COLORADO LIONS CAMP

Est. 1969

Dear Campers and Caregivers,

Welcome to the Colorado Lions Camp! Thank you for your interest in attending our Respite Camps. We have many fun and exciting activities planned and look forward to seeing you there. Please note that we will have a total of **10** spots open for each scheduled weekend. Openings will be filled on a first-come, first-served basis, so please complete your application quickly. We are ready for another great season!

Respite Camp Dates

#1 January 22-24, 2027 **Respite Cost 400.00**
#2 February 26-28, 2027 **Respite Cost 400.00**
#3 March 19-21, 2027 **Respite Cost 400.00**
#4 April 23-25, 2027 **Respite Cost 400.00**

Required Materials:

- Completed 2026-2027 Respite Camper Application (all pages)
    - All paperwork must be filled out completely and signed.
- Camp Deposit Fee - $200.00
    - Check, Money Order, or Credit Card.
        - Please make checks/money orders payable to: Colorado Lions Camp
    - If your camper is on a SLS or CES Waiver, camp will need the plan prior to the camper's respite session.
        - If paying with SLS or CES Waiver and the camper cancels their session, then the plan will be billed the deposit amount.

Medical Forms:

Physicals must be completed within **12 months** of your selected camp date. No expectations can be made. All campers are required to have a current physical on file at camp. The physical must be signed by a physician and must be on the Colorado Lions Camp physical form. Physicals **MUST ARRIVE NO LATER THAN TWO WEEKS BEFORE** the respite session you are accepted to.

Please email or call Colorado Lions Camp at clcoffice@coloradolionscamp.org or (719) 687-2087 for any additional information.

Yours in Camping,

Colorado Lions Camp

Colorado Lions Camp
RESPITE CAMP PROGRAM

The Colorado Lions Camp's mission is to provide exceptional camping programs to individuals with varying abilities that promote independence, challenge their abilities, and provide opportunities to discover their potential in a safe, positive environment.

Eligibility Requirements:

1. Be of the appropriate age or ability for the Respite program requested.
2. Have a physical, developmental, or mental disability. Please contact the camp office if you are a wheelchair user to discuss accessibility.
3. Have the ability to effectively communicate needs to their camp counselor and medical personnel.
4. Have the ability to live in a group setting 24 hours a day without disruption to the living environment. Campers live in dorm-style sleeping areas with no private rooms. Campers are expected not to disturb other campers during quiet hours/sleeping hours, listen to staff instructions, and not cause disruption to other campers' experiences.
5. Applicants will be required to possess basic independent living skills such as: self-feeding, showering, dressing, and toileting. Applicants must be continent and have the ability to maintain a bowel routine. Our program is designed to meet the needs of our campers based on a 1:4 counselor-to-camper ratio. We are not equipped to provide 1:1 assistance/supervision in a group setting.
6. Is not abusive toward themselves or others, i.e., does not physically, verbally, or sexually abuse self or others. Abuse includes, but is not limited to, inappropriate touching or fondling, etc.
7. Does not have a medical condition or impairment that has a substantial risk or likelihood for complication or injury or requires specialized medical treatment (i.e., intravenous infusions, tube feeding, a communicable disease or condition).
8. Oxygen can only be used at bedtime during the camper's stay; campers cannot be on oxygen 24/7.
9. Has the ability to eat or drink amounts adequate for nutritional support and agrees to and accepts personal prescription medication from camp medical personnel.

Letter of Confirmation

If eligible, a letter of confirmation and packing list will be mailed to the applicant or parent/caregiver upon acceptance.

Cancellation Policy

All payments except for the camp deposit will be refunded if notice is received from the Colorado Lions Camp office more than fifteen days before the applicant's session. If less than fifteen days' notice is received, there will be no refund. Promptly notify the camp in the event of a cancellation.

