of a more serious nature is required, Camp Hawkins personnel will make every attempt to notify me.”

Signature of legal guardian WE. _____
Date

/

- II.** I understand that the above named participant’s transportation to and from Camp Hawkins is my responsibility. I further understand that the above named participant is to be picked up from Camp Hawkins. I hereby authorize Camp Hawkins staff to release the participant to the following:

Name of person picking up participant

Relation to participant

Signature of legal guardian

Date

III. Notice to all custody holders and participants

All athletic and recreational activities involve some risk for accident or injury. Georgia Baptist Children's Homes and Family Ministries does not provide insurance nor does it assume responsibility for such accidents or injuries. Participation in this program, activity, or facility and the use of its equipment is at the participant's own risk. I understand and accept these risks.

Signature of legal guardian

Date

IV. Photo release: "I agree to allow photography of above named to be used by Georgia Baptist Children's Homes and Family Ministries, Inc. and/or Camp Hawkins for any publicity and/or promotional and/or educational purposes including leaflets, flyers, television, newspapers, magazines, advertisements, audio visuals, etc. which further the aims of Camp Hawkins to provide a respite program for Georgia's children with mild/moderate and severe/profound developmental disabilities."

Signature of legal guardian

Date

V. Transportation Agreement: "I hereby authorize the Georgia Baptist Children's Homes & Family Ministries, Inc. to transport my child, _____, to and from activities during Camp Hawkins/Matthew's Time.

Signature of legal guardian

Date

VI. I hereby apply for the child indicated on this form to attend Camp Hawkins. I understand that if the safety of the participant or others is jeopardized by the participant's behavior, he/she will not be allowed to remain at camp.

Signature of Legal Guardian

Date

VII. I hereby understand that participation in camp may result in COVID-19 exposure. I understand the risks and dangers that may be involved in camp participation. I hereby release GBCH&FM from all liability related to COVID-19.

Signature of Legal Guardian

Date

VIII. I acknowledge that I have received a written listing of the name(s) and contact information for the appropriate agency Privacy Officer(s).

I acknowledge that I have received a copy of the Georgia Baptist Children's Home's and Family Ministries, Inc. (GBCH&FM) Summary Notice of Privacy Practices.

Signature of Legal Guardian

Date

Camp Hawkins Participant Application Form

Participant's Name

To be completed by Legal Guardian of Applicant

**Please Attach a
Current Photo**

A. General Information

Participant's Address:

Age _____ Grade _____

D/O/B _____

Male _____ Female _____

Diagnosis _____

Legal Guardian's Name:

Guardian's Address:

Cell# _____

Home# () _____

Relationship to Participant _____

Email address: _____

Please list two (2) people to notify in case of emergency (other than listed above)

Name and Address

Name and Address

Relationship to participant: _____

Relationship to Participant _____

Phone: Office () _____

Home () _____

Phone: Office: () _____

Home(): _____

How did you hear about Camp Hawkins? _____

7. ****Please fill out the entire application and answer ALL questions.****

B. Diagnosis and Personal Care

1. What is the camper's medical diagnosis and describe its impact on the camper on a daily basis:

2. **Personal Care Needs: Please indicate what assistance, if any, the participant needs with the following tasks: (examples: full assistance, little assistance, verbal cues, independent, reminders, etc)**

Standing: none _____ Walking: _____ -

Wheelchair user: _____ Yes _____ No If yes, electric or manual? _____

3. List all foods, beverages, or snacks to which the participant may be allergic. This information will help us better plan the menu.

4. Meals: (Please list any dietary accommodations that need to be met.)

5. Favorite Foods:

6. Does participant need food cut? ___ Yes _____ No

7. Does participant need a straw? ___ Yes _____ No

8. Does participant need a sippy cup? _____ Yes _____ No

9. Is the participant used to caffeine products? Yes _____ No _____

If yes, what type and frequency?. _____

Personal Care Continued

10. Bathroom: (diapers, pull-ups, trip trained, etc)

11. Bath:(time, shower/bath, morning/night, etc)

12. Does participant require a bathtub? _____ Yes _____ No

13. Please describe in detail the handling and routines of the following activities
Bedtime: (night time, light, music, singing to sleep, etc.)

14. Does the participant wet the bed? Yes _____ No _____

If yes, please explain frequency and how handled at home

**(Do you use extra pad at night, double diaper, wake up periodically, etc.)

15. Does participant have any sleep disturbances? Yes _____ No _____

If yes, please explain what occurs and how it is handled at home

C. Past Information

1. Has participant been away from home overnight before with someone other than close relatives? Yes _____ No _____

If yes, please explain:

2. Has participant ever attended other respite programs? Yes_xx _____ No _____
Describe experience:

3. How does participant interact with others? (examples: better with kids, adults, both)

4. Does he/she participate readily in group activities?
Yes _____ No _____

5. Does participant make friends easily? Yes _____ No _____

6. Is participant easily teased? Yes _____ No _____ About What?

8. How well does the participant swim?

Afraid of water _____

Play in wading area _____

Play in chest deep water _____

Must wear life preserver/aids _____

Swims without assistance in deep water- _____

Must have complete assistance in addition to life preserver _____

C. Past Information Continued

9. A. Describe any behavior issues or possible triggers?

.

