Division of 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

Applicant's Name: _____

Health, Medical and Related Information

1. Health Insurance ☐ NONE *(applicant does not have health insurance coverage)*
   ☐ Medicaid *(attach copy of Medicaid card)*
   ☐ Other insurance *(attach copy of insurance card)*
2. Diagnoses *(List ALL medical diagnoses, health conditions or disabilities)*

   1. _____ 5. _____
   2. _____ 6. _____
   3. _____ 7. _____
   4. _____ 8. _____

3. Allergies *(Check NO or YES for each item. If YES, please provide additional information)*

NO	YES		
☐	☐	Medication allergies *(list)*	*Describe what happens and treatment needed*
		_____	_____
		_____	_____
		_____	_____
☐	☐	Food allergies *(list)*	*Describe what happens and treatment needed*
		_____	_____
		_____	_____
		_____	_____
☐	☐	Other allergies *(list)*	*Describe what happens and treatment needed*
		_____	_____
		_____	_____
		_____	_____

4. Other Health Information *(Check NO or YES for each item. If YES, please provide additional information)*

NO	YES	
☐	☐	Contagious illness or condition *(describe)* _____
☐	☐	Tubes in ears _____
☐	☐	Recent illness, injury, or surgery *(describe)* _____
☐	☐	Seizures If YES, when was the applicant's last seizure? _____
		Describe seizure activity _____
☐	☐	Does applicant use a vagus nerve stimulator (VNS) for seizures? *(If YES, must attach copy of VNS care plan)*
☐	☐	Immunizations up to date *(Attach copy of SC Immunization certificate)*
☐	☐	Tetanus shot within 10 years *(REQUIRED)*

Applicant's Name: _____

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: _____

_____

_____

_____

_____

_____

Applicant's Name: _____

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

NO	YES	
☐	☐	Special diet _____
☐	☐	Special food preparation _____
☐	☐	Needs mealtime assistance _____
☐	☐	G-tube in place *(If YES, answer following questions)*

Formula used _____

Amount per feeding _____

Feedings per day _____

Feeding times _____

Method ☐ Bolus ☐ Pump

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: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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	☐	☐	☐ _____
Arts and crafts	☐	☐	☐ _____
Nature	☐	☐	☐ _____
Fine Arts	☐	☐	☐ _____
Swimming	☐	☐	☐ _____
Boating	☐	☐	☐ _____
Camp out (on site)	☐	☐	☐ _____

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. _____

_____

_____

Applicant's Name: _____

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.)*

****EXAMPLE****		
Medication Name: ***Claritin***	Medication Name:	Medication Name:
Reason for use (why was it prescribed) ***Allergies, runny nose***	Reason for use	Reason for use
Number times each day: ***Once daily***	Number times each day:	Number times each day:
Time of day ☒ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ As needed ☐ Other	Time of day ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ As needed ☐ Other	Time of day ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ As needed ☐ Other
Notes/Special Instructions: ***Must take with food***	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 ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ As needed ☐ Other	Time of day ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ As needed ☐ Other	Time of day ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ As needed ☐ 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 ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ As needed ☐ Other	Time of day ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ As needed ☐ Other	Time of day ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ As needed ☐ Other
Notes/Special Instructions:	Notes/Special Instructions:	Notes/Special Instructions:

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, activities and field trips, 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 Health and Environmental Control 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

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.
- ☐ Medical Examination (page 9-10) completed, signed and attached.
- ☐ Copy of Medicaid or insurance card is attached.
- ☐ Copy of South Carolina Certificate of Immunization (DHEC 2740) is attached. (Tetanus vaccination must be within the last 10 years.)

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

CAMPBURNTGIN@DHEC.SC.GOV

or mailed to:

CAMP BURNT GIN
2100 BULL STREET
COLUMBIA, SC 29201

Applicant's Name: _____ Date of Birth_____

CAMPER MEDICAL EXAMINATION

Pages 9 and 10 must be completed by a licensed physician, advanced practice nurse (APRN), or physician assistant for all Camp Burnt Gin applicants. ***Physical examination must be completed within 12 months of applicant attending camp.***

Name _____ Date of Exam _____

Diagnoses (List ALL medical diagnoses, health conditions or disabilities)

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

Allergies ☐ NO ☐ YES (If yes, please list.)

_____

_____

_____

Height _____ Weight _____ Blood Pressure _____

Exam Findings	**WNL**	**ABN**	**Explain Abnormal/Unusual Findings**
Skin	☐	☐	_____
Head/Neck	☐	☐	_____
Eyes	☐	☐	_____
Ears	☐	☐	_____
Nose	☐	☐	_____
Mouth/Throat	☐	☐	_____
Chest/Lungs	☐	☐	_____
Heart	☐	☐	_____
Abdomen	☐	☐	_____
Skeletal	☐	☐	_____
Neuromuscular	☐	☐	_____

General Appraisal _____

_____

Special diet ☐ NO ☐ YES *(If yes, describe)* _____

_____

Medications ☐ NO ☐ YES *(If yes, list name, dose, frequency and route, or attach list. Camp staff will not administer vitamins or herbal supplements.)*

_____

_____

_____

Treatments ☐ NO ☐ YES *(If yes, describe)*

_____

_____

_____

Applicant's Name: _____ Date of Birth_____

Immunizations are up to date ☐ NO ☐ YES (Attach copy of SC Immunization certificate)

Does the applicant use a CPAP or BiPAP machine? ☐ NO ☐ YES (If yes, complete the CPAP/BiPAP waiver form D-1856.)

Does the applicant use a vagus nerve stimulator? ☐ NO ☐ YES (If yes, attach a copy of VNS care plan.)

May the applicant participate in swimming program? ☐ NO ☐ YES

Limitations or restrictions on Camp activities:

_____

_____

_____

Medical and/or social problems that Camp staff should observe and report:

_____

_____

_____

I have examined the person herein described and have reviewed their health history. It is my opinion that they are physically able to engage in Camp activities, except as noted above.

_____

Signature and Credentials Date

Name (PRINT)_____

Address_____

_____

Telephone_____

Physician to contact if there is a problem at Camp:

Name & phone_____

Primary Care Physician:

Name & phone_____

INSTRUCTIONS
Camp Burnt Gin (CBG) Application
(DHEC 0717)

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

USERS
The legal guardian completes the Camp Burnt Gin Application and the applicant's physician completes the medical ex-amination portion.

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

OFFICE MECHANICS AND 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 Program for 13 years after the minors last Camp session, or until the minor has reached his/her nineteenth birthday whichever period is longer.