



**2010 CAMP BARNABAS**  
**Barn-a-Break**  
**Camper Application**



901 Private Road 2060, Purdy, MO 65734 (417) 476-2565 fax: (417) 476-2980  
[www.campbarnabas.org/barnabreak](http://www.campbarnabas.org/barnabreak)

~ Please fill out application completely with all needed information attached or application will be returned.~

**SPRING**  
**2010 BARN-A-BREAK**

**DATE**

**Spring Term**  
**March 26, 27 & 28, 2010**

All Disabilities  
 Ages 7 through 15

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**What is the Barn-a-break?**

A chance for our campers – and our summer staff – to connect outside of camp and a chance for parents to get a little respite and focus on yourself!.

**Cost of Barn-a-Break**

There is a **\$50** mandatory registration fee, which **MUST** be paid with camper application. The tuition for each Weekend is **\$100**, for a total of **\$150**.  
 You can pay up to arrival.

**Selecting the right weekend**

Fall—October 2009  
 Campers with all Disabilities  
 Ages 16—35

Spring—March 2010  
 Campers with all Disabilities  
 Ages 7—15

Please keep this page for your personal records of which weekend you sign up for.



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NAME of CAMPER:

1. Will your child be bringing medication? \_\_\_\_\_  
(Please bring all prescriptions in their original container.)

2. Will your child be bringing any special equipment such as a ventilator, etc.?  
\_\_\_\_\_

3. Please provide a detailed list of any special routines your child is used to.  
\_\_\_\_\_

4. Are there any negative behaviors that we should be aware of?  
\_\_\_\_\_

5. How do you typically restore peace when a negative behavior occurs?  
\_\_\_\_\_

6. Please provide a detailed list describing how much assistance your child needs with dressing, eating, going to the bathroom and bathing.  
\_\_\_\_\_  
\_\_\_\_\_

7. Please list any allergies your child has.  
\_\_\_\_\_

\*\*\* Attach additional notes if needed. It is VITAL that we have this information to know how to ensure your child has the best Barn-A-Break ever!!

# CAMP BARNABAS 2010 BARN-A-BREAK CAMPER REGISTRATION FORM

Please attach  
photo here  
Applications Will  
be returned  
without one!

**Weekend attending (Please circle one) : Fall Spring**

\_\_\_\_\_ **New Camper** \_\_\_\_\_ **Returning camper (please check one)**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Parents E-mail Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Actual Age: \_\_\_\_\_ **Mental Age:** \_\_\_\_\_ WT: \_\_\_\_\_

SS #: \_\_\_\_\_ How did you hear about us: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Does child use a wheelchair? \_\_\_\_\_

Camper lives with? (circle one) Mother Father Both Parents Other \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**Mother's Name :** \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**In case you can't be reached, please list friends or relatives below  
(The application will not be accepted without this information!)**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Day:** ( ) \_\_\_\_\_ **Night:** ( ) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Day:** ( ) \_\_\_\_\_ **Night:** ( ) \_\_\_\_\_

We provide a nurse on site at camp. However, sometimes we need to contact your physician for information.

If your child had a medical problem at camp, what physician would you want called for information on this problem?

Physician \_\_\_\_\_ Telephone \_\_\_\_\_

## **Insurance Information**

Primary Insured person: \_\_\_\_\_

Employer: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Medicare/ Medicaid number: \_\_\_\_\_

Telephone Number on back of card: \_\_\_\_\_

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

### ***Camp Barnabas 2010 Release of Liability***

Camper's full Name \_\_\_\_\_

I understand that Camp Barnabas is NOT responsible for loss of clothing or personal property while at camp and I agree to bring all articles of clothing and personal property clearly marked with my child's **first and last name**.

I understand that part of the camping experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the rules as given by the camp staff, and my child and I both agree that he or she will obey them to the best of their ability.

I hereby, and for my heirs, executors, and administrators, assigns and all legal guardians, waive and release any and all rights and claims of any nature I may have against Camp Barnabas, its Directors, collectively and individually, employees, Board of Directors, CIA's, campers and cooperating entities for and against any and all injuries and damages of any nature, including death, which my child may suffer while taking part in Camp Barnabas or other activities associated with Camp Barnabas.

It is further agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Barry County, Missouri, and shall be construed in accordance with the laws of Missouri.

### ***Camp Barnabas Medical Authorization and Privacy Agreement***

I hereby give permission to the physician selected by the Camp Director to order routine medical tests, X-rays, and treatment for the health of my child, named above. In the event that I cannot be reached in an emergency, I give permission to the selected physician to hospitalize, secure proper treatment and to order injections, IV's, anesthesia or surgery for my child.

I give the members of the camp medical team permission to administer over the counter medications as needed and to give scheduled medication as ordered on the medication form. I realize the camp has a limited liability medical policy for campers with a \$2,500 maximum limit. Any medical expenses in excess of this amount will be my responsibility.

As the parent or guardian of the above named person, I authorize any physician, nurse or other health care provider, to communicate with the medical staff and any Director of Camp Barnabas, or his/her designee, concerning my child's medical condition, treatment, and/or prognosis. I further authorize the camp medical staff to discuss any medical conditions, symptoms, and care needs concerning my child, with all persons involved in the care, and well being of my camper while attending camp. I realize that this means the staff, counselors, and other personnel at camp will have direct access to the knowledge concerning my child's health while they are in attendance at camp.

### ***Media Release***

My Child \_\_\_\_\_, will attend Camp Barnabas and I realize that photographs and films of camp activities may be taken and used for fund-raising and publicity purposes. I hereby give my consent to Camp Barnabas, its officers, employees, agents, chapters, assignees, licensees and cooperating entities, to use my child's picture, name, portrait, likeness, writings or biographical information, and/or audio tape for editorial, educational, promotional and advertising purposes, for the solicitation of contributions and for any other purposes in furtherance of the corporate purposes and objectives of Camp Barnabas. This release and consent shall be binding upon my child's heirs, executors, administrator, assigns, and all legal guardians of my child.

Parent or Legal Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Camper's signature (if over 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

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

### ***Financial Information***

The total cost of Barn-A-Break is \$150. You must pay \$50 for registration to be complete. You can make payments on the remaining \$100, but must have the full amount paid upon arrival. Making payments is allowed. Many families can access respite funds from their county or state resources.

Enrollment Fee (non-refundable)	\$50
Tuition	\$100
Amount Enclosed with Application	-\$ _____

Mail your application, picture and fees to:

901 Private Road 2060  
Purdy, MO 65734

For further information: (417) 476-2565 or  
libby@campbarnabas.org  
Or visit our web-site -  
[www.campbarnabas.org/barnabreak](http://www.campbarnabas.org/barnabreak)

### **Camper Cancellation Policy**

Should it come to pass that your child will not be able to attend the weekend they are enrolled for, you must notify Camp Barnabas **IMMEDIATELY!** The enrollment fee of \$50 is not refundable as it has already been used to cover the expenses of processing the enrollment of your camper.

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

### **Camp Barnabas 2009-2010 Policies**

Welcome to Camp Barnabas. It is our desire that each family is well-informed concerning camp. Even returning camper families need to read the information, as some policies have changed or have been updated.

#### **Medication at Camp**

Shortly before you come to camp you will receive a medication form. That will allow you to provide us with specific details on how and when to administer medications.

**\*\*ALL MEDICATIONS MUST BE IN THE PHARMACY LABELED BOTTLE OR THE ORIGINAL OTC BOTTLE PROVIDED WHEN THE MEDICATION WAS PURCHASED\*\***

**\*DO NOT SEND ANY MEDICATIONS IN "BAGGIES" OR DAILY PILL BOXES\***

This includes any herbs vitamins, or any form of medication. The medical staff will not dispense any medications not in the original container.

