KOSTOPULOS DREAM FOUNDATION

PARTICIPANT INFORMATION SHEET

PERSONAL INFORMATION & DEMOGRAPHICS

Program(s) Attending *(please check all that apply)*:
- ☐ Community Based
- ☐ Equestrian Program
- ☐ Summer Camp

Dates of Camp Attending:_____

Participant Name: _____ **Age:** ____ **Sex: M or F** **Birth Date:** _____

Address: _____ **City:**_____ **State:**_____ **Zip:** _____

E-mail Address:_____ **Health Insurance:**_____ **Policy #:**_____

Parent/Guardian: _____ **Phone: (Home/Work/Cell)**_____

Emergency Contact: _____ **Phone: (Home/Work/Cell)**_____

Physician Name:_____ **Phone Number:** _____

DSPD Caseworker:_____ Phone: _____PID#_____

DIAGNOSIS:

- ☐ ADHD/ADD
- ☐ Autism/PDD
- ☐ Brain Injury
- ☐ Cerebral Palsy
- ☐ Deaf/Hearing Impaired
- ☐ Blindness/Visually Impaired
- ☐ Non-ambulatory
- ☐ Non-verbal
- ☐ Mobility Impairment
- ☐ Asthma
- ☐ Cyanosis
- ☐ Diabetes
- ☐ Heart Condition
- ☐ Hepatitis
- ☐ Down Syndrome
- ☐ Developmentally Delayed
- ☐ Learning Disability
- ☐ Other: _____
- ☐ Situational Mental Health Problem (depression, anxiety, etc.)
- ☐ Atlanto-axial subluxation restrictions: _____
- ☐ Mental Illness (Formal Diagnosis: Psychosis, schizophrenia, etc.)
- ☐ Physical health issues requiring medical care by RN or Physician
- ☐ Epilepsy/Seizures Frequency: _____

Please attach a recent photo of participant here

Please list any allergies: _____

GENERAL CONCERNS/ASSISTIVE NEEDS: (Please Explain)

Eating:_____

Toileting: _____

Mobility: _____

Behavior_____

Physical Limitations: _____

Is it medically necessary for the camper to sleep on the bottom bunk? ☐ Yes or ☐ No

Dietary Restrictions: _____

Medication: _____

COMMUNICATION:

Please check all that apply

- ☐ Good
- ☐ Shy
- ☐ Limited Conversation
- ☐ Inappropriate topics
- ☐ Signs
- ☐ Interpreter needed

Please explain in detail any other special assistance the participant may need other than those already identified:

_____

_____

_____

DEMOGRAPHICS:

The purpose of this form is to provide additional information for state, federal, and private funding as well as provide Camp Kostopulos with valuable information for improving our services and targeting new areas for service and funding sources. Your accuracy is important and appreciated.

1. ***Age:*** ☐ 0-5 ☐ 6-12 ☐ 13-18 ☐ 19-23 ☐ 24-44 ☐ 45-54 ☐ 55-69 ☐ 69 & over 2. ***Sex:*** ☐ Male ☐ Female
3. ***Ethnicity:*** ☐ African American ☐ Pacific Islander/Asian ☐ Caucasian ☐ Hispanic ☐ Other: _____
4. ***Disability***: ☐ Cognitive ☐ Physical ☐ Emotional ☐ Autism ☐ Visually/Hearing impaired ☐ Learning Disability ☐ Other:_____
5. ***Family Size***: ☐ 1 person ☐ 2-3 people ☐ 4-5 people ☐ 6-8 people ☐ 9+ 6. ***State:*** ☐ Utah ☐ Other:_____ 7. ***Zip Code:***_____
7. ***Residence***: ☐ SLC ☐ Other city (list)_____ ☐ SL County ☐ Other county (list) _____
8. ***Living Situation:*** ☐ Alone ☐ With Parents ☐ Single Parent ☐ Group Home ☐ Care Center ☐ Foster Home ☐ Other (list): _____
9. ***Income***: ☐ $0-12,000 ☐ $12,001-15,500 ☐ $15,501-26,000 ☐ $26,001-31,000 ☐ $31,001-40,000 ☐ $40,001-55,000 ☐ $55,000+

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RELEASE FORMS

Responsibilities of Parents/Legal Guardians and Participants

As the parent or legal guardian of the participant named below (the "Participant"), I understand that if he/she acts in a manner that Staff at Camp Kostopulos find harmful to self or others, I will be responsible for picking the Participant up and taking them home or will be responsible for the cost to remove the Participant from Camp until he/she can be taken home. I also understand that I am responsible for the actions of any third party chaperone accompanying the Participant. Camp Kostopulos requires a background check for any such third party chaperones, and I agree to reimburse Camp Kostopulos for any costs incurred by the Camp to perform such background check.

I understand that Camp Kostopulos is not responsible for articles that are lost or stolen while the camper attends camp. I understand that while the Participant attends camp that he/she may be responsible for damage done to Camp or personal property.

Waiver and Medical Release

The camp is not a medical facility. We will provide basic health care generally accepted in the camping industry. Parents/legal guardians are financially responsible for health care given by out-of-Camp providers.

I hereby affirm that I am the parent or legal guardian of the Participant, or I am the Participant and over 18 years of age, and that the information contained herein is correct and complete to the best of my knowledge. Except as I have provided to Camp Kostopulos on a Participant Information Sheet, the Participant has my permission and the permission of the child's physician to engage in all camp-sponsored activities, such as, but not limited to: horseback riding, swimming, boating/canoeing, fishing, