



Children and Youth with Special Health Care Needs
CAMP BURNT GIN APPLICATION

First Application Attended Camp Burnt Gin before T-Shirt Size

Session Request: 1st Choice: 2nd Choice

General Information

1. Applicant (Provide information about the applicant.)

Name Date of Birth Age

Mailing Address

City SC Zip Code Sex/Gender Male Female

Primary language if not English Spanish Other Interpreter needed NO YES

2. Legal Guardian (Provide information about the person or persons responsible for the applicant.)

Name

Street

City SC Zip Code

Relationship to applicant Parent Foster Other

Email:

Home phone Work phone Cell phone

Primary language if not English Spanish Other Interpreter needed NO YES

Name

Street

City SC Zip Code

Relationship to applicant Parent Foster Other

Email:

Home phone Work phone Cell phone

Primary language if not English Spanish Other Interpreter needed NO YES

3. Emergency Contact (Provide name of adult, outside of applicant's household, to call if the legal guardian cannot be reached.)

Name

Address (Physical address, no P.O. Boxes)

Relationship to applicant

Home phone Work phone Cell phone

Primary language if not English Spanish Other Interpreter needed NO YES



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5. Development, Behaviors and Communication (Check NO or YES for each item. If YES, describe behavior and explain how applicant can participate in Camp without being a danger to self or others.)

**NO YES**

- Aggressiveness (biting, hitting) \_\_\_\_\_
- Self-abusive behaviors \_\_\_\_\_
- Problematic sexual behaviors \_\_\_\_\_
- Other problematic interpersonal behavior \_\_\_\_\_
- Social or emotional condition affecting behavior \_\_\_\_\_
- Requires one-to-one supervision \_\_\_\_\_
- Difficulty understanding or following instructions \_\_\_\_\_
- Can participate in group activities \_\_\_\_\_
- Risk of wandering from the group or getting lost \_\_\_\_\_
- Developmental delay (If YES, what is functioning age level?) \_\_\_\_\_
- Attends school (If YES, check classroom type)  Mainstream  Resource  Self-Contained

How does the applicant make needs known? (circle all that apply)

Speech    Signs    Gestures    Picture board    Electronic device    Other \_\_\_\_\_

Additional information about behavior or communication \_\_\_\_\_

6. Assistive and Adaptive Equipment (Check box for equipment applicant will use at Camp.)

- NONE
- Wheelchair (manual)                       Leg brace(s)
- Wheelchair (motorized)                       Eye glasses
- Walker     Hearing aid(s)
- Crutches     Cochlear implant
- Cane     Computerized device (describe) \_\_\_\_\_
- Prosthesis     Other (describe) \_\_\_\_\_

**NO YES**

- Does applicant push his/her manual wheelchair?
- Does applicant need assistance with transfers in and out of wheelchair? (If YES, describe below)  
\_\_\_\_\_

Other information about mobility needs:

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

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7. Diet and Feeding (If YES, describe routines and/or assistance needed.)

**NO YES**

- Special Diet (If YES, please describe and specify if any food will be brought from home.)  
\_\_\_\_\_
- Special food preparation \_\_\_\_\_
- Needs mealtime assistance \_\_\_\_\_
- G-tube in place (If YES, complete the Camp Burnt Gin Enteral/Gastrostomy Feeding Action Plan, Form 4515.)  
Formula used \_\_\_\_\_  
Amount per feeding \_\_\_\_\_  
Number of feedings per day \_\_\_\_\_  
Feeding times  Breakfast \_\_\_\_\_  Lunch \_\_\_\_\_  Dinner \_\_\_\_\_  Bedtime \_\_\_\_\_  
Method  Bolus (Bolus feedings only at camp; no pumps)

Other information about nutrition, diet or feeding (food preferences, meal time habits, etc.):

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

8. Personal Care and Sleep Habits (If YES, describe routines and/or assistance needed)

**NO YES**

- Needs help with tooth brushing or routine oral hygiene \_\_\_\_\_
- Has other oral hygiene or dental needs \_\_\_\_\_
- Difficulty falling asleep \_\_\_\_\_
- Difficulty staying asleep \_\_\_\_\_
- Sleep walks \_\_\_\_\_
- Wanders at night \_\_\_\_\_
- Needs assistance to dress \_\_\_\_\_
- Needs help with showering \_\_\_\_\_
- Bowel control problems \_\_\_\_\_
- Irregular bowel movements \_\_\_\_\_
- Bladder control problems \_\_\_\_\_
- Urinary catheter (If YES, describe routines) \_\_\_\_\_
- (Females only) Has menstruated \_\_\_\_\_

Other information about personal care and toileting needs:

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

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Applicant's Name: \_\_\_\_\_

9. Permission to Participate in Activities *(Please indicate activities that applicant may participate in while at Camp. Describe any restrictions to participation in activities described in Camp brochure or informational materials.)*

Camp Activity	NO	YES	YES with restrictions listed below.
Sports and games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Arts and crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Fine Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Boating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Camp out (on site)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

10. Other *(The following questions will give us information about the reasons the guardian wants the applicant to attend Camp, and other concerns and general information about the applicant.)*

Can the applicant's health care needs be met in the rustic environment of Camp Burnt Gin?