#### **Special Medical Needs**

To help us provide the best care for your child, please bring written instructions for any special medical needs your child may have. For instance, if your child has a special bowel management program, please describe in detail how to accomplish this routine. We will also need specific instructions for G-tube feedings and tracheotomy care. We can provide the best care by trying to emulate the procedure that you provide at home. The more detail you can give us, the better care we will be able to provide.

#### **~~~~Special Diets~~~~**

Does your child require a special diet? If so, explain:

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#### **Behavior Issues**

Children with a diagnosed behavior related disorder will be treated with care and respect as will all campers. All behavior issues at camp are dealt with in the following manner:

- At the first offense against camp rules, the camper will discuss the behavior with the lead staff in their cabin and their camp buddy. The three will discuss alternate behaviors that are appropriate.
- At the second offense against rules, the counselor, camper and buddy will discuss the offense with the Camp Director and appropriate consequences will be initiated.
- At the third offense, the camper, counselor and buddy will report to the Executive Director for discussion and appropriate consequences will be initiated.
- In no situation are physical measures utilized for consequences. Absolutely no spanking, or slaps are ever used by anyone at camp for discipline.

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

### **Behavior disorders**

The camper with a diagnosed behavior disorder will always be treated with measures that are safe and respectful for the camper's best interest. However, if the child has an outburst that is causing danger to self, or others, more stringent methods of control will be initiated. In all situations involving a child having a "meltdown," the first steps take are to assist the child to get control through calm talking and giving the child space.

If, after several minutes these methods do not produce a safe demeanor in the child, the next step will be to assess the situation and order appropriate medication to assist the camper in getting control. **The medication is ordered by a physician and the physician will oversee the administration of the medication and the follow-up care of the camper.**

The medication is usually delivered via injection, as oral medication would be unsafe to give to a person who is out of control. In some instances the medication might be in the form of a suppository, inserted rectally. *Rest assured the injectable or rectal medications are rarely used for behavior control and ONLY in situations that deem the camper as unsafe to self and/or others. It is with great discretion that this method of control is initiated. Following such an incident, camp personnel will attempt to immediately notify the parent. If the parent is not reached, every effort will be made at a later time to inform the parent of the situation. Please realize this method of behavior control is not utilized for a simple temper tantrum. Unsafe, out of control behaviors that endanger self or others are required criteria for this more stringent control measure. Please feel free to call and discuss this policy with the Executive Director, Paul Teas, if you have questions.*

*If a camper requires an injection more than once, to control their behavior, the parents will be notified to remove the child from the camp property.*

### **Telephone Calls**

Campers are not allowed to use the camp phone or cell phones to call home.

Experiences have given us the knowledge that most children do well at camp and when they call home this initiates a new wave of homesickness. We know that as parents you want to have information concerning your child and we offer that you

may call and inquire as to how your child is doing at camp. You may call (417) 476-2565 to check in on your camper. We ask that you try and call the office in the morning. This will give the office staff time to personally find your child's counselor and get a full report. Then we ask that you call back in the afternoon to hear the feedback on the status of your child. We are honest and try to inform you of the activities your child has experienced and what emotional state he or she is presently in. If you have concerns about a medication or medical issue with your child, call and ask to speak to the nurse in charge of your child's care.

### **Medical Emergencies**

If a medical emergency occurs the camp will notify the parent as soon as possible. When a situation requires that a camper be taken to the emergency room of the hospital, the hospital staff will often contact the parent for information. Every effort is made to contact the parent prior to the emergency personnel contacting the family. Please be SURE we have the necessary information on how to contact you while your child is attending camp.

If you have special information or routines for your child that absolutely must be adhered to please contact our offices at (417) 476-2565 to discuss this prior to your child coming to camp. We will make every effort to accommodate each child as an individual, but we must have the appropriate time for setting up special requests.

I have carefully read and understand the above Camp Barnabas policies. I agree with the policies and will inform my camper (s) of the rules and policies of camp.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_