



2024 CAMP ASCCA MEDICAL AUTHORIZATION FORM

These 2 pages are your ticket into camp! Complete and bring this to check-in!
5278 Camp ASCCA Dr. Jackson's Gap, AL 36830 Phone: 256-825-9226 Fax: 256-269-0714

Email: jocelyn@campascca.org OR amber@campascca.org

CAMPER INFORMATION:

First Name: _____ **Last Name:** _____ **DOB:** _____

Essential Eligibility Requirements for Camp ASCCA Admission

An eligible applicant must meet the following criteria:

1. Be of appropriate age for the session requested.
2. Have a physical or intellectual disability.
3. Have the ability to effectively communicate needs to a camp counselor (this communication may consist of a verbal, audible, physical response such as an eye shift or a very slight gesture, and/or communication board).
4. Be able to adapt to the group living routine of Camp ASCCA within 24 hours from time of check-in without disruption to the group living environment. The term disruption includes but is not limited to the following: inability to follow directions of camp counselors and program leaders, the inability to sleep or sit quietly throughout the night, being incapable of remaining with group/counselors (i.e., elopement/running away). Camp ASCCA will not provide 1:1 care for campers.
5. Is not physically, verbally, and/or sexually abusive toward him/herself or others. Examples include hitting, biting, scratching, spitting, kicking, excessive swearing, excessive or inappropriate yelling, verbal degradation, inappropriate touching, or fondling, and/or other inappropriate behaviors.
6. Does not pose a direct threat to himself/herself or others. Threats that cannot be eliminated or reduced below the level of a direct threat, with or without reasonable accommodation, will not be tolerated. A direct threat is defined as a substantial risk of harm to the camper or others. A direct threat may include having a highly contagious condition such as COVID-19, tuberculosis, hepatitis, an open or draining wound or rash, topical parasites, or other conditions that may be spread through casual human contact.
7. Does not have a medical condition or impairment that requires specialized medical treatment (i.e., intravenous infusions, wound care) Seek approval from the ASCCA Health Services Director for any questions or concerns.
8. Does not have a medical condition or impairment that has a substantial risk nor likelihood for complication or injury.
9. Camper is in good health and has a body temperature less than 100.4 degrees Fahrenheit
10. Has the ability to eat or drink amounts adequate for nutritional needs.
11. Agrees to and takes personal prescription medication.

Campers not eligible for summer camp may be eligible for appropriate specialty camps (i.e., family weekend camps.) At a minimum, they must meet eligibility criteria 1, 2, 5, and 6 above.

I have read the eligibility requirements above and feel the camper named above is able to meet all criteria based on my observation and knowledge of this camper.

 _____
  _____
  _____
 _____

Initials of Parent/Guardian **Date** **Pg. 1** **Initials of Medical Provider** **Date:**



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PARENT/GUARDIAN CONSENT

I hereby give permission to the ASCCA medical staff to administer any necessary first aid should a situation requiring medical attention occur while at camp. **In case of an emergency**, I give permission to the medical teams/hospital that Camp ASCCA utilizes to order and perform any necessary tests and/or treatments for my camper. I agree to release any and all records necessary for insurance purposes and to provide or arrange necessary related transportation for me/my camper.

In the event I cannot be reached in an emergency, I hereby give permission to the Camp Director and his medical staff to secure and administer treatment, including hospitalization, for the person named above.

I hereby give permission to the camp medical staff to administer up to date prescription medications and over-the-counter medication as deemed necessary.

This Camper Health & Consent form is correct and complete to the best of my knowledge and the camper listed above has permission to engage in all camp activities except as noted.

Signature of Parent/Guardian

Initials of Parent/Guardian

Date:

MEDICAL AUTHORIZATION

Activities offered at Camp ASCCA include, but are not limited to, swimming, arts & crafts, putt-putt golf, nature, splash pad, tubing, zip-line, bungee trampoline, live music concerts, dancing, and long walks on gravel & paved paths.

Cabins will house campers and staff who will stay together in close quarters throughout the week. All campers and staff will be expected to pass temperature/symptom screening upon arrival. I am aware that Camp ASCCA is on Lake Martin in Alabama and campers will be exposed to lake water for certain activities during the week. I understand that the camper will be exposed to high heat indexes daily. The level of physical exertion that can be expected may be outside of this camper's normal daily activity.

I understand the environment and functionality of Camp ASCCA from what I've read. I have examined this camper and have reviewed their health history. It is my opinion they are able to engage in camp activities, except as noted. *Please attach any notes as you see necessary.*

Signature of Qualified Medical Professional

Print Name & Title

Phone Number :

Date of Authorization:

City/State/Zip: