



Camp Burnt Gin Application Information Sheet

Thank you for your interest in Camp Burnt Gin, a summer camp for children, teens, and young adults with special health care needs operated by the DHEC Division of Children's Health, **Children and Youth with Special Health Care Needs (CSHCN) Program**. Information and applications for the next summer session are now available.

If you have any questions about applying or need additional information about Camp Burnt Gin, please contact the CSHCN main office at campburntgin@dhec.sc.gov or **(803) 898-0784**, or visit www.scdhec.gov/campburntgin.

Application and Materials

The packet includes

- Summary of eligibility guidelines for campers and frequently asked questions
- Description of routine Camp activities
- Schedule with dates and ages for each session
- Application form

General Information

- "Child" sessions are for campers who are 7-15 years old on the day the session starts; "Teen" sessions are for campers 16-20 years old; and the "Young Adult" session is for campers 21-25 years old.
- **All pages of the application must be completed before you send in the application.** If the application is not complete, we will return it to you. It will not be reviewed until all pages are completed.
- Applications are due to DHEC by March 1st. (If March 1 falls on a weekend, the application is due by 5:00 PM on the Friday **before** March 1.)

Application Review and Notification Process

- Complete applications will be reviewed in the order they were received.
- Written notification of acceptance and session assignments will be mailed by the last working day in May.
- Late applications (those received **after** March 1) will be reviewed in the order received after on-time applications have been processed. Late applicants who are accepted for Camp will be placed on a waiting list. We will contact applicants on the waiting list beginning in June if all camp slots are not filled, or if there are cancellations.

*Please also read additional **important information** about application signatures and legal guardianship issues after age 18 on reverse side.*

Decision-Making Rights of Campers Age 18 and Older

Information for Parents:

DHEC staff cannot provide services, share, or obtain health information without informed consent. If the person to receive services is age 18 or over, he or she must be able and willing to provide informed consent. Informed consent means the person giving consent understands what they are being asked to sign, as well as the potential risks and benefits of the actions to be taken. Parents cannot provide consent for their children after they reach 18 years of age unless a court has given them the authority to do so.

The Camp Burnt Gin application must be signed by a person with legal authority to consent to health-related services, sharing medical information or obtaining medical information on behalf of the person to attend Camp Burnt Gin. Parents have these rights for applicants under age 18. However, these parental rights end at age 18, when South Carolina residents become adults under the law. All adults are assumed to be competent to make decisions affecting their life or health, regardless of special needs.

When a person needs help making decisions about his or her care and well being, guardianship is one option to consider. There are other options called least restrictive alternatives. Least restrictive alternatives encourage independence and allow a person to be involved in decisions about his or her care and well being, while still providing protection for the person.

It is very important for parents of children who are approaching or over age 18 with conditions or disabilities that affect capacity for informed consent explore decision-making options for their child.

Resources:

- Family Connection of South Carolina and Able South Carolina can provide information about guardianship, supported decision making and other options to consider.
- Parents are strongly encouraged to seek advice of a licensed attorney. In many areas, an initial 30-minute legal consultation can be arranged for no more than \$50.
- South Carolina Bar Referral Service provides assistance in locating attorneys that specialize in this type of law. Contact them at 1-800-868-2284 or www.scbar.org/public/get-legal-help/find-lawyer-or-mediator.
- The Legal Aid Telephone Intake Service (LATIS) can help determine if you qualify for free or reduced fee services. Call 1-888-346-5592.



Eligibility Guidelines and Frequently Asked Questions

The purpose of Camp Burnt Gin is to provide a summer camping experience for children who have a physical disability and/or chronic illness. The goals of Camp Burnt Gin are to offer an experience which will be fun and safe; provide the kind of experience and stimulation which will encourage continued social, physical and emotional growth; help campers realize and reach their maximum leisure abilities; and emphasize the importance of each person to help increase self-esteem.

Eligibility Criteria:

- The child must have a physical disability or chronic illness.
- The child must be 7 through 20 years of age and young adults must be 21 through 25 years of age.
- Benefits from participating in camp are beyond respite for the caregivers.
- The child's supervision and personal care needs can be met in a setting that provides a ratio of three staff to eight campers.
- The child does not exhibit aggressive, self-abusive or inappropriate sexual behavior.
- The child attends school.
- The child's medical needs can be met in a rustic camp setting and do not require 24-hour nursing services (emergencies and unexpected illnesses are the exceptions).

Other Factors to Consider:

- Can the child participate in group activities with assistance?
- Can the child tolerate heat?
- Does the child have sleeping problems (inability to go to sleep, wakes frequently)?
- Are there any concerns about the child wandering away from the group and becoming lost?
- Can the child and parent adjust to the separation?
- Is the child able to easily adjust to a change in their daily routine?
- Can the child's summer therapy be discontinued during the week of camp?
- Does the child have other recreational opportunities?

What We Cannot Do:

- **Overnight G-Tube Feedings:** We cannot accommodate children who receive overnight g-tube feedings. Children who receive g-tube feedings during the day will be considered on an individual basis as staffing allows (maximum of four feedings per day).
- **Tracheostomies and Ventilators:** We are unable to meet the needs of children with tracheostomies and ventilators.
- **Extensive Medication Administration:** Nursing staff are not available for medication administration after 10 p.m. or before 7 a.m. except in emergencies.
- **Diabetes Management:** Children who have diabetes must be able to self manage their care. A statement from the child's physician verifying their ability to comply is required.

If you have questions regarding a child's eligibility or appropriateness for Camp Burnt Gin, please contact the camp director, Marie Aimone, at (803) 898-0784 or aimonemi@dhec.sc.gov.

You can also visit www.scdhec.gov/campburntgin for more information.

Who can attend Camp Burnt Gin?

Camp Burnt Gin is for children 7 through 15, teenagers 16 through 20, and young adults 21-25 years of age who have physical disabilities and chronic illnesses.

Is this an overnight camp or day camp?

Camp Burnt Gin is a camp where the campers spend the night. You bring your child to camp on the first day of their scheduled session and pick them up on the morning of the last day of the session.

When should applications for enrollment be submitted?

Deadline for receiving applications is March 1st. Applications received after the March 1st deadline will be considered depending on available space.

What are the campers' disabilities?

Some of the more common disabilities are cerebral palsy, spina bifida, seizures, sickle cell anemia, hearing loss, chromosomal disorders, and heart disease. The severity of the disabilities varies tremendously. There are children who require very little assistance from the counselors and there are children who need help with all aspects of daily living.

Who will take care of my child's medical needs?

Two nurses are available at all times to give medicine, first aid and supervise the children's medical treatments. Sumter Pediatrics serve as our camp doctors and the local hospital is approximately 20 minutes away.

Who will live with and take care of my child?

In each cabin of eight campers, there is a minimum of three counselors. The counselors are college students who have experience in working with children and who are interested in working with children who have special needs.

What type of training is provided for the counselors?

The camp staff participate in a week-long training program where they learn about the health conditions of the campers and the special care the campers require. Other training topics include safety and emergency procedures, positive behavior management, camp activities and operating procedures.

What level of supervision is camp able to provide?

In each cabin of eight campers, there is a minimum of three counselors. Camp Burnt Gin cannot provide one-to-one supervision.

What is the level of supervision during rest hour and at night?

During these times, one counselor is on duty in the cabin and the other staff have free time. A minimum of three staff members sleep in the cabin with the campers. A staff member sleeps in front of each door exiting the cabin.

My child has never been away from home. What if he becomes homesick?

Almost all children whether they have special needs or not, experience some homesickness. The camp staff is trained to help children adjust to being away from home. Usually once the children get involved in the camp activities and start having fun, they do fine. If however, a child does not adjust to being away from home, the camp staff will contact the parents.

When will I find out if my child is accepted to attend camp?

Acceptance is determined on an individual basis. Many factors are considered in determining acceptance including the child's physical disability, medical and personal needs and whether or not the child is able to participate in another camping program. Parents are notified of their child's acceptance in May.

What is the cost of Camp Burnt Gin?

There is no cost to the family for their child to attend Camp Burnt Gin. However, if you would like, you may make a tax-deductible donation to Camp Burnt Gin. Checks should be made payable to "Camp Burnt Gin" and mailed to Camp Burnt Gin, 2100 Bull Street, Columbia, SC 29201. Donations will be deposited into the Camp Burnt Gin account and used to support camp programs and activities.

Is transportation to and from camp provided?

Transportation to and from camp is the responsibility of the child's family.



Camp Activities

In each cabin group of 7 to 9 campers, there is a minimum of three counselors. Depending on the needs of the campers, additional staff may work with the group. The counselors accompany the campers to all programs and adapt the activities to meet the campers' special needs. Leaders of each program area have knowledge and experience in the activity area they direct. Activities in all areas are planned according to the campers' ages, interests, physical and developmental levels. Campers and staff are instructed in the safe use and care of equipment and the rules of each area.

Sports and Games Program

The emphasis in the Sports and Games Program is on cooperative play and developing recreational skills. Planned activities may include: kickball, volleyball, relay races, parachute games, archery, card and board games.

Arts and Crafts Program

This program is designed to encourage creativity and help the campers develop hobbies. Activities and projects may include: drawing, painting, making things out of clay and paper mache, bird houses, necklaces, bracelets and tie dying.

Nature Program

The Nature Program is designed to teach campers about the earth, stars, plants, and animals. Nature activities include: gardening, identification of plants, bug and butterfly collecting, nature walks, and the care of animals.

Fine Arts Program

Activities in the Fine Arts Program center around music, drama, and dance. The fine arts activities may include: singing, dance, skit writing, face painting and stage makeup, drama, musical games, rhythm band, and dressing up in costumes.

Swimming Program

Swimming is supervised by the Waterfront Director and three waterfront assistants. The waterfront staff are certified in CPR, First Aid and Lifeguard Training. Additionally, they may have their Water Safety Instructor's certification. Counselors receive training in basic water safety and rescue techniques. In addition to having lifeguards present, the counselors are with the campers in the pool. Depending on the camper's needs, the staff-

to-camper ratio may be 1:1 or 1:3. On the first day, the campers are tested to determine their swimming ability. On the following days, the counselors teach the campers basic swimming and safety techniques.

Boating Program

The waterfront staff supervise boating activities. Canoes, kayaks and paddle boats are available for the campers and counselors' use. Counselors always accompany campers and lifejackets are worn by everyone.

Camp Outs

Each cabin group may spend one night at the campsite which is located on the campgrounds. They sleep in tents and cook their food over the fire. Evening activities include singing and telling stories around the fire, star gazing and roasting marshmallows. Campers are not allowed to build the fire nor play around it. Counselors are responsible for cooking the food and assisting campers with the roasting of marshmallows.

Field Trips (7-15 year old sessions only)

Typically only the oldest campers (13-15 year olds) go on a field trip. The campers are given several options and then asked to decide as a group where they would like to go. Possible field trip include: bowling, Riverbanks Zoo, the State Museum, Columbia Marionette Theatre, and Poinsett State Park. Each camper is assigned to a counselor who is responsible for supervising and assisting the camper. The camp nurse who accompanies the group provides medical care. Prior to departure, the safety procedures for field trips are explained. Campers and staff are transported in Camp Burnt Gin's bus.



A Summer Camp For Special Children

Camp Burnt Gin Schedule Summer 2017

Sessions for Children (Ages 7-15):

- Session 1:** Thursday, June 8 – Tuesday, June 13
- Session 2:** Saturday, June 17 – Thursday, June 22
- Session 3:** Monday, June 26 – Saturday, July 1
**Session for children with sickle cell and other blood disorders*
- Session 4:** Thursday, July 6 – Tuesday, July 11

Sessions for Teens (Ages 16-20):

- Session 5:** Saturday, July 22 – Thursday, July 27
- Session 6:** Monday, July 31 – Saturday, August 5

Session for Young Adult (Ages 21-25):

- Young Adult:** Saturday, July 15 – Tuesday, July 18

**ALL CAMPERS SHOULD ARRIVE AT CAMP ON THE
OPENING DAY PRIOR TO 11:00 A.M. AND SHOULD BE
PICKED UP ON CLOSING DAY PRIOR TO 11:00 A.M.**



www.scdhec.gov/campburntgin



January 2017

Dear Parent or Guardian:

Camp Burnt Gin participates in the U.S. Department of Agriculture's Summer Food Service Program. Camp is reimbursed for meals served to children who qualify through this program. Participation in this program requires that the attached form be completed by ALL campers. Please assist us in complying with the requirements of the Department of Agriculture's Summer Food Service Program. Complete, sign, and return the attached form by March 1st with your application forms.

This form will be placed in our files and treated as confidential information. If you need help completing this form, call us at (803) 898-0784.

The Department of Agriculture defines "household" as a group of related or non-related individuals (not residents of an institution or boarding house) who are living as one economic unit. Income reported on the form should include gross income of the members of the household. Any child who is a member of a household that receives FS or FI benefits is automatically eligible for free meals.

In the operation of the meal program, no person will be discriminated against because of race, color, sex, age, disability or national origin.

Sincerely,

Marie Aimone, Camp Director
CSHCN Program, Division of Children's Health

INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED PRICE MEALS

Effective July 1, 2016 to June 30, 2017

Households with incomes less than or equal to these values are eligible for free program meals

Free Meals				Reduced Priced Meals			
Household Size	Per Year	Per Month	Per Week	Household Size	Per Year	Per Month	Per Week
1	\$15,444	\$1,287	\$297	1	\$21,978	\$1,832	\$423
2	\$20,826	\$1,736	\$401	2	\$29,637	\$2,470	\$570
3	\$26,208	\$2,184	\$503	3	\$37,296	\$3,108	\$718
4	\$31,590	\$2,633	\$607	4	\$44,955	\$3,747	\$865
5	\$36,972	\$3,081	\$711	5	\$52,614	\$4,385	\$1,012
6	\$42,354	\$3,530	\$815	6	\$60,273	\$5,023	\$1,160
7	\$47,749	\$3,980	\$919	7	\$67,951	\$5,663	\$1,307
8	\$53,157	\$4,430	\$1,023	8	\$75,647	\$6,304	\$1,455
For each additional family member add:	\$+5,408	\$+451	\$+104	For each additional family member add:	\$+7,696	\$+642	\$+148

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp or Family Independence case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination statement: In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

FORM ON BACK SIDE



**Division of Children's Health
Children and Youth with Special Health Care Needs Program
CAMP BURNT GIN SUMMER FOOD SERVICE PROGRAM
INCOME ELIGIBILITY APPLICATION**

Section 1: Name of Children Enrolled in Camp

Section 2: Is the child a foster child? no yes If yes, skip to Section 5. Foster children are eligible for free and reduced-price meals regardless of household income.

Section 3: Does your family receive benefits from the Supplemental Nutrition Assistance Program (SNAP), Family Independence or Food Distribution Program on Indian Reservation (FDPIR)? no yes **If yes, list case number and skip to Section 5.**

SNAP (food stamp) Case # _____ Family Independence Case # _____ FDPIR Case # _____

Section 4: Total Household Gross Income - **If you did not list a SNAP, Family Independence or FDPIR case number, complete this section and section 5.**

Name List everyone in household including children	Income and How Often It Is Received				Check if NO income
	Earnings from Work (Before Deductions)	Welfare, Child Support, Alimony	Social Security, Pensions, Retirement	All Other Income	
Example: Jane Doe	\$ 200 / week	\$ _____ / _____	\$ 500 / month	\$ _____ / _____	<input type="checkbox"/> none
1.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/> none
2.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/> none
3.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/> none
4.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/> none
5.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/> none
6.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/> none
7.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/> none
8.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/> none
9.	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/> none

Section 5: Signature and Social Security Number of Adult Household Member

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Name: _____ Signature: _____

Address: _____ Phone: _____

Social Security Number: xxx-xx-_____
 I do not have a Social Security Number

Section 6: Child's Ethnic and Racial Identity – optional

- Hispanic or Latino American Indian or Alaskan Native Asian
 Not Hispanic or Latino Black or African American Native Hawaiian other Pacific Islander White

FOR OFFICIAL USE ONLY:

Household size _____ Total income _____ Frequency _____ Eligible Ineligible

Official's signature: _____ Date _____



Division of Children's Health
Children and Youth with Special Health Care Needs Program
CAMP BURNT GIN APPLICATION

Please attach recent picture of applicant HERE. Picture will remain on file with application.

First Application Attended Camp Burnt Gin before Year last attended _____

Session Request: 1st Choice: _____ 2nd Choice _____

General Information

1. Applicant (Provide information about the camper.)

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. Parent/Guardian (Provide information about the person or persons responsible for the child.)

Name _____

Street _____

City _____ SC Zip Code _____

Relationship to applicant Parent Foster Other _____

Is this person the child's LEGAL guardian? NO YES

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 _____

Is this person the child's LEGAL guardian? NO YES

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

Child'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 _____
- Inappropriate sexual behaviors _____
- Other inappropriate 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 your child make needs known? (circle all that apply)

Speech Signs Gestures Picture board Electronic device Other _____

Other behavioral or communication issues _____

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: _____

Child'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: _____

Child'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"/> _____
Field trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

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

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

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 applicant tolerate being outdoors in the summer heat? _____

How will applicant get to and from Camp? _____

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

Child's Name: _____

11. Medications *(Please list all medications applicant is currently taking. List all medications exactly as written on the container or prescription label. Child must bring all medications needed while at Camp in original, labeled containers. 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 <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: 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 <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:

Child's Name: _____

Consents and Permissions**(1) General consent**

I hereby request that *[enter child'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 give permission for appropriate photographs and news releases that would be in the best interests of the child and Camp. 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 my child's participation.

Legal Guardian's Signature_____
Date_____
Relationship to camper_____
Camper's Signature *_____
Date**(2) Release of Liability**

I understand that my child's *[enter child'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 my child 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. I, for myself, my heirs and assigns, 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 my child from participation in the Camp Burnt Gin program.

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

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

Legal Guardian's Signature_____
Date_____
Relationship to camper_____
Camper's Signature *_____
Date**(3) Permission to Participate in Activities and Restrictions**

I am familiar with routine activities at Camp Burnt Gin. I understand that my child will be supervised and accompanied by the Camp staff at all times. _____ *[enter child's name]* has permission to engage in all Camp activities: sports and games, arts and crafts, nature, fine arts, swimming, boating, on premises camp out, and field trip(s) 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 camper_____
Camper's Signature *_____
Date

Child's Name: _____

(4) 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 give permission to the camp staff to provide or arrange necessary related transportation for my child.

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 my child as named below.

Applicant Name
(PRINT name of person to attend Camp)

Date

Legal Guardian's Signature

Date

Relationship to camper

Applicant (Camper) Signature *

Date

**REQUIRED if applicant will be 18 years or older by August 15. See information about decision-making rights of campers 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. Incomplete applications will be returned without review. 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) 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.)
- Summer Food Service Application completed, signed and attached. (Not necessary for young adults)
- Physician care plan for vagus nerve stimulator (VNS) is attached if device will be used at Camp.

Send completed application to:

**CAMP BURNT GIN
2100 BULL STREET
COLUMBIA, SC 29201**

Child's Name: _____

CAMPER MEDICAL EXAMINATION

*This page 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 camper attending camp.***

Name _____ Date of Exam _____

Height _____ Weight _____ Blood Pressure _____

Exam Findings	WNL	ABN	Explain Abnormal/Unusual Findings
Skin	<input type="checkbox"/>	<input type="checkbox"/>	_____
Head/Neck	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nose	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mouth/Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chest/Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular	<input type="checkbox"/>	<input type="checkbox"/>	_____

General Appraisal _____

Special diet NO YES (If yes, describe) _____

Medications (list name, dose, frequency and route, or attach list)

Treatments _____

Does the child use a CPAP or BiPAP machine? NO YES

May child participate in swimming program? NO YES (If yes, indicate restrictions below)

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 his/her health history. It is my opinion that he/she is 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 parents or others to provide information about prospective campers to determine if they can function in a residential camp setting, and to provide information for campers' care while at camp.

USERS

The parent/guardian completes the Camp Burnt Gin Application and the camper's physician completes the medical examination 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 camper'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.