Colorado Lions Camp
IMPORTANT CAMP INFORMATION

1. **Check-In Time:** Registration time is assigned to you and will continue until 6:15 p.m. on the Friday of each designated respite weekend. Parents/caregivers will be required to stay through the entire check-in process. You will still need to meet with our Camp Nurse and CLC Executive Director. **We are unable to accommodate early check-ins.**

2. **Check-Out Time:** Camper check-out **is no later than 11:00 am on SUNDAY.** There will be a $100/hour charge for all late pickups, so please plan accordingly.

3. **Clothing List and Special Equipment:** A detailed clothing list will be provided upon notification of acceptance to the camp. Please pack according to the weather. Laundry facilities are not provided. All clothing and special equipment should be clearly marked with the camper's full name BEFORE check-in. **The camp is not responsible for lost, misplaced, or damaged items.** Colorado Lions Camp staff will do their best to ensure that soiled clothing is cleaned and returned with the camper on Sunday. In the event that a soiled piece of clothing is unsavable, the item may be discarded and not returned.

4. **Supervision:** Activities are well supervised, and staff members are required to complete the CLC training program. Supervision is provided 24 hours a day; however, 1:1 supervision is **NOT** available.

5. **Health Care/Med Check-In Procedure:** Medical personnel are on duty 24 hours a day for the duration of the respite weekend. The Camp Nurse is responsible for administering all medications as ordered by the physician or CLC Standing Orders. Doctors are on-call for CLC in the event they are needed. An appropriate amount of medication supply must be sent with your camper for respite weekends. All medication MUST be pre-poured into a med minder box by the camper's pharmacist/parent/caregiver/agency. You will need to include the original prescription bottles with one pill inside and/or bubble packs with the remaining pills for verification. Any medication changes must be verified by a physician in writing, or the camp's medical staff will refuse to administer it. Any medication not in the original container will not be accepted. A signed liability release statement must be signed by the person who pre-poured the medication(s) and provided to the medical staff at the time of check-in. Parents/caregivers will be contacted if medication problems arise. Nonprescription, dietary supplements, and homeopathic remedies will NOT be given at camp unless prescribed by a physician.

6. **Insurance:** Campers are covered by the camp's accident insurance during their stay. Pre-existing conditions are covered by the individual's group medical insurance during the period they are at camp. Insurance of the family/caregiver/camper has first coverage. It is imperative that insurance and medical information be provided on the attached forms.

7. **Licensing:** The Colorado Lions Camp is licensed annually, according to the standards of the Colorado Department of Human Services and the Colorado Department of Health.

8. **Transportation:** Parents/Guardians/Caregivers are responsible for arranging transportation to and from camp. The camp does not provide transportation, nor cover the cost of transportation.

Respite Camp Application

<u>All pages 1-8 of the application MUST be completed and returned to our office for registration.</u>

Applications are processed on a first-come, first-served basis. DO NOT wait for medical forms to be completed before submitting your application. Many of our sessions fill up quickly, and you may not be placed in your first choice.

Camper's Name:_____ **Returning Camper? Yes or No**

Mailing Address:_____ **City:**_____

State:_____ **Zip Code:**_____ **Age:**_____ **Date of Birth:**_____ **Sex M / F T-Shirt Size:**_____

Camper's Legal Guardian:_____ **Circle One: Self Family Agency Other:**_____

Guardian Address:_____

Phone #:_____ **2nd Phone #:**_____

Email:_____ **2nd Email:**_____

Camper lives with (Circle One): Independently Family Host Home Group Home Foster Family

Emergency Contact #1
(Someone other than those listed above)
Name:_____

Relationship to Camper:_____

Phone:_____

Emergency Contact #2
(Someone other than those listed above)
Name:_____

Relationship to Camper:_____

Phone:_____

Please circle which respites you would like to attend: 1 2 3 4

Please provide the name(s) of anyone not authorized to pick up the camper:_____

<u>PAYMENT INFORMATION:</u> (This portion must be filled out for <u>ALL</u> campers.)

