



Winter Camp Registration - \$300

November 4-7, 2021
Snow Mountain Ranch
Granby, CO 80446

Camper's Name: _____

Camper's Address: _____

Email address for contact and updates: _____

Roommate choice: _____

T-shirt size: (Adult) S M L XL 2X 3X 4X

Food & Other Allergies: _____

Behaviors of camper to be aware of: _____

(General description including response to new activities, getting along with others, triggers, fears & phobias)

Behavior Tools to De-stress: _____

(Tools and strategies that will help staff avoid behavior triggers and will help de-escalate behaviors if needed)

Camper Pickup - List those allowed: _____

List any NOT allowed: _____

Amount of money submitted with application: _____
(Must be \$50 minimum - \$25 if applying for Scholarship)

Drop off and pick up times will be communicated to all registered campers as we get closer to camp.

Camper's Medical information and medication information:

Diagnosis: _____

Limited Activities:_(if any)_____

Allergies or other Medical Issues: (include medicines, foods, bee stings,) _____

Prescription Medications to be administered:

Name of medication: _____ Dosage & schedule: _____

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Name of medication: _____ Dosage & schedule: _____

Can attach a Medical Admission Record (MAR) if more space is needed.

Permission for Non – prescription substances administered by camp nurse (please circle):

- | | | |
|------------------------------------------|-----|----|
| ▪ Ibuprofen (Motrin/Advil) | Yes | No |
| ▪ Acetaminophen (Tylenol) | Yes | No |
| ▪ Hydrocortisone Cream | Yes | No |
| ▪ Diphenhydramine (Benadryl) | Yes | No |
| ▪ Loratadine (Claritin) | Yes | No |
| ▪ Cetirizine (Zyrtec) | Yes | No |
| ▪ Fexofenadine (Allegra) | Yes | No |
| ▪ Triple Antibiotic Ointment (Neosporin) | Yes | No |
| ▪ Antacid (Tums) | Yes | No |
| ▪ Decongestant | Yes | No |
| ▪ Sunscreen | Yes | No |
| ▪ Aspirin | Yes | No |
| ▪ Cough Medicine | Yes | No |
| ▪ Anti – diarrhea (Loperamide) | Yes | No |