

Camp Lookout Camper Application

COLLEGE OF THE OZARKS

P.O. Box 17

Point Lookout, MO 65726

417-690-3454

For Office Use Only

Date Rcvd. _____

IMM _____

Code _____

Acct. Letter sent _____

Reminder sent _____

LC _____ No Show _____

Accepted _____

Please read the following:

In keeping with the college's mission of providing education to young people demonstrating financial need, Camp Lookout is for Stone and Taney County children (ages 8-12) who otherwise would not be able to experience a summer camp program. Limited financial information will be obtained to determine eligibility. Immunization records are needed for first-time campers.

Camper's Name _____
First _____ (goes by name) Last _____

Age _____ Birthday (MM/DD/YY) _____ Gender (circle one) M F

Please adhere to our rules regarding ages. We do not accept 7 year olds or 13 year olds.

School last attended _____

Grade in school completed this past school year _____

Who does the camper live with? (circle one) Both Parents Mother Father Guardian Other _____

Parent's Marital Status (Circle one) Single Married Divorced Widowed Remarried

Parent(s) or Guardian's Name _____

Mailing address _____

City _____ State _____ Zip _____

Phone Numbers: Home _____ Work _____

Mother's Cell _____ Father's Cell _____

(A phone number where you can be reached must be provided. We cannot consider your child without one)

Church Affiliation _____

Father's Occupation _____ Mother's Occupation _____

Emergency contacts (other than parents) --- *(We cannot consider your child without this information)*

Name _____ Home _____ Work _____ Cell _____

Name _____ Home _____ Work _____ Cell _____

We **do not** accept week requests; however, please list those dates that your child will be unavailable to attend camp and why. Please keep in mind children cannot leave camp and return (i.e. for baseball games, family reunions). We **do not** accept cabin mate requests; however, if your child **must** travel with another camper, please list their names.

Does your child know how to swim? *Circle one* Yes No

Are there any restrictions to swimming? *Circle one* Yes No

If yes, please explain _____

Has your child attended Camp Lookout before? (*Circle one*) Yes No

How did you learn about Camp Lookout? (*Be specific*) _____

Camper's t-shirt size (*Circle one*) Youth Medium (10-12) Youth Large (14-16) Adult Small
Adult Medium Adult Large Adult X-Large

This Section Must Be Completed

Yearly household income (one must be checked)

_____ \$10,000 or less _____ \$20,001 - \$35,000 _____ \$50,001 - \$60,000

_____ \$10,001 - \$20,000 _____ \$35,001 - \$50,000 _____ \$60,001 +

Does your child participate in a reduced or free school lunch program? *Circle one* no reduced free

ATTENTION

Camp Lookout does not offer insurance coverage for campers while in residence at camp. Please fill out this information box regarding your family insurance policy.

Insurance Information:

Is the camper coverage by family medical/hospital insurance? (*Circle one*) Yes No

If so, indicate carrier or plan name _____ Group# _____

Carrier Address _____

Mailing address _____ *City* _____ *State* _____ *Zip* _____

Name of insured _____ Relationship to camper _____

RELEASE OF LIABILITY AGREEMENT

Camper's Name _____ (my son/ daughter) has permission to participate in the activities at Camp Lookout. In consideration of my child's attendance at Camp, I understand I am accepting full responsibility for my son/daughter. If an accident should occur injuring my son/daughter, including, but not limited to, death or serious injury, I, on behalf of myself, my heirs or successors, hereby release Camp Lookout, College of the Ozarks, and their trustees, directors, officers, agents, employees, counselors, or students from any liability. I have filled out the information box regarding my family insurance policy. I understand that any expenses incurred for medical treatment of my son/daughter will be my responsibility. I agree on behalf of myself and my heirs and successors to indemnify and hold harmless Camp Lookout and College of the Ozarks from any loss, cost, judgment or other harm, including attorney fees, which might come to them arising from my child's attendance at Camp Lookout.

I have read and understand the above agreement, and I agree to abide by the camp policies included with this application.

Signature, parent or legal guardian

Date

PERMISSION TO USE PHOTOS/VIDEOS

I grant permission for Camp Lookout or College of the Ozarks to photograph, record, or video my child during camp and to use those materials for promotional or other purposes.

Signature, parent or legal guardian

Date

CAMPER HEALTH HISTORY

The following information must be completed by the parent/guardian. The intent of this information is to provide camp health care personnel the background of the camper, in order to provide appropriate care.

Medication Allergies (list)	Reaction Treatment	Food Allergies	Reaction Treatment
_____	_____	_____	_____
_____	_____	_____	_____
Insect Stings	Reaction Treatment	Asthma	Reaction Treatment
_____	_____	_____	_____
Animal Dander	Reaction Treatment	Poison Ivy	Reaction Treatment
_____	_____	_____	_____
Seasonal Allergies (i.e. hay fever)	Reaction Treatment	Other Allergies	Reaction Treatment
_____	_____	_____	_____

If your child requires prescription medication for an allergy, will he/she bring it to camp?

_____ Yes _____ No _____ N/A

If not bringing to camp, state why _____

Is there any particular information about your child (medical, dietary treatment, ongoing medication, allergies, special circumstances, etc.) that you want to be certain the Camp Director and/or counselor are aware of? If so, please give a detailed explanation (you may attach another sheet if needed).

MEDICATIONS BEING TAKEN

Please list ALL medication(s) (including over-the-counter or non prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescription physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

_____ This camper takes NO medications on a routine basis.

_____ This camper takes medications as follows:

Med#1 _____ Reason: _____

Med#2 _____ Reason: _____

Med#3 _____ Reason: _____

Attach additional pages for more medication

Identify any medication taken during the school year that camper WILL NOT take during the summer:

Parent or Guardian initials _____ **Date** _____

RESTRICTIONS

The following restrictions apply to this camper:

Dietary

_____ Does not eat red meat _____ Does not eat pork _____ Does not eat eggs
_____ Does not eat poultry _____ Does not eat seafood _____ Does not eat dairy products
_____ Other (describe) _____

Explain any restrictions to activity (I.e. what cannot be done, what limitations are necessary).

Parent/Guardian Authorization: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted above.

Print name (parent/guardian)

Signature Parent/Guardian

Date

IMPORTANT: THE STATEMENT IN THE BOX BELOW MUST BE READ AND SIGNED FOR CAMP ATTENDANCE.

PERMISSION TO PROVIDE MEDICAL TREATMENT OR EMERGENCY CARE

I hereby give permission to Camp Lookout to make any and all arrangements deemed appropriate and in the best interests of my son/daughter for medical, surgical, and dental care. In the event I cannot be reached in an emergency, I hereby give permission to a healthcare provider to secure and administer treatment, including hospitalization, for my son/daughter. I understand that parental permission is required for operative procedures on minors. By signing this form, I am giving my permission that operative procedures may be promptly carried out. I understand that all costs related to such care are my responsibility. I understand that Camp Lookout is not responsible for my son's/daughter's pre-existing injuries or illnesses or any aggravation of these conditions. I understand that Camp Lookout will not assume responsibilities for illness or injury incurred while my son/daughter is participating in camp activities.

I authorize release of any medical information to process insurance claims and request payment of benefits of the physicians or supplier for services.

Name of camper: _____

Signature of Parent/Guardian: _____

Date: _____

Return this Application to:
Camp Lookout, College of the Ozarks
P.O. Box 17
Point Lookout, MO 65726
Can be faxed to: 417-690-3455
Can be emailed to: finn@cofo.edu