*** Camp costs $400.00. *<u>The $200.00 deposit fee is part of the total camp fee.</u>***
*** Full payment is due by the start of the session, unless the camp will be billing Medicaid.**
*** CLC accepts credit card payments for full camp fees. Call the camp office to make your payment.**
*** No refunds will be made if the camper leaves camp because of behavior problems, illness, or other reasons by the Executive Director.**

<u>The Camper's fee will be paid by (please fill in all that apply):</u>
$_____Gurdians $_____Self $_____Medicaid* SLS or CES Waiver $_____Agency $_____CCB

***IF WE ARE TO BILL MEDICAID - WE MUST BE GIVEN A SERVICE PLAN WITH CLC INCLUDED ON THE PLAN, CAN BE BILLED UNDER THE T2036 BILLING CODE.**

If CCB or Agency will be paying, please fill out the following information <u>completely</u>:

Name of Agency/CCB:_____ Contact Person:_____

Phone Number: _____ Email: _____

PARENT/CAREGIVER CHECKLIST

PLEASE READ AND INITIAL ALL THE FOLLOWING LINES AND RETURN WITH APPLICATION:

Please initial each:

____The camper application is filled out and signed by the Camper/Parent/Legal Guardian/ Agency.

____The Camp Physical Examination Form is completely filled out and signed by an authorized Physician within 12 months of the camp session. The Camp Physical Examination Form must be returned two weeks prior to camp. **Failure to return the Camp Physical Examination Form will result in the camper being dropped from the session, and no refund will be given.**

____I understand that all medications/vitamins/supplements must be pre-poured into a med minder box by a Parent/Legal Guardian/Agency. I must bring the original bottles with one pill in the original container and/or a complete bubble pack with the remaining pills (this includes vitamins and supplements). Any changes in medication times or dosage, or if it differs from the prescription bottle/bubble pack, must be verified by the physician in writing, or the Camp Nurse will refuse to administer it. Any medication not accompanied by the original prescription bottle/bubble pack will not be accepted. A signed Release of Liability for the Administration of Pre-Poured Medications Form by the individual who pre-poured the medications must be provided to the Camp Nurse during check-in. Nonprescription, dietary supplements, and homeopathic remedies will not be given at camp unless they have been pre-approved by a physician.

____I understand that the Colorado Lions Camp does not provide 1:1 assistance/supervision during our camp sessions. In the event it is determined that the camp program is not equipped to properly meet the needs of the camper (medically or behaviorally), the camp may require me to pick up the camper before the end of the scheduled session. No refunds will be made due to an early departure for inappropriate behavior issues.

____All payments except for the camp deposit will be refunded if notice is received from the Colorado Lions Camp office more than fifteen days before the applicant's session. If less than fifteen days' notice is received, there will be no refund. Promptly notify the camp in the event of a cancellation.

____CHECK-IN is Friday. Your check-in time will be provided to you on your confirmation sheet that we mail with the rest of the packet. A parent/guardian/agency will be required to assist the camper and remain with the camper during the entire check-in process.

____**CHECK-OUT is Sunday by 11:00 AM. for all campers**. All early pickups must be prearranged. Late pickups will be charged $100.00/hour to cover additional staff costs. (For example, if you arrive at 11:05 am, you will be charged the late fee) Please plan accordingly. No lunch will be served.

____I understand that upon receiving the Camper's Application and Camp Physical Examination Form, the materials will be reviewed by the Executive Director. If the camper is accepted, a confirmation packet will be mailed to the address on the first page of the application. The guardian(s) will be contacted if more information is needed.

Printed name and relationship to camper:_____

Signature:_____ Date:_____

Camper Questionnaire

Please provide as much detail as possible so that our staff can best meet the needs of the camper. If there are any changes after submission of the application, please contact our office directly.

