



## 2025 Easterseals Oregon Residential Summer Camp at Evans Creek Retreat Eligibility and Camp Fee Information

These eligibility guidelines and fees apply to Easterseals Oregon's residential summer camp at Evans Creek Retreat, near Lyons, Oregon.

To ensure a fun, safe, memorable camp experience for all, it is important to determine if the camper's personal care and supervision needs can be met by camp staff. We serve people with a wide array of ability levels and try very hard to accommodate all campers, including those with moderate behavioral or medical considerations. All camper applications shall be approved by Easterseals Oregon's Camp Coordinator and Evans Creek Retreat, and the Camp Nurse prior to being confirmed. Due to the 2020 fires, Evans Creek Retreat lost all their physical structures and will be a more rustic experience for the summer of 2025. Please be sure to read the following eligibility guidelines and call Easterseals Oregon if you have any questions about camper eligibility.

### Camp Sessions and Dates

- Session 1 (Ages 18+): July 13 - July 17, 2025
- Session 2 (Ages 12-17): July 20 - July 24, 2025

### Eligibility Guidelines

- Campers shall be at least 12 years of age at camp time and enrolled in the age-appropriate session
- Campers shall have a diagnosed disability
- Campers shall be appropriate for a supervision ratio of 1 staff member for every 3 campers
- Campers are in good health with no acute medical concerns and are free of communicable disease
- Campers who display physically aggressive/destructive behaviors which cause abuse to self and/or others are not appropriate for this camp
- Campers are able to adapt to the group living routines of the camp, within reason, without detracting from the organized group living environment
- **Campers who require tube feeding, catheterization, enemas, or other invasive specialized medical routines are required to provide a personal attendant of the same sex to accompany them at camp and be responsible for their health routines. There is no extra charge for a personal attendant**
- Campers shall submit a written physician's statement signed within twelve (12) months of camp time. The statement must indicate any health-related limitations, activity restrictions, and/or medications taken with instructions. A physician's form is available or you may use one provided by the camper's medical professional

### Registration Application Information – Please read carefully

Easterseals Oregon manages the camper application process. All application documents and payments are submitted to Easterseals Oregon. Only complete application packets are considered.

#### Complete packets include:

- Completed Camper Checklist
- Seven-page application form
- Physical Exam Form – completed within twelve months of camp session start-date

- Payment of camp fees or other approved and confirmed payment arrangements
- A current photo of the camper
- All camper spaces are processed and filled on a first-come, first-serve basis. Submission of incomplete registration application packets may result in delayed processing
- Upon approval campers will receive a reservation confirmation in the mail
- A camper information packet will be mailed two weeks prior to the camper's session start-date
- Reservations may be withdrawn and fees refunded up until May 1<sup>st</sup>
- There are limited accommodations for campers that use wheelchairs and these spaces will be filled on a first-come, first-serve basis
- If a camper application is not approved, a full refund will be made
- Once camp sessions are filled, additional approved registrations may be placed on a waitlist to fill possible cancellations
- 

### **2025 Camper Fees and Options**

Camper fees may be paid using any combination of the following options:

#### **Camp Application Fee**

- \$25.00 non-refundable Application fee

#### **Camp Session Fee – Evans Creek Retreat**

- Self-pay by check, money order, or credit card
  - **\$950 by May 1, 2025**

#### **Scholarships**

- Limited camp scholarships are available to Oregon residents that:
  - Can demonstrate a financial need
  - Are not attending another residential camp in the same calendar year

Request a scholarship application from Easterseals Oregon and submit it along with required camp application documents to Easterseals Oregon. Scholarship awards do not guarantee that the camp application will be approved by the camp director and nurse.

#### **Optional Spending Money**

Upon arrival at camp, campers may deposit spending money (\$10 - \$50 cash recommended) to be used at the camp store to purchase snacks and camp related items. Campers may not have cash in their possession during the camp session. Any unused funds on deposit will be refunded at checkout.

#### **Special Conditions Notice**

The Evans Creek Retreat Director reserves the right to decline services to any applicant that may be "at risk" of an unsuccessful camp week due to behavioral or medical issues. Referral to other programs will be made whenever possible. Eligibility of campers with "Do Not Resuscitate" (DNR) orders will be considered on a case-by-case basis after a consult with the camper's physician. Campers will not be admitted to camp if their health in any way endangers other campers/staff or if there is a presentation of a critical health concern. Such conditions could be defined as, but are not limited to, the following:



- COVID-19 symptoms and/or exposure to COVID-19 within 14 days of camp start date
- Temperature greater than 100.4 orally
- Blood pressure greater than 160/90
- Heart rates greater than 120 BPM or lower than 50 BPM
- An open draining rash or wound
- Topical parasites (i.e., lice and scabies)
- The Camp Director, Nurse, EMT, or supervising physician may be consulted prior to any deferral.

**Important:** Camper fees will NOT be refunded if the camper is not admitted upon check-in for any of the above special conditions.

### **Important Dates**

- Early registration deadline – May 1, 2025
- Camper Physical Exam Form deadline – May 15, 2025
- Last date to withdraw reservation and receive a full refund – June 1, 2025
- Applicants who withdraw after the deadline may receive a refund, if another camper successfully fills their spot.

### **Submission Information**

Please submit only complete camper registration packets.

Packets may be mailed, dropped off, faxed, or emailed to our administrative office or our Portland Office:

Easterseals Oregon  
7300 SW Hunziker Rd, Suite 103  
Portland, OR 97223

Easterseals Oregon  
237 NE Broadway St, Suite 100  
Portland, OR 97232

Email: [camp@or.easterseals.com](mailto:camp@or.easterseals.com)

Office: 503-228-5108

Fax: 503-228-1352

**If you have medical questions to see if your camper is eligible, please contact:**  
**Evans Creek Retreat:** Laura Pierce [muskrat@evanscreekretreat.com](mailto:muskrat@evanscreekretreat.com) or call 503-897-3728



# 2025 Easterseals Oregon Evans Creek Retreat Physical Exam Form

Camper Name: \_\_\_\_\_ Date of Appointment: \_\_\_\_\_

This form is to be completed by a licensed physician, nurse practitioner, or physician's assistant. A medical examination must be completed within twelve (12) months of participation in camp session. Physicians may provide their own standardized form.

|              |                    |             |
|--------------|--------------------|-------------|
| Height _____ | Weight _____       | Temp _____  |
| EENT _____   | Lungs _____        | Pulse _____ |
| Heart _____  | Abdomen _____      | Resp. _____ |
| GU _____     | Blood Press. _____ |             |

State the approximate date of occurrence or most recent incident:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Chickenpox _____        | <input type="checkbox"/> Mumps _____          | Allergies _____                              |
| <input type="checkbox"/> Diabetes _____          | <input type="checkbox"/> Ear infections _____ | <input type="checkbox"/> Latex _____         |
| <input type="checkbox"/> Rheumatic Fever _____   | <input type="checkbox"/> Asthma _____         | <input type="checkbox"/> Food allergy _____  |
| <input type="checkbox"/> Measles _____           | <input type="checkbox"/> Rescue inhaler _____ | <input type="checkbox"/> Insect stings _____ |
| <input type="checkbox"/> Hepatitis carrier _____ | <input type="checkbox"/> Seizures _____       | <input type="checkbox"/> Penicillin _____    |
| <input type="checkbox"/> Migraines _____         | <input type="checkbox"/> Shunt _____          | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Sunburn-prone _____     | <input type="checkbox"/> Other: _____         |  |

If the applicant has an allergy, what reaction(s) does he/she have?

Does this person have a positive diagnostic x-ray for an Atlantoaxial Dislocation Condition? YES NO

The applicant is under the care of a physician for the following medical diagnosis/disability: (Describe any operations of serious illnesses that relate to the participant's condition or care.)

### Vaccinations

Current on all childhood vaccinations except: \_\_\_\_\_ Date of most recent Tetanus vaccine: \_\_\_\_\_

TB Test read: \_\_\_\_\_ Positive  Negative

### Recommendations & Restrictions for Easterseals Recreational Programs:

In my opinion, the above conditions permits the applicant's participation in an active recreational program. (Circle) Yes No

There are medical reasons for limiting and/or restricting swimming, horseback riding, boating, or sleeping in tents:

(Circle) Yes No Limitations are: \_\_\_\_\_

Treatments and diets that are to be continued while participating in Easterseals Oregon's camping program are:

I have examined the person herein described and reviewed his/her health history. It is my opinion that he/she is physically able to engage in any required activities, except as noted above, and is free of communicable or contagious disease.

