



CAMP CALLAHAN APPLICATION

217.779.2019 • www.campcallahan.com • P.O. Box 5253 • Quincy, Illinois 62305-5253

PLEASE PRINT

Camper First Name	Camper Last Name	Birthdate ____ / ____ / ____	Age	Gender
Street Address	City	State	Zip	

Is this a Group home? **Yes** **No** Name of Group Home _____

Is Camper their own legal gaurdian? **Yes** **No** If no, please fill out next section. If yes, you may skip section.

Legal Guardian Name	E-Mail	Phone ____ - ____ - ____
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Who is authorized to sign consents for this camper outside of legal guardian? (such as group home employees, relatives, person dropping camper off, etc.)

Contact #1 should be the person we call first in the event of an emergency, such as a parent or group home. Emergency contacts must be people we can call 24 hours a day and get a response.

Emergency Contact #1	Relationship	Phone ____ - ____ - ____	Address
Emergency Contact #2	Relationship	Phone ____ - ____ - ____	Address

Has this camper attended Camp Callahan previously? **Yes** **No** Last year attended _____

Did the camper stay the whole week? **Yes** **No** If no, please explain _____

Is homesickness a concern? _____

Qualifying special needs of this camper: (Please check all that apply)

Autism		Muscular Dystrophy		Other (Include diagnosis / name)	
Cerebal Palsy		Orthopedic Impairment			
Developmental Delay		Sensory Processing Disorder			
Down Syndrome		Seizure Disorder			
Hearing Impairment		Spina Bifida			
Intellectual/Cognitive Diasability		Traumatic Brain Injury			
Learning Diasabilitiy		Visual Impairment			

Please provide additional information and any details we might need to know during their week at camp. For example: type and frequency of seizures, degree of impairment, etc. (You may attach additional pages if necessary)

Communication	signs/gestures	some speech	speaks well
Needs help with:	dressing	toileting	washing
			hair washing

Explain please _____

Special Equipment

Mark here if none _____

AAC (Communication)		Braces/Orthotics		Cane	
Catheter		Contacts/Glasses		C-Pap/Bi-Pap	
Dentures		G-Tube		Hearing aids	
Helmet		Insulin Pump/Equipment		Power Chair/Scooter	
Walker		Wheelchair		Other (Please Explain)	

Explanation _____

Does camper require electricity during the night? **Yes** **No**

(Please make sure to provide adequate charging cords, batteries, power strips, extension cords, etc. your camper may need.)

Please provide examples of the following:

Methods/words used to redirect for behavior: _____

Effective rewards/consequences: _____

Favorite activities: _____

Swimming Level

Prefers not to go to the waterfront for swimming.	
Does not swim, enjoys sitting on the dock with feet in water.	
Beginner: Needs floatation device such as arm floaties or life jacket	
Intermediate: No floaties/life jacket needed but cannot really swim.	
Advanced: Swims well, no concerns in the water.	
Cautionary: Does not understand dangers, loves the water, cannot swim, needs life jacket.	

If your camper is prone to sunburn, please provide a t-shirt specifically to be worn daily in the water as well as a hat, if possible, to block the sun. Please provide sunscreen for all campers. We have life jackets available, but if you have one that fits well, feel free to send that as well.

Dietary Needs (Our food services director will contact you regarding any special diet needs you list below)

Food Allergies: _____ Won't eat: _____

Special Diet: _____ Allowed caffeine? **Yes** **No****Food Accommodations**

None		Cut up		Needs to be hand fed		Pureed		Alternate food provided by caregiver	
Other (explain)									

Other Restrictions: _____

T-Shirt

Shirt Size (If interested in ordering additional shirts, include sizes below and remit payment with application @15\$ each. No orders will be honored outside of the camper's shirt without payment prior to ordering.)

Youth Small		Youth Medium		Youth Large		Adult Small/Youth XL		Adult Medium	
Adult Large		Adult XL		Adult 2 XL		Adult 3 XL		Adult 4 XL	

Additional notes: __________
Legal Guardian Signature_____
Print Name_____
Date