Medical Information

Primary Diagnosis:_____ Secondary Diagnosis:_____

Please list any additional diagnosis or current medical conditions we need to be aware of:

_____

- ❖ Does the camper have a cardiac condition? Yes No
- ❖ Does the camper have respiratory problems? Yes No If yes, will an inhaler be provided?_____
- ❖ Does the camper use oxygen at night? Yes No (Must supply own oxygen, no portable oxygen machines)
- ❖ Does the camper fatigue easily? Yes No
- ❖ Does the camper have any medically diagnosed allergies? Yes No
  - If yes, please use the following space to explain:_____
  - Does the allergy require an EpiPen? Yes No
- ❖ Does the camper struggle with sensory processing? No Yes, explain:_____

Behavior Information

	NO HISTORY		Destructive		Self Abusive		Inappropriate Sexual Behaviors
	Steals		Physically Aggressive (bites, hits, pinches, scratches, etc.)		Wanders/Runs Away		Other:

How often do these occur?: Seldom (1X or less per month) **Often** (1X or less per week) **Frequently** (more than 1X per week) **Daily**

What usually triggers behavior?_____

_____

Please describe in detail these behaviors or any other challenging behaviors we should know about:

_____

_____

_____

Does the camper have a safety behavior management plan? (If yes, please submit a copy with the application.): YES NO

Has the camper been separated from home before? YES NO

Does the camper have any fears? YES NO _____

During the past year, has the camper seen or is currently seeing a professional to address mental/emotional health concerns?

Yes No If yes, please give a brief plan of care camper as follows:

_____

Has the camper had a significant life event occur in the last year? Yes No If yes, please specify and give additional detail as needed:

_____

Personal Care Information

Please check what your camper needs from the Colorado Lions Camp Staff.

	Independently	With Verbal Cues	Some Assistance	Total Assistance
Uses Toilet				
★ We understand that toileting accidents occur. Please circle frequency: Never Rarely Occasionally Frequently ★ Campers must be continent. Depends are okay, but the camper must be able to change and clean up without assistance. ○ Camper MUST supply their own Depends				
Shampooing and Conditioning				
Soaping/Body Wash				
Brushes Teeth				
Deodorant				
Dressing				
Hair Care				
Menstrual Care				
Misc. Ointments, Eye Drops, etc.				
Sunscreen				

Are there any other things the camper needs assistance with?

_____

_____

Eating Requirements: ▢ No Assistance ▢ All Food Cut ▢ Meat Cut ▢ Chopped ▢ Pureed ▢ Other:_____

Special Diet: ▢ No Special Diet ▢ Gluten-Free ▢ Dairy Free ▢ Diabetic Diet ▢ Other:_____

Will the camper be bringing their own food? YES NO

Other Information

Communication (Circle all that apply): Verbal Non-Verbal Sign Language Gestures Assistive Devices Hearing Limitations

Mobility: The camp is built on the side of a mountain, and the cabins are uphill from the main lodge. Can the camper walk up or maneuver the hill? YES NO

- Does the camper use a mobility aide? YES NO
- Does the camper have any injuries or physical limitations? YES NO
- Can the camper sleep on the top bunk? YES NO

If you answered YES to any of the above questions, please explain here:

_____

_____

_____

ALTITUDE AWARENESS DISCLOSURE

Has the camper attended the Colorado Lions Camp before? YES NO
Where is the city the camper is coming from? _____ What is the elevation?_____
Are you aware of the risks of traveling to a higher altitude and elevation? YES NO
Has the camper experienced altitude sickness in the past? YES NO
Does the camper have any of the following pre-existing medical conditions? (Check all that apply.)

	High Blood Pressure		Heart Disease		Emphysema
	Arrhythmias		Congenital Heart Problems		Migraines
	Heart Failure		Pulmonary Hypertension		Strokes
	Asthma		COPD		Seizures
	Other: Be Specific:				

PLEASE READ AND INITIAL

PRE-EXISTING MEDICAL CONDITIONS AT ALTITUDE	**INITIAL**
HIGH-BLOOD PRESSURE: It is not uncommon for visitors with a history of HBP to experience temporary high blood pressure at high altitudes. Some persons with HBP develop lower blood pressure on ascent to high altitude.	
HEART DISEASE (Coronary Artery Disease): Altitude creates some stress on the heart, which is minimal at rest but can be significant during exercise.	
ARRHYTHMIAS: PVCs or premature ventricular contractions occur frequently at altitude. Irregular heart rhythms should be in good control before going to high altitude.	
CONGENITAL HEART PROBLEMS: Persons born with heart problems such as ventricular septal defect (VSD), atrial septal defect (ASD), patent ductus arteriosus (PDA), or tetralogy of Fallot that is partially corrected may experience increased symptoms at altitude.	
HEART FAILURE: Persons with HF have increased sensitivity to fluid retention. Since retaining fluid at altitude occurs frequently with or without AMS, this could potentially cause a worsening of heart function.	
PULMONARY HYPERTENSION: Since high blood pressure in the pulmonary vessels is the main mechanism that leads to High Altitude Pulmonary Edema (HAPE), persons with pulmonary hypertension have a much higher risk of developing HAPE.	
ASTHMA: As always, any asthmatic should continue their asthma medications and carry a relief inhaler with them at altitude, as they would at sea level or lower elevation.	
COPD/EMPHYSEMA: Campers with chronic lung disease have difficulty transporting oxygen from their lungs to their bloodstream.	
MIGRAINES: If a migraine develops at high altitude, however, it might be difficult to distinguish this from an altitude headache, although an altitude headache does not have an aura and is not unilateral. If your medication is not effective, then you may need oxygen in addition to other treatments.	

I,_____ (Parent/Caregiver/Guardian), have read and understand the risks associated with traveling and staying at the Colorado Lions Camp for the duration of a session for _____ (Camper Name). I also understand that if the camper shows signs or symptoms of any of the mentioned medical conditions, they may be sent to the ER or home. These risks have been provided to me, and I am choosing to allow _____ (Camper Name) to stay and participate at the Colorado Lions Camp despite the associated risks.

_____ _____
Parent/Caregiver/Guardian printed name Parent/Caregiver/Guardian signature

_____ _____
Executive Director printed name Executive Director Signature

Colorado Lions Camp
Camper Seizure Action Plan
Mandatory for all Campers

Camper Name:_____ **Date of Birth:**_____

Please document the Camper's Seizure Activity: (Please check which statement applies)
_____Camper has **NO** seizure history or activity (no need to complete this form. Please sign and date at the bottom.)
_____Camper has Epilepsy or Seizure Disorder (please complete this form in its entirety and provide as much information as possible)

Parent/Caregiver/Guardian_____Home Phone:_____Cell:_____

Treating Physician:_____Office Phone:_____

Seizure Type	Length	Frequency	Description

Date of last seizure:_____ Seizure triggers or warning signs:_____
_____

Camper's response after a seizure:_____
_____

Emergency response: Please attach a copy of the current Seizure Protocol, if available.
A "Seizure Emergency" for a camper is defined as:_____
_____

Seizure Emergency Protocol (check all that apply)
____Call 911 after_____amount of time
____Does the camper have a Vagal Nerve Stimulation device? Yes No If yes, implant date?_____
____Notify parents or emergency contact? Yes No If yes, who?_____
____Emergency medication for seizures? If yes, what medication and how is it administered?_____
_____
____Notify Doctor (name and contact information):_____
____Other:_____

Special considerations and precautions (regarding activities, sports, trips, etc.): _____
_____
_____

Parent/Caregiver/Guardian Signature:_____ Date:_____

Parent/Legal Guardian/Agency Agreement

Required - Signature of applicant, if legally represents self, parent, legal guardian, or authorized agency.

Please read the following statements carefully and sign your name to each.

Acceptance Conditions

The Colorado Lions Camp reserves the right to refuse to provide services to any individual if the camp staff determines that the individual cannot be provided with adequate support by CLC. These decisions are made on an individual basis by the Executive Director and/or Nurse. Parents/Guardians/Agencies will be notified in the event of any serious injury or illness requiring more than basic first aid, or in the case of any significant incident or behavioral problem. The separate Camp Physical Examination Form, which must be completed and signed by a licensed physician, must indicate that there is no evidence of any condition that might present health or safety risks to the camper, other campers, or staff members.

Application and Medical Paperwork must be submitted annually.