\_\_\_\_\_

Other information/suggestions for the staff that you believe will help the applicant have a successful camp experience.

\_\_\_\_\_

\_\_\_\_\_

Do you have concerns about Camp participation that have not been addressed?

\_\_\_\_\_

\_\_\_\_\_

How do you think the applicant will benefit from Camp Burnt Gin?

\_\_\_\_\_

\_\_\_\_\_

Can the applicant tolerate being outdoors in the summer heat?

\_\_\_\_\_

Will the applicant need help with transportation?

\_\_\_\_\_

\_\_\_\_\_

How will the applicant get to and from Camp?

\_\_\_\_\_

\_\_\_\_\_

Examples of interests, hobbies, likes or dislikes that might affect the applicant's Camp experience.

\_\_\_\_\_

\_\_\_\_\_

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11. Medications (*Please list all medications applicant is currently taking. List all medications exactly as written on the container or prescription label. Applicant must bring all medications in original, labeled containers. Camp staff will not administer vitamins or herbal supplements. Additional information about medications will be sent prior to assigned Camp session.*)

<b>**EXAMPLE**</b>		
Medication Name: <b>Claritin</b>	Medication Name:	Medication Name:
Reason for use (why was it prescribed) <b>Allergies, runny nose</b>	Reason for use	Reason for use
Number times each day: <b>Once daily</b>	Number times each day:	Number times each day:
Time of day <input checked="" type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed <input type="checkbox"/> Other	Time of day <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed <input type="checkbox"/> Other	Time of day <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed <input type="checkbox"/> Other
Notes/Special Instructions: <b>Must take with food</b>	Notes/Special Instructions:	Notes/Special Instructions:

Medication Name:	Medication Name:	Medication Name:
Reason for use	Reason for use	Reason for use
Number times each day:	Number times each day:	Number times each day:
Time of day <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed <input type="checkbox"/> Other	Time of day <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed <input type="checkbox"/> Other	Time of day <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed <input type="checkbox"/> Other
Notes/Special Instructions:	Notes/Special Instructions:	Notes/Special Instructions:

Medication Name:	Medication Name:	Medication Name:
Reason for use	Reason for use	Reason for use
Number times each day:	Number times each day:	Number times each day:
Time of day <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed <input type="checkbox"/> Other	Time of day <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed <input type="checkbox"/> Other	Time of day <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed <input type="checkbox"/> Other
Notes/Special Instructions:	Notes/Special Instructions:	Notes/Special Instructions:

CAMP BURNT GIN Application

Applicant's Name: \_\_\_\_\_

**Consents and Permissions**

(1) General consent

I hereby request that [enter applicant's name] \_\_\_\_\_ attend Camp Burnt Gin. I have completed the entire application form and represent to the best of my knowledge that the information provided by me is complete, accurate, and up to date. I have been provided a copy of the camp brochure and have familiarized myself with all activities and programs offered by Camp Burnt Gin. I have been given the opportunity to ask questions regarding the camp program, rules, and activities, and agree to abide by all the requirements of the applicant's participation.

_____ Legal Guardian's Signature	_____ Date	_____ Relationship to applicant
_____ Applicant's Signature *	_____ Date	

(2) Consent for Photographs and Images

I give permission for appropriate images (photographs and videos) of the applicant [enter applicant's name] \_\_\_\_\_ to be taken and used for promotional materials for Camp Burnt Gin. I consent to the publication of the photographs in brochures, news releases, website and on social media. I agree that the actual material involved is and shall continue to be the property of Camp Burnt Gin and that neither I, nor the applicant, shall have any right of review or approval regarding the use of the applicant's name and/or likeness in such material.

_____ Legal Guardian's Signature	_____ Date	_____ Relationship to applicant
_____ Applicant's Signature *	_____ Date	

(3) Release of Liability

I understand that the applicant's [enter applicant's name] \_\_\_\_\_ participation in the activities at Camp Burnt Gin is completely voluntary and I have familiarized myself with the camp's program and activities in which the applicant will be participating. I recognize that risks, certain hazards and dangers are inherent in the camp experience, events, and program.