Signature of licensed practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mail completed form too:

Easterseals Oregon Camp Coordinator | 237 NE Broadway, Suite 100, Portland, OR 97232  
Fax: 503.228.1352 | Phone: 503.228.5108 | [camp@or.easterseals.com](mailto:camp@or.easterseals.com)



**2025 Easterseals Oregon  
Residential Summer Camp  
Application**



**Camper Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Summer Overnight Camp Sessions**

Easterseals Oregon is proud to offer two overnight camp sessions for children and adults living with disabilities. Each camp session offers five days and four nights with a supervision ratio of three campers per one staff member. This year, both sessions will be held at Evans Creek Retreat near Lyons, Oregon in July.

For more information, please visit [www.or.easterseals.com/camping\\_recreation](http://www.or.easterseals.com/camping_recreation) or call 503-228-5108

**Choose Session**

**Non-Refundable Application Fee \$25.00**

- |   |                                 |               |
|---|---------------------------------|---------------|
| <input type="checkbox"/> Ages 18+ <b>Sunday</b> , July 13 – <b>Thursday</b> , July 17   | Evans Creek Retreat – Lyons, OR | Cost \$950.00 |
| <input type="checkbox"/> Ages 12-17 <b>Sunday</b> , July 20 – <b>Thursday</b> , July 24 | Evans Creek Retreat – Lyons, OR | Cost \$950.00 |

**Are you planning to attend camp with a friend? Friends Name:** \_\_\_\_\_

**Bunk Request**

- Bottom Bunk    Top Bunk

**COVID.**

◆ I recognize that it may be required pre-camp to prove a negative Covid test, 14-day pre-camp temperature data, and proof of vaccination or written request for religious or medical waiver of vaccination.

Initial: \_\_\_\_\_

**FIRE**

◆ I understand that the September 2020 Beachie Creek Fire destroyed all Evans Creek’s buildings and the summer 2025 will be more rustic. There may be no buildings. There are yurts, covered areas for group gatherings and toilet, shower and handwashing facilities. There will be heat, ventilation, and air conditioning in the yurt accommodations.

Initial: \_\_\_\_\_

**T-Shirt Size**

One Camp T-shirt is provided, by Easterseals Oregon, to each camper. Please indicate size needed.

- Child** - SM   MED   LRG  
**Adult** - SM   MED   LRG   XL   XXL   XXXL

## Camp Activities

Easterseals Oregon Summer Camp is the place to be for fun and making new friends. Campers choose from a wide range of activities. Please check activities of interest:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Arts & Crafts        | <input type="checkbox"/> Drama/Skits/Puppetry | <input type="checkbox"/> Fishing          | <input type="checkbox"/> Paddle Boating        |
| <input type="checkbox"/> Stargazing           | <input type="checkbox"/> Archery              | <input type="checkbox"/> Hiking/Walking   | <input type="checkbox"/> Dancing               |
| <input type="checkbox"/> Music/Singing        | <input type="checkbox"/> Volleyball           | <input type="checkbox"/> Basketball       | <input type="checkbox"/> Nature Study          |
| <input type="checkbox"/> Reading              | <input type="checkbox"/> Gold Panning         | <input type="checkbox"/> Water Fight      | <input type="checkbox"/> Bowling               |
| <input type="checkbox"/> Puzzles/Games        | <input type="checkbox"/> Mini-golf            | <input type="checkbox"/> Horseshoes       | <input type="checkbox"/> Tie Dye/Leather Craft |
| <input type="checkbox"/> Campfire Cooking     | <input type="checkbox"/> Sleeping Outside     | <input type="checkbox"/> RC Cars          | <input type="checkbox"/> Animals               |
| <input type="checkbox"/> Listening to Stories | <input type="checkbox"/> Plant Care/Gardening | <input type="checkbox"/> Field Games      | <input type="checkbox"/> Painting              |
| <input type="checkbox"/> Drawing              | <input type="checkbox"/> Wheelchair Swing     | <input type="checkbox"/> Scavenger Hunt   | <input type="checkbox"/> Creating Journals     |
| <input type="checkbox"/> Writing              | <input type="checkbox"/> Swimming in River    | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Adventure Trail       |
| <input type="checkbox"/> Ping Pong            | <input type="checkbox"/> Air Hockey           | <input type="checkbox"/> Foosball         | <input type="checkbox"/> Making Friends        |

Camper's favorite indoor activity at home: \_\_\_\_\_

Camper's favorite outdoor activity: \_\_\_\_\_

Other athletic activities: \_\_\_\_\_

**PLEASE INCLUDE A PICTURE OF CAMPER WITH THE APPLICATION.**

**This confidential application must be completed in FULL. Incomplete applications will be returned and may delay processing for available spots.**

| <b>Camper Information</b>  |             |   |               |
|--|-------------|---|---------------|
| First Name:  |             | Last Name:  |               |
| Mailing Address:   |             |   |               |
| City:  | State/Zip:  | County:   |               |
| Birth date:  |             | Gender: <input type="checkbox"/> M <input type="checkbox"/> F |               |
| Hm. Phone:   | Cell:       | Email:  |               |
| Group Home (if applicable):  |             | Facility Director:  |               |
| Custody Status: <input type="checkbox"/> Independent <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____  |             |   |               |
| Insurance:   | Policy #:   | Group #:  |               |
| Medicare #   | Medicaid #: | Social Sec. #:  |               |
| <input type="checkbox"/> Has previously attended Easter Seals Oregon Camp Date Last Attended: _____  |             | <input type="checkbox"/> New to Easterseals Oregon            |               |
| Referral Source (if applicable): Name _____ Agency _____   |             |   |               |
| ODDS Services: <input type="checkbox"/> Camper Receives ODDS Services/Assistance<br><input type="checkbox"/> Camper is Eligible but does not receive ODDS Services/Assistance<br><input type="checkbox"/> Camper is ineligible to Receive ODDS Services/Assistance                                   |             |   |               |
| <b>Parent(s) or Guardian Information</b>   |             |   |               |
| First Name:  |             | Last Name:  | Relationship: |
| Hm. Phone:   | Cell Phone: | Email:  |               |
| Hm. Phone:   | Cell Phone: | Email:  |               |
| Address:   |             | City/State/Zip:   |               |
| How do you prefer to be contacted? <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> US Mail  |             |   |               |
| First Name:  |             | Last Name:  | Relationship: |
| Hm. Phone:   | Cell Phone: | Email:  |               |
| Address:   |             | City/State/Zip:   |               |
| How do you prefer to be contacted? <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> US Mail  |             |   |               |
| If parents are divorced, who has custody during camper's time at camp?   |             |   |               |
| Is either parent or guardian currently or formerly employed by the United States Military? <input type="checkbox"/> Yes <input type="checkbox"/> No  |             |   |               |
| <b>Emergency Contact - In case of emergency, the guardian will be contacted first. Please list two different emergency contacts in case the primary contact is not immediately available. These individuals MUST know the applicant and have permission to pick up applicant at camp, if needed.</b> |             |   |               |
| First Name:  |             | Last Name:  | Relationship: |
| Hm. Phone:   | Cell Phone: | Work Phone:   |               |
| First Name:  |             | Last Name:  | Relationship: |
| Hm. Phone:   | Cell:       | Work Phone:   |               |
| <b>Payment Information</b>   |             |   |               |
| How do you plan to pay for camp? <input type="checkbox"/> Self Pay <input type="checkbox"/> Other Funding Source   |             |   |               |
| Describe other: _____  |             |   |               |
| If paying by any method other than Self Pay, please provide the following information to assist us in processing your payment. Please include a letter from your agency indicating approval of funding with your application.  |             |   |               |

|   |  |
|---|--|
| <b>Funding Source Contact Information</b><br>Agency Name: _____<br>Case Worker: _____ | Email: _____<br>Phone: _____<br>Fax: _____ |
|---|--|

**Does the camper Receive or Qualify to Receive ODDS Funding or Assistance**

- Yes the camper qualifies and receive funding/assistance  
 Yes, the camper qualifies but does not receive funding/assistance  
 No, the camper does not qualify

**Diagnosis Information** **Camper Name:** \_\_\_\_\_

**Primary Diagnosis:**

**Cognitive/Social Abilities – please check all that apply**

- Mental Disability (check one)  
 Mild  Moderate  Severe & Profound  
 Learning Disability  Autism  
 Behavioral Disorder  Speech Impairment  
 Attention Deficit Hyperactive Disorder

**Physical Disability – please check all that apply**

- Cerebral Palsy  Spinal Bifida  Muscular Dystrophy  
 Head Injury  
Visual:  Blind  Some Sight  Glasses  
Hearing:  Deaf  Some Hearing  Hearing Aids  
Other Physical Disability: \_\_\_\_\_

**Seizures:**  Grand Mal  Petit Mal  Other \_\_\_\_\_ VNS  Yes  No  
Frequency \_\_\_\_\_ Duration: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

**Camper Mobility: I = Independent MA = Minimal Assistance CA = Complete Assistance**

| Check one for each applicable area | I | MA | CA | <b>Mobility Aids (List - walker, braces, crutches, etc.)</b><br>Wheelchair required for long distances. <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Wheelchair:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Power<br><br><b>Wheelchair transfer method:</b><br><input type="checkbox"/> Stand/Pivot <input type="checkbox"/> Non-weight bearing (2 person)<br><br>Comments/suggestions: |
|------------------------------------|---|----|----|---|
| <b>Walking</b>                     |   |    |    |   |
| <b>Gross motor skills</b>          |   |    |    |   |
| <b>Mobility in wheelchair</b>      |   |    |    |   |
| <b>Wheelchair transfers</b>        |   |    |    |   |

**Personal Care Needs: I = Independent MA = Minimal Assistance CA = Complete Assistance**

| <b>Cabin Care</b>  |   |    |    | <b>Meal Time <i>Advise of all eating issues prior to arrival.</i></b>   |   |    |    |
|--|---|----|----|---|---|----|----|
| Check one for each   | I | MA | CA | Check one for each  | I | MA | CA |
| <b>Dressing</b>  |   |    |    | <b>Appropriate portion taking</b>   |   |    |    |
| <b>Brushing teeth</b>  |   |    |    | <b>Cutting food</b>   |   |    |    |
| <b>Washing hands/face</b>  |   |    |    | <b>Food to mouth</b>  |   |    |    |
| <b>Showering</b>   |   |    |    | <b>Drinking from cup</b>  |   |    |    |
| <b>Toileting</b>   |   |    |    | <input type="checkbox"/> Pureed food <input type="checkbox"/> Chopped food <input type="checkbox"/> Thickened liquids<br><input type="checkbox"/> # Calories _____ <input type="checkbox"/> Low Salt <input type="checkbox"/> Low Sugar<br><input type="checkbox"/> Special diet (please Explain): _____<br><input type="checkbox"/> Special utensils: _____<br><input type="checkbox"/> Problem foods: _____<br><input type="checkbox"/> Chewing disorder/missing teeth<br><input type="checkbox"/> Dysphasia<br><input type="checkbox"/> Food restrictions: _____<br><input type="checkbox"/> Other mealtime needs: _____ |   |    |    |
| <b>Female menstrual needs</b>  |   |    |    |   |   |    |    |
| <b>Bladder &amp; Bowel Control</b><br><input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Needs Reminders<br><input type="checkbox"/> Incontinent <input type="checkbox"/> Incontinent at night<br>Schedule: _____<br><b>Toileting Aids Used (please bring to camp)</b><br><input type="checkbox"/> Attends <input type="checkbox"/> Catheter - Type: _____<br><input type="checkbox"/> Urinal <input type="checkbox"/> Other: _____ |   |    |    |   |   |    |    |



Toileting comments/suggestions: \_\_\_\_\_  
\_\_\_\_\_

If your camper does NOT have dietary health needs & chooses to NOT eat camp food, caregivers are responsible for providing meals & snacks for the camper.

**Sleeping**

Awaken at night for restroom: \_\_\_\_\_ times  
Difficulty (explain) \_\_\_\_\_  
Needs bedrails Turned at night: \_\_\_\_\_ times  
Has camper slept in a group environment? Yes No  
CPAP Machine? Yes No  
Sleeping comments/suggestions:

**Allergies**

Please list and explain all known food allergies: \_\_\_\_\_  
\_\_\_\_\_  
Non-food allergies: \_\_\_\_\_  
\_\_\_\_\_  
Describe reactions: \_\_\_\_\_  
\_\_\_\_\_

**Supervision**

**Does camper require 1:1 total care and/or supervision?**

Yes No  
Explain: \_\_\_\_\_  
\_\_\_\_\_

**Communication**

Will camper clearly communicate wants/needs? Yes No  
Reads Writes Sign Language Talks Gestures  
Communication System Communication Comments/suggestions:  
\_\_\_\_\_  
\_\_\_\_\_

**Medications:**

Prescribed Medications: Yes No  
Medication 1-2X daily:  
Medications 3-4X daily:  
Medication <4X daily:  
Medication < 6 AM or > 10 PM:  
Nebulizer:  
Special Protocols: \_\_\_\_\_

**Diabetic:** Yes No

Diet Controlled:  
Insulin Controlled:  
Testing Time(s) \_\_\_\_\_  
Average Blood Glucose \_\_\_\_\_

**Fears:**

Water Animals  
Falling Dark  
Height People/Crowds  
Other: \_\_\_\_\_  
\_\_\_\_\_

**Tobacco Products:**

None:  
Chews:  
Smokes Tobacco Products:  
Responsible for Smoking Safety  
Describe Assistance/Monitoring: \_\_\_\_\_  
\_\_\_\_\_

**Behavior: Please check any behavior patterns that apply**

Happy-Go-Lucky Helpful Wanders Cautious Withdrawn/Shy Interacts well w/others Yells/screams

Physically aggressive, please describe: \_\_\_\_\_  
\_\_\_\_\_

Self-abusive, please describe: \_\_\_\_\_  
\_\_\_\_\_

Attention-seeking, please describe: \_\_\_\_\_  
\_\_\_\_\_

When do these behaviors occur? Is there a common trigger for these behaviors? \_\_\_\_\_  
\_\_\_\_\_

Suggest specific techniques for dealing with the camper's behavior: \_\_\_\_\_  
\_\_\_\_\_



physician approving that the camper is health appropriate for camp attendance. It is important that the physician list any and all restrictions and health precautions and current medications and treatments to be administered at camp. In the event a camper has a chronic negative health history, the health care personnel of ESO reserves the right to request additional information from the camper health care provider, including a physical before attending camp.

Camper/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Camper/Guardian Name Printed \_\_\_\_\_

Witness to Camper Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness to Camper Name Printed \_\_\_\_\_

# HIPAA COMPLIANCE

In compliance with federal guidelines (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT), this form **MUST** be on file prior to camp attendance and will remain active for seven years.

Camper Information: Name \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) DOB \_\_\_\_\_

## Notice of Privacy Practices:

I understand that Evans Creek Retreat LLC (hereafter referred to as ECR) and/or Easterseals Oregon (hereafter referred to as ESO) will use and disclose health information about me. I understand that my health information may include information received by ECR/ESO in the form of written or electronic records or spoken words, and may include information about my health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, and similar types of health-related information.

I understand that ESO/ECR may use & disclose my health information in order to:

- make decisions about and plan for my care and camp activities with camp staff
- refer to, consult with, coordinate among, and/or manage with other health care providers involved in my care and for treatment in the event of illness or injury.
- determine my eligibility for camp attendance and/or particular camp activities
- perform various office and administrative functions that support ESO/ECO's efforts to provide me with best possible camp opportunities appropriate to my needs.

I understand that I have the right to receive and review the written description of how ESO/ECR will handle health information about me. This written description describes the uses and disclosures of health information made and the information practices followed by the staff and office personnel of ESO/ECR and my rights regarding my health information.

I understand that this description may be revised from time to time and that I am entitled to receive a copy of any revised practices upon request to ESO/ECR.

I understand that I have the right to ask that some and/or all of my health information not be used or disclosed in the manner described in the **Notice of Privacy Practice**, and I understand that ESO/ECR is not required by law to agree to such requests.

These releases are to be signed by a parent or legal guardian if participant is under 18 years of age **OR** by the participant if 18 or older **OR** if participant is legally emancipated.

**Release forms and/or current likeness (photo) MUST be on file in office prior to attendance.**

***By signing below, I agree that I have reviewed & understand the information above.***

Camper/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Camper/Guardian Name Printed \_\_\_\_\_

Phone \_\_\_\_\_

Camper Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

Camper Representative Name Printed \_\_\_\_\_

Phone \_\_\_\_\_

Authority of Representative (Relationship) \_\_\_\_\_

Date \_\_\_\_\_