I agree to the acceptance conditions above. Should it become necessary for my camper to leave camp, or any Colorado Lions Camp function, for any reason, I will make accommodations to bring the camper home. I hereby certify that to the best of my knowledge, all the information contained in this application is true and complete. I hereby authorize the release of any and all pertinent information regarding this camper to the Colorado Lions Camp. I agree to notify CLC of any changes that need to be made to this application before camp begins.

Name:_____ Signature:_____

Relationship to camper:_____ Date:_____

Assumption of Risk:

I,_____(Parent/Guardian/Agency), of_____(Camper), who desires to participate in the activities offered and organized by the Colorado Lions Camp, hereby acknowledge that I am aware of potential, significant risks associated with participation in camp, including, without limitation, the risk of serious bodily injury or death. On behalf of myself, the agency, my spouse, and my successors, I willingly assume such risks. By signing this document, I am providing a clear, written expression of my agreement to assume all of the risks and dangers my camper may encounter at camp. YES NO

Parent/Guardian/Agency:_____

Personal Property

I,_____(Parent/Guardian/Agency), authorize that the Colorado Lions Camp cannot accept responsibility for the camper's personal property. To help eliminate losses, the undersigned ensures that all clothing is labeled with the camper's name, and a list of belongings has been included in the luggage. This includes clothing, bedding, personal care items, electronics, and equipment.

Parent/Guardian/Agency:_____

Media Release

The Colorado Lions Camp uses photographs, images, or recordings of campers for publication in brochures, email, website, Facebook, social media, and various other media to promote services or to recruit volunteers and staff. The camper's name above may be included in these promotional materials unless you contact the camp directly.

Parent/Guardian/Agency:_____

Medical Release

I, _____(Parent/Guardian/Agency), authorize that in the event that an emergency should arise while _____(Camper) is at camp requiring medical, surgical care or treatment, the CLC staff may select and designate medical professionals to provide such medical care as, in the judgment of a physician and/or surgeon holding a physician's certificate issued by the Board of Medical Examiners of the State of Colorado. I authorize the CLC staff to render any aid and assistance to my camper and to administer medication to my camper. I authorize the camp medical staff to dispense medications. I agree that medications for life-threatening conditions (e.g., EpiPen, inhaler) will be carried by a camp staff member, and I authorize their use for my camper as needed. I agree to pay for any prescribed medication or treatment my camper may need. I release and absolve the Colorado Lions Camp, nurses, physicians, and surgeons elected and designated by them, from any and all liability for their acts rendered in good faith. **Parents/Guardians/Agencies will be notified immediately of any treatment sought.**

Parent/Guardian/Agency:_____

Release of Information

I authorize the release of any medical information requested by representatives of local, state, or federal agencies, insurance companies, or other organizations as may be required for payment of claims.

Parent/Guardian/Agency:_____

Assignment of Benefits

If a Medicare patient, I certify that the information given by me in applying for payment under Title XVII of the Social Security Act is correct. I request that payment of authorized benefits be made on my behalf. (Please skip if not applicable)

Parent/Guardian/Agency:_____

Notice of Privacy

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, clients of the Colorado Lions Camp are entitled to the greatest degree of privacy possible. Colorado Lions Camp will strive to ensure that client information is used only for the authorized purpose as agreed to by the client.

Parent/Guardian/Agency:_____

Release and Waiver

In consideration of the permission granted by the Colorado Lions Camp for _____(Camper) to participate in activities at camp I,_____(Parent/Guardian/Agency), hereby agree to release and discharge the organization, it's offered, agents and employees from all claims, demands, actions or causes of action, which the camper, his or her personal representatives, heir and next of kin may or might have against the Colorado Lions Camp, its officers, agents and employees on account of injury to or death of the camper, or damage to the property of the camper arising out of the camper's participation in activities at camp. I further indemnify and hold harmless the Colorado Lions Camp for any loss, liability, damage, or costs that may be incurred due to the acts of the camper using the camper's participation in activities at camp.

Parent/Guardian/Agency:_____