



Callahan
INC.

Phone: (217) 228-2707
www.campcallahan.com

P.O. Box 5253
Quincy, Illinois
62305-5253

CAMP CALLAHAN APPLICATION

Name _____ Birthday _____ Age _____

Mailing Address _____ ZIP _____

Camper Lives With: self parents guardians relatives group home

Caregiver Phone _____ Cell Phone _____

E-Mail Address _____

Is Camper His/Her Own Guardian? YES NO

If not, who is? _____ Phone _____

Allergies _____

Special Dietary Restrictions _____

Camper's Favorite Foods _____

Camper Will Not Eat _____

Please mark the Primary Disability of this camper:

Mentally Handicapped LD BD Slow Learner Down Syndrome

Autism AD/HD CP Paraplegic Quadriplegic Blind Deaf

SEIZURE HISTORY YES NO

COMMUNICATION: Signs/Gestures Some Speech Speaks Well

CAMPER USES: manual wheelchair electric wheelchair walker

leg braces crutches

Needs Help With: dressing toileting washing hair washing

Has Camper Been to this Camp Before? YES NO

OVER

SERVING THE HANDICAPPED IN ADAMS, BROWN, HANCOCK, AND PIKE COUNTIES IN ILLINOIS AND
CLARK, LEWIS, MARION AND RALLS COUNTIES IN MISSOURI FOR OVER 50 YEARS

Does this camper wear a life jacket? YES NO

Behavior Concerns Staff should know about _____

How does the caregiver deal with camper's inappropriate behavior? _____

Will homesickness be a concern? YES NO DON'T KNOW

T-shirt Size ADULTS S M L XL XXL XXXL

KIDS' SIZES S M L XL

Caregiver Signature _____

Date _____