B. What corrective methods are used for these problems?

C. What rewards are effective in reinforcing appropriate behavior?

D. What methods and/or consequences do not work?

10. Is the participant likely to wander away from the group for any reason? Yes__ No__
If yes, please explain:

11. What activities is the participant interested in: (Indoor/Outdoor)

12. Has your child ever been institutionalized for any reason? If so, please give us the name of the institute along with a brief description.
13. To assist us in designing appropriate activities for your child experience, please indicate your child's social maturity level:
.
14. Include any remarks or suggestions that may assist us in providing a happy experience for YOUR child during their stay with us.
15. Please describe what methods of communication the participant uses.(Examples: verbal, limited verbal, non-verbal, sign language, device for communication, PEC cards, etc)

D. Seizure Information:

Please fill out the following page if your child has ever had a seizure.

1. What kind of seizure does the participant have?
2. How long do seizures last?
3. Any specific limitations due to seizures?
4. Any specific meds to give during seizure?
5. Does participant take meds for seizures?

6. When was participants' last seizure?

7. Has participant ever been hospitalized because of seizures?

Camper's Name: _____

Camp Hawkins Medical Information (Mandatory)

USE ONLY THIS FORM

This form must be completed by a licensed Physician or a licensed health care provider. All applicants must have an updated physical exam within the past year.

Participant's Name: _____ Age _____ DOB: _____

(Please Print)

Medical History:

Seizure disorder:	yes	no	Height: _____	Weight: _____
Active seizures	yes	no		
Diabetes	yes	no	Sex: _____	Male: _____ Female
Hyperactivity	yes	no		

Physical Limitations

Sight	yes	no
Hearing	yes	no
Speech	yes	no
Mobility	yes	no

Other limitations:

Heart condition	yes	no
Prior surgeries	yes	no
Asthma	yes	no
Other respiratory difficulty	yes	no

Other significant history (also describe any yes answer(s) from above). Use reverse side if more space is needed. _____

LIST ALL ALLERGIES and what type of allergic reaction is exhibited (include foods, drugs, insects, bee stings, plants etc.) _____

Is participant toilet trained? _____

Is participant a bedwetter? _____

List special diet restrictions: _____

Are all immunizations current? _____

Date of last TD or DPT _____

Medication: List all prescription drugs the camper must take during respite time:

MEDICATION	DOSAGE	TIMES GIVEN	SPECIAL INSTRUCTIONS

PARTICIPANT MAY BE ADMINISTERED ROUTINE FIRST AID AND MAY BE PERMITTED TO TAKE OVER THE COUNTER DRUGS DURING RESPITE. (Such as Tylenol, Pepto Bismol) ____ Yes ____ No

Date of last physical examination: _____ (Within last 12 months)

In my judgment, this patient may participate in the camp experience with the following restriction, if any _____

PHYSICIAN'S NAME (PLEASE PRINT): _____

PHYSICIAN'S SIGNATURE: _____ DATE: _____

ADDRESS: _____

PHONE: _____

****NOTE** It is the parent's or legal guardian's responsibility to provide any medication in the ORIGINAL CONTAINER and to provide an ample supply to carry the camper through the entire week.**

Camp Hawkins
Emergency Contact Information and Consent Form

Child's Name _____ DOB: _____

Parent/Guardian #1 Name _____
 Telephone: Home _____ Work _____ Cell _____

Parent/Guardian #2 Name _____
 Telephone: Home _____ Work _____ Cell _____

Emergency Contacts (to whom camper may be released if guardian is unavailable)

Name #1 _____ Relationship _____
 Telephone: Home _____ Work _____ Cell _____

Name #2 _____ Relationship _____
 Telephone: Home _____ Work _____ Cell _____

Child's Preferred Source of Medical Care

Physician's Name _____ Telephone _____
 Address _____

Child's Health Insurance

Insurance Plan _____ ID# _____
 Subscriber's Name (card holder) _____

Any Special Conditions:

As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurances. I give consent for the emergency contact persons listed above to act on my behalf until I am available. I agree to update this information if a change occurs during my child's respite experience.

Parent/Guardian Signature _____ Date _____

Scholarship Request

We will try and provide the best scholarship possible based on the information you provide. Please check the amount you are requesting:

- ☐ To pay a reduced fee of \$700.00 receiving a \$100.00 scholarship
- ☐ To pay a reduced fee of \$600.00 receiving a \$200.00 scholarship
- ☐ To pay a reduced fee of \$500.00 receiving a \$300.00 scholarship
- ☐ To pay a reduced fee of \$400.00 receiving a \$400.00 scholarship
- ☐ To pay a reduced fee of \$300.00 receiving a \$500.00 scholarship
- ☐ To pay a reduced fee of \$200.00 receiving a \$600.00 scholarship
- ☐ To pay a reduced fee of \$100.00 receiving a \$700.00 scholarship
- ☐ To pay a reduced fee of \$50.00 receiving a \$750.00 scholarship
- ☐ To pay a reduced fee of \$0.00 receiving a \$800.00 scholarship

Waiver Information

The camp fee is \$800.00. We accept waivers and are a vendor for many of the agencies who provide waivers. If you are going to be paying by using a waiver, please complete and return this form.

Name of Participant: _____

☐ Yes, I will be using a waiver to pay. (if yes, fill out section below)

Name of Waiver Provider: _____

Amount Waiver will pay: _____

Person of Contact: _____

Telephone #: _____

email : _____

Address to send information to:

****If you need Camp Hawkins to send a payment request for down payment or deposit, we can do that as well as a bill for the remaining.**

Yes, I need Camp Hawkins to send a request for payment _____

No, A request is not necessary _____

****If the waiver does not pay the full amount please fill out the scholarship form for the remaining balance to be covered.**