I acknowledge that although Camp Burnt Gin has taken safety measures to minimize the risk of harm or injury to camp participants, Camp Burnt Gin cannot insure or guarantee that the participants, premises and/or activities will be free of hazards, accidents and/or injuries. By signing below I, on behalf of myself and the above-named applicant in my custody knowingly assume all risks and release Camp Burnt Gin and its staff members and the South Carolina Department of Public Health from all liability for any injury to the applicant from participation in the Camp Burnt Gin program.

I affirm that to the best of my knowledge, the applicant does not suffer from any conditions which would interfere with their participation in camp activities. I also affirm that they are not under a physician's care for any undisclosed condition that might endanger their health or that of other participants and that I have indicated all allergies, limitations and special needs known to me regarding the applicant.

I further recognize and have instructed the applicant in the importance of knowing and abiding by the camp rules, regulations and for procedures the safety of the other participants.

_____ Legal Guardian's Signature	_____ Date	_____ Relationship to applicant
_____ Applicant's Signature *	_____ Date	

(4) Permission to Participate in Activities and Restrictions

I am familiar with routine activities at Camp Burnt Gin. I understand that the applicant will be supervised and accompanied by the Camp staff at all times. \_\_\_\_\_ [enter applicant's name] has permission to engage in all Camp activities: sports and games, arts and crafts, nature, fine arts, swimming, boating, and on premises camp out with the exception of restrictions listed in the application or included on the Camper Health Examination Form submitted with this application.

_____ Legal Guardian's Signature	_____ Date	_____ Relationship to applicant
_____ Applicant's Signature *	_____ Date	

CAMP BURNT GIN Application

Applicant's Name: \_\_\_\_\_

(5) Authorization

The health information provided with this application 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 camp personnel to provide routine health care, administer prescribed medications, and over the counter medications approved by the Camp medical consultant, and seek emergency medical treatment including ordering x-rays or routine tests.

I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I understand that the applicant's insurance information will be provided to the medical provider for the billing purposes

I give permission to the camp staff to provide or arrange necessary related transportation for the applicant.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Burnt Gin staff to secure and administer treatment, including hospitalization for the applicant as named below.

\_\_\_\_\_  
Applicant Name  
(PRINT name of person to attend Camp)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to applicant

\_\_\_\_\_  
Applicant Signature \*

\_\_\_\_\_  
Date

*\*REQUIRED if applicant will be 18 years or older by August 15. See information about decision-making rights of applicants age 18 and older.*

**COMPLETE THIS CHECK LIST BEFORE SENDING APPLICATION**

*Application is NOT complete without information listed below. Check box if "YES". All boxes must be checked to be sure that application contains all required information. Acceptance will not be determined until the application is complete. Call 803-898-0784 if you have questions.*

- ALL questions must be answered. Check each page.
- Signature of legal guardian and/or applicant on pages 7 and 8.
- Camper Medical Examination Form completed, signed and attached.
- Copy of Medicaid or insurance card is attached.
- Copy of South Carolina Certificate of Immunization (Form 2740) is attached. (Tetanus vaccination must be within the last 10 years.)
- Copies of Camp Burnt Gin CPAP/BIPAP Waiver (Form 1856), Camp Burnt Gin Acute Seizure Action Plan (Form 4522) and Camp Burnt Gin Enteral/Gastrostomy Feeding Action Plan (Form 4515) are completed, signed, and attached if applicable.

Complete application with required attachments may be scanned/emailed to:

**CAMPBURNTGIN@DPH.SC.GOV**

or mailed to:

**Camp Burnt Gin/Department of Public Health  
P.O. Box 2046  
West Columbia, SC 29171**

# **Camp Burnt Gin (CBG) Application**

## **Instructions for Completing 0717-ENG-DPH**

### **PURPOSE**

This form is completed by the legal guardian of the applicant to provide information about prospective campers to determine if they can be safely cared for in a residential camp setting, and to provide information for applicants' care while at camp.

### **AUDIENCE**

The legal guardian completes the Camp Burnt Gin Application.

### **INSTRUCTIONS**

Instructions for completing each item are embedded in the form. Users are instructed to answer each question.

### **OFFICE MECHANICS & FILING**

The enrollment application is kept in the applicant's file at camp during the summer and becomes part of the permanent file maintained by the Children and Youth with Special Health Care Needs Section for 13 years after the minor's last Camp session, or until the minor has reached his/her nineteenth birthday whichever period is longer.