



Camp Dogwood for the Blind & Visually Impaired
Po Box 39
Sherrills Ford, NC 28673
828-478-2135
www.NCLionsCampDogwood.org

Hello Campers,

Camp Dogwood is planning for another great summer. We hope you are making plans to join us. . We are busy hiring staff and planning activities for you. We will soon be ready for your week of fun and fellowship.

We have made some changes to our application packet, so please read it or have it read to you carefully. We do not automatically mail application packets to caregivers or companions. If you need additional application packets please contact the camp office. Application packets are dated; the 2021 packets are the only acceptable forms. It is very important that your application packet is filled out completely and returned with payment as soon as possible to ensure your placement to come to camp. All incomplete forms will be returned to you and this will delay your placement. . Once we process your completed application packet, we will email or call you with a confirmation informing you of the week you are scheduled to attend camp. If for any reason you are unable to attend your scheduled session of camp, please notify the camp office as soon as possible.. Please leave a message including your name and telephone number if no one is available to take your call. Failure to notify the camp office will result in your next application being processed last.

Fees are \$225.00 per session for NC blind and visually impaired, \$600.00 for out of state blind and visually impaired, \$275.00 per session for caretakers, \$400.00 for sighted companions. Private Rooms are available at \$450.00 per session. If you would like to attend a second session and room is available the session is fee is \$600.00. Everyone who plans to attend Camp Dogwood must complete a 2021 application packet.

This packet includes your application. Please complete and return it as soon as possible to us. In order to maintain high standards of camper safety, everyone who participates in our programs must complete the medical form and waiver included in the application. You are not required to have a medical exam, but we do require that your healthcare provider (i.e. MD, FNP, or PA) sign off on your medical form on pages **15-18. This is not a form for your eye doctor to complete.**

Please call or email us for more details about special events and other camp activities. Contact us with any questions. Additional applications are available by mail and on our website.

For information: www.NCLionsCampDogwood.org

Facebook: Camp Dogwood for the Blind and Visually Impaired

Phone: 828-478-2135

Email: Tammy@NCLionsInc.org

Join us for great summer!

**Tammy Thomas
Camp Administrator**

2021 Camper Application Packet

*****Please return completed application pages #4-9, 14 only. *****

***** Pages 15-18 will be completed & signed only by Physician**

Camp Dogwood Application notes:

- If you need additional application packets, please contact the camp office or you may print the forms from our website at www.NCLionsCampDogwood.org.
- It is very important that your application packet is filled out completely, and returned as soon as possible to ensure your placement at camp.
- **Please remember, you do not have a space reserved at camp until you receive a confirmation phone call from us.**
- If you will be attending camp with a required caregiver or legal guardian; your application will not be processed until both of your applications are received.
- **Everyone who plans to attend Camp Dogwood, whether visually impaired/blind or sighted, must complete a 2021 application packet.**
- Sighted individuals will be accepted to accompany the persons with visual impairment/blindness as spouse, minor child, caregiver, legal guardian caregiver, or companion.
- Youth attending camp with a parent/Legal Guardian must remain with the parent/legal guardian at all times during the camp session.
- CASH & CHECKS ARE ACCEPTED AS PAYMENTS IN THE CAMP STORE. CREDIT/DEBIT CARDS WILL BE ACCEPTED WITH A MINIMUM CHARGE OF \$5.
- **The application cut-off date is May 1, 2021.** Or when sessions fill. **Camper fees are due with your application.** Camp reservations are made on a first come first assigned /space available basis.
- Campers desiring a 2nd session must contact camp for availability. 2nd Sessions are only allowed if space is available. Cost will be \$600.00
- **If you are a dialysis patient, please see the social worker at your dialysis clinic to make arrangements for dialysis and transportation during your stay at camp. We are unable to provide transport for dialysis appointments.**

- Transportation to and from the train and bus stations in the city of Charlotte is available on camp arrival/departure days only.*** Cost is \$20.00 each way to and from the station.

2021

Camp Dogwood Summer Schedule

***** If participation is low you may be asked to move your reservation to another session******

Summer Camp

Session Date

Session Date Session Date

1 May 30th – June 4th

2 June 6th - June 11th

3 June 13th - June 18th

4 July 11th - July 16th

5 July 18th - July 23rd

6 July 25th – July 30th

Other Special Events (contact us for scheduled dates):

- **Orientation & Mobility Instruction (courtesy of IFB)**
- **Musical performances**
- **Educational Speakers and Seminars**
- **Beeping Easter Egg Hunt**
- **Womenless Beauty Pageant –**
- **And much more.....**

NORTH CAROLINA LIONS INC.

2021 CAMP DOGWOOD SUMMER SESSION APPLICATION

Please type or print legibly using ink. Applications are accepted on a **first come, first served** basis. Please return the application and payment, including the medical form, as soon as possible to better assure your choice of session. Incomplete applications will be held as pending until completed. You do not have a place reserved until you receive a confirmation email/phone call from us.

Camper Name: _____
Mailing Address: _____
City/State/Zip: _____ County _____
Phone #'s (cell, home, work) _____
E-mail: _____
Gender: _____ Age: _____ Birthdate: _____
Vision: ☐ Visually Impaired ☐ Legally Blind ☐ Totally Blind ☐ Sighted

Emergency Contact

Name: _____
Address: _____
City/State/Zip: _____
Phone #'s (cell, home, work) _____
Relationship to camper: _____

Personal Care Skills

- ☐ Yes ☐ No Are you able to independently take care of your daily needs such as eating, bathing, dressing, and toileting?
- ☐ Yes ☐ No Are you able to independently make all of your medical care decisions?
- ☐ Yes ☐ No With orientation, are you able to get yourself out of a building should a fire alarm sound in that building?

*****If you have answered "NO" to any of the above questions you are required to bring a caregiver to camp to assist you. Please provide your caregivers information below if applicable. Your caregiver is required to complete and submit a 2021 caregiver application and have Physician's Form completed, same as campers.**

Caregiver Name: _____
Address: _____
City/State/Zip: _____

Phone #(s): _____

E-mail: _____

Relationship to camper: _____

Legal Guardian Information

Do you have a legal guardian? ☐ Yes ☐ No

If you answered **yes**, they must accompany you to camp. Any camper who has a legal guardian must attend camp with that legal guardian or that legal guardian must provide a caregiver for the camper. This caregiver shall be authorized to make all decisions medical and otherwise for the camper. Please fill out the legal guardian information below if applicable.

Legal Guardian Name: _____

Address: _____

City/State/Zip: _____

Phone #(s): _____

E-mail: _____

Other Information

- ☐ Yes ☐ No Have you ever been convicted of a crime? If "YES" please explain in detail, On an attached sheet, or contact the Camp Director.
- ☐ Yes ☐ No Have you attended Camp Dogwood before? How many times? _____
- ☐ Yes ☐ No Will you be bringing a certified service dog?
- ☐ Yes ☐ No Are you be willing to room with a camper that has a service dog?
- ☐ Yes ☐ No Do you use a wheelchair (circle -electric or manual) – **Must bring your own**
- ☐ Yes ☐ No Do you use a walker? – **Must bring your own**
- ☐ Yes ☐ No Do you use a support cane? **Must bring your own**

Session

Indicate 1st, 2nd, or choice of sessions you wish to attend. Put session numbers in blanks below. If your 1st choice is the only week you can come, do not fill out the 2nd choice.

1st Choice _____ 2nd Choice _____

☐ Yes ☐ No If space is not available in the session you prefer, would you like to be put on the waiting list?

Lodging: These selections only indicate your preference. Camp Dogwood **DOES NOT** guarantee your selections.

☐ Yes ☐ No Do you have a roommate preference? **(Not guaranteed)**

Name (s): _____

☐ Yes ☐ No Do you **require** a handicapped accessible bathroom? (Which has elevated

- Toilet and safety bars)
- ☐ Yes ☐ No Do you **require** a wheelchair accessible shower? (Allows chair to roll in)
- ☐ Yes ☐ No Do you **require** a shower chair?

Camper Fee *note new price increase implemented in 2020:

The fee for a NC resident with blindness or visual impairment is \$225 **Camper** fee. The fee for a sighted constant **Caregiver** is \$275. *A new category has been added - a fee for a sighted **Companion** which is \$400 – this is someone attending with a camper but not providing constant care.* Private rooms are available at a cost of \$450.

Payment in full or confirmation of Lions Club sponsorship must be received by May 10, 2021.

You may pay with a credit card by phone or mail a check/money order. Please include the campers' name on the memo line of checks/money orders. Mail checks/money orders to: NCLI, Attn: Camp Office, PO Box 39, Sherrills Ford, NC 28673.

**** Our Camp Staff is not responsible for finding sponsorship for your fees.**

Who will be responsible for your camp fees?

- ☐ Myself
- ☐ Lions Club – **you must contact club & ask for sponsorship**
- ☐ Family Member
- ☐ Other

If your camp fees will be paid by a Lions Club or other person, you **must provide** the information below. Please discuss sponsorship with the Lions Club before providing this information.

Which Lions Club did you contact (if applicable)?: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone #(s): _____

E-mail: _____

Social Worker for the Blind Information

If you have a DHHS social worker helping you with the application process, please fill out the information below.

County: _____ Social Worker Name: _____

Phone#(s): _____ Email: _____

Waiver of Responsibilities

Camper Name (please print): _____

When the North Carolina Lions, Inc. (NCLI) or its agent, Camp Dogwood, accepts this application for a camping term at Camp Dogwood, I, the undersigned do hereby release and discharge the North Carolina Lions, Inc. and any of its agents, affiliates, employees, and servants from any and all claims, liabilities, demands, or rights which I, or any of my friends, or relatives, may have against said organization or its agents, affiliates, employees, or servants on account of connecting with or growing out of any injury, accident, loss, or damage, or suffering, I or my immediate family may hereafter sustain while on the premises or property owned, leased, or used by the NCLI arising out of acceptance of this application for a camping experience, whether said property be known as Camp Dogwood, Lake Norman, or any other named designation or location.

I further agree to release to Camp Dogwood all rights and privileges to photographs taken of me for use in Camp publicity that is in the proper interest of the Camp.

I have read, or caused to be read to me, the foregoing and do hereby acknowledge that I fully understand each and every part thereof. I have read, or caused to be read to me, the Camp Rules and Regulations and agree to abide by them.

This the _____ day of _____, 2021

My signature below certifies that I am legally competent and that I am able personally to care for my daily needs while at camp, or that I plan to have a caregiver accompany me to camp.

Signature of Applicant: _____
(Please have all marks (X) witnessed)

Signature of Witness (if applicable): _____

Legal Guardian (if applicable):

The signature of the legal guardian below certifies that he/she has read and completed the foregoing application accurately, that he/she has read the Camp Rules and Regulations, and that he/she will either act as caregiver to the camper during camp or provide for a caregiver for the camper during camp, which caregiver is authorized to make decisions, medical and otherwise, for the camper.

Signature of Legal Guardian (if applicable): _____

Camp Dogwood Transportation Information 2021

Camper Name: _____

Please check and complete the information of one of the following options.

☐ **GROUP:** I will be transported to and from Camp as part of an organized group of more than one person. What Group? _____ How many are riding _____? (County? Group leader name? Organization?)

☐ **CAR:** I will be getting a ride to and from Camp from a friend, family member, Lion, Social Worker, etc. Campers can arrive Sunday at 1:10 pm and **must** leave on Friday by 10:30 am.

Name of Driver: _____

Phone #(s): _____

Relationship: _____

How many are riding & staying at camp? _____

☐ **PUBLIC TRANSPORT TRAIN (i.e. Amtrak):** I will be traveling to and from Camp via public train transportation.

(NOTE: YOUR DEPARTURE TRAIN MUST BE SCHEDULED PRIOR TO 9AM ON FRIDAY, AND YOU MUST HAVE PURCHASED DEPARTURE TICKETS PRIOR TO YOUR ARRIVAL AT CAMP.) Arrival and departure times are subject to change.

Will you be bringing a wheelchair? Standard Manual? Large Heavy Duty Electric or Motorized? Mobility Scooter? Please circle correct wheelchair – this information will determine which vehicle we need to drive to pick you up.

SUNDAY TRAIN ARRIVALS MUST BE SCHEDULED FOR SUNDAY AFTERNOON BY 1:10 PM. NO EXCEPTIONS. Transportation to camp for campers arriving by bus or train to Charlotte, NC is only provided on Sunday afternoons. If you arrive on another day or time, you will need to make your own transport arrangements. Remember fee to travel to and From Charlotte is \$40.00

FRIDAY BUS AND TRAIN DEPARTURES MUST BE SCHEDULED FOR 10:30am OR LATER. Transportation from camp for campers departing by bus or train from Charlotte, NC is only provided on Friday mornings before 9am. We only make ONE early morning run. **Departure tickets must be obtained before your arrival camp.** Remember, fee to travel To and From Charlotte is \$40.00

****ALL CAMPERS TRAVELING VIA TRAIN MUST OBTAIN A GROUP LUGGAGE TAG FROM AMTRAK FOR ALL CHECKED LUGGAGE!**

Rules and Regulations for Summer Session Campers

1. **No** alcoholic beverages or illegal drugs may be in a camper's possession or consumed by a camper while on camp premises or any camp transported off-campus trip. Any camper found in violation of this regulation will be sent home.

2. Medications:

- If you will be turning your medications into the nurse all prescription and non-prescription medications must be in the original bottle with the label intact.
- Should your medications or doses of your medications change from the medical form list; it is your responsibility to provide us with an updated list prior to or upon your arrival at camp.
- Campers are required to bring all Diabetic supplies (ex. Meter, strips, lancets and needles). **Sharps container will be provided for each as needed.** Never put used needles in our trash cans because our cleaning staff might get pricked and require medical attention.
- Camp Dogwood does not furnish CPAP machines and accessories or oxygen.

3. NO ELECTRICAL KITCHEN APPLIANCES can be used in the dorms. This includes lounges. Our insurance policy prohibits this.

4. Should you require a wheelchair, walker, cane, raised toilet seat, etc., it is necessary for you to bring your own. ***Camp Dogwood is not required to furnish these items.*** We do have a limited number of shower chairs available upon request but cannot guarantee.

5. Any camper who refuses medical treatment deemed necessary by the nurse and/or the camp administrator will have to leave camp as soon as transport can be arranged.

6. Pets: No pets are allowed. **Certified** service animals are welcome. Owners are responsible for the behavior of their service animals and any damage caused by them. Owners are responsible for cleaning up after their service animal as well. We have a dog run behind the Lineberger dorm. Owners are required to remain with their dogs while using the dog run.

No unattended dogs are allowed in the dog run. Dogs are not allowed on furniture. All dogs left alone in room must be tethered or kenneled. Please bathe your service animal the day before coming to camp and follow proper hygiene while at camp.

7. Smoking Policy –Smoking is only allowed in a marked designated area. **NO SMOKING** allowed in **ROOMS**. If it is detected your room has been smoked in **YOU WILL BE CHARGED a \$200.00 Cleaning Fee.**

8. Weapons: Weapons of any type **are not permitted** on campus, even with permit.

10. All minor children, under the age of 18, must be accompanied by their parent or guardian at all times.

11. If for any reason you are unable to attend your scheduled session of camp, please notify the camp office as soon as possible by calling 828-478-2135 extension 229. Please leave a message including your name and telephone number, if no one is available to take your call.

12. Any camper who has a legal guardian must attend camp with that legal guardian **or** that legal guardian must provide a sighted caregiver for the camper during camp. The substitute caregiver must be authorized to make decisions, medical and otherwise, for the camper. Legal guardian caregivers will also need to complete a caregiver application packet. Legal Guardian caregivers must be at least 18 years old.

13. All campers **must** be able to eat, bathe, dress, and toilet **independently**, otherwise they must bring a caregiver to assist them. Caregivers will need to complete a Caregiver Application packet and a Physician signed medical form. Caregivers must be at least 18 years old.

14. After receiving orientation on the arrival Sunday, campers must be able to get themselves out of their building should a fire alarm sound. Campers needing assistance must bring a caregiver with them. Again, Caregivers must complete a caregiver application packet and receive confirmation from us. Caregivers must be at least 18 years old.

15. All campers must be able to independently make all of their medical care decisions. If not they must bring a caregiver to fill this role. Caregivers must complete a caregiver application packet and receive a confirmation from us. Caregivers must be at least 18 years old.

16. Please note! If you are attending as a required caregiver or legal guardian, **you must be with the camper at all times**. This includes off campus trips and all activities. Otherwise, you will be classified as a companion and the fee will increase to \$400.

17. Luggage must be tagged prior to arrival. Include name, address, phone and group name if any.

18. ALL Campers/Caregivers/Companions will be required to wear a name tag while on the property and while on off campus trips.

THINGS YOU SHOULD KNOW ABOUT CAMP

CAMP PHONE & ADDRESS:

The Camp Dogwood telephone number is (828) 478-2155 (x227 front desk, x229 for Camp & Retreat Administrator. This number is for campers to call for camp information or emergency calls from family while campers are here.

Personal phone calls may be made from the dormitory phones by dialing 9 for an outside line. You will need to use a calling card or call collect for long distance calls from these phones. The camp address is 7062 Camp Dogwood Dr., Sherrills Ford, NC 28673.

WHEN DO I ARRIVE?

Please plan to arrive between 1:00 p.m. and 4:00 p.m. on Sunday, your first scheduled day. However, if this is not possible, please contact the camp administrator to make other arrangements as soon as possible.

Please note: The Camp Dogwood gates will not open until 1:00 p.m. on Sunday.

Registration will be in the Dorm you are assigned and the staff will not be available until registration time. No food is served until the evening meal at 5:00 p.m.

If you are traveling via private transportation, please do not arrive before 1:00 p.m.

If you travel by public transportation please notify the camp office, prior to your date of arrival, of your arrival time, and be sure to attach an identification tag to your luggage.

If traveling by Amtrak train please schedule your arrival for 1:10p.m. We only provide pick up service for Sunday arrivals at 1:10 pm only. **Train schedules may change due to Station arrival/departure times. Schedules will be finalized closer to dates of camp. If you require a different arrival or departure time you are required to furnish your transportation.**

WHEN DO I LEAVE?

If someone is picking you up, they need to arrive BEFORE 10:00 a.m. ON FRIDAY.

Camp Staff is released from duty at 10:00 am. **If you are traveling by Amtrak train please schedule your departure time at 10:30 am ON FRIDAY.** We only make one drop off run into the city of Charlotte on FRIDAY mornings. Departure tickets must be obtained before your arrival. We will only take those campers who are departing by train on that FRIDAY.

Train schedules may change due to Station arrival/departure times

WHAT DO I BRING TO CAMP?

1. **Water shoes are highly recommended** for all water activities (swimming and kayaking) – there will be some available for purchase in the camp store.
 2. Clothing: Bring enough clothes for seven days. There are no laundry facilities available for campers. Casual clothes are recommended. Be sure to bring your swimsuit, **water shoes**, **beach towels** and plenty of sunscreen if you intend to participate in waterfront activities. **Please be sure to tag all luggage with the name, address, and phone number of the camper (lost luggage is no fun).**
 3. Please bring any needed toiletries (toothbrush, toothpaste, razor, deodorant, female supplies (tampons, Kotex), disposable underwear/pads (Depends, etc.). Some items are for sale in the Camp Store.
 4. Camp Dogwood/NCLI is not responsible for the personal property of campers. We will only be responsible for money and valuables checked at the office and left in our safe.
 5. Money: You do not need to bring money **unless** you to purchase snacks or drinks out of the vending machines, or to purchase merchandise in the camp store.
- Items in the Camp Souvenir Store include: shirts, caps, bags, pens, and more. The souvenir store accepts: cash, check and credit/debit with a min. \$5.00 purchase.** Ice cream drinks and snacks are available every day with prices from \$.50 to \$1.00. Snow Cones are available every day for **free**. Cash and checks are accepted in the camp store.
6. **No special diets are available at camp. Sugar free desserts are available at lunch and dinner.** You may want to bring your preferred snacks and beverages with you. Each dorm has a full sized refrigerator and microwave in the common area. Each room has a mini refrigerator also. Call ahead with menu questions.
 7. You may wish to bring a laptop or a tablet with you. Wireless Internet (WIFI) access is available in all buildings and dorms for free.

This document must be signed.

I have read and/or understand the attached Rules and Regulations and the Addendum Regulations for Covid for Summer Camp 2021 at Camp Dogwood

Signature of Applicant:

(Please have all marks (X) witnessed)

Signature of Witness (if applicable):

Camp Dogwood for the Blind & Visually Impaired

Medical Form 2021

(To be filled out by a Physician or Physician's representative, i.e. PA or NP)

FORM DUE BY APRIL 17, 2021

Camp Dogwood is a recreational/vacation facility for persons with blindness or visual impairment. Campers have the opportunity, but are not required, to participate in activities such as tubing, boat riding, swimming, bowling, Putt Putt golf, shopping trips, crafts, and more. **Campers must be able to provide their own personal care skills such as eating, bathing, dressing and toileting, OR bring a caregiver to assist them with these needs. Campers ambulate from their dormitories to the dining hall/medication room up to a distance of 600 feet with a 12% grade in one direction. NO SPECIAL DIETS ARE AVAILABLE AT CAMP.** Our counselor to camper ratio is 1 to 6. There is one nurse per 88 campers on site. The nurse is available to assist with routine medications and emergencies.

CAMP DOGWOOD IS NOT A NURSING OR CARE FACILITY.

Camper Information

Name: _____
Mailing Address: _____
City/State/Zip: _____
Phone # (s): _____
E-mail: _____
Gender: _____ Age: _____ Birthdate: _____

Emergency Contact

Name: _____
Address: _____
City/State/Zip: _____
Primary Phone #: _____
Alternate # (s): _____
Relationship to camper: _____

Insurance

Name of Insured: _____
Insurance Company: _____
Policy #: _____

Medicine/Medical Information

☐ Yes ☐ No Does the patient have Diabetes?
If "Yes", controlled/stable? _____
☐ Yes ☐ No Does the patient have HIV?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has the patient had Hepatitis? If "Yes" which type? _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the patient have Hearing Problems or Hearing Aids?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the patient have Alzheimer's, Dementia, or Senility? If "Yes, which? _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the patient have a Developmental Disability? If "Yes", which? _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the patient have a Mental Illness? If "Yes", which? _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the patient have Hypertension/High Blood Pressure?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the patient have a history of Kidney Disease? If "Yes" What type? _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the patient require Dialysis Treatments? If "Yes" list frequency. _____ <i>Dialysis patients must make arrangements for dialysis and dialysis transport before arriving at camp.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the patient have Seizures? If "YES" list frequency: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the patient have known Drug or Food Allergies? If "YES" to what? _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the patient have a history of Heart Failure, Heart Attacks, or Strokes? Date of most recent episode. _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the patient have Mobility Issues? If "Yes" explain: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the patient use Supplemental Oxygen? <i>If "Yes", patient is responsible for bringing all needed supplies.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the patient use a CPAP machine?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the patient a smoker?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the patient sleepwalk? Frequency? _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the patient have any reason they should NOT swim in the lake?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the patient have any reason they should NOT participate in High Cardio activities? For example: Water Tubing, kayaking?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>The patient's medical status is stable and controlled. In my opinion this patient is able to attend the facility described above.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>The patient is their own legal guardian, and is able to make their own medical care decisions.</i> <i>If you answer no, please list the Legal Guardian's name:</i> _____

Date of last Tetanus Shot: _____

NOTE:

If you need assistance from the nurse with your medications you must bring them in the labeled prescription bottle/package. She/he will be unable to assist you unless they are in the proper container. All needles must be secured in a Sharp's container. The nurse will provide you one upon arrival. ****Never put used needles in the trash – our cleaning staff could be pricked and require immediate medical attention.**

List Current Prescription Medications: (or attach separate sheet if necessary)

Medication & Strength	Dosage, Route, & Frequency

List PRN (as needed) Medications: (or attach separate sheet if necessary)

Medication & Strength	Dose, Route, & Frequency	PRN	Reason

Please list any other medical conditions you have. (Please Print): _____

Physician's Signature: _____ Date: _____

Practice Name: _____

Address: _____

Phone: _____

Please return this form to the patient, or submit it directly to Camp Dogwood. Please note that if this form is double sided. Please fax both sides.

Mail: Camp Dogwood for the Blind & Visually Impaired
 Attn: Camp Office
 PO Box 39
 Sherrills Ford, NC 28673

Fax: 828-478-4419

E-mail: tammy@NCLionsInc.org

Please feel free to contact us with questions.
828-478-2135 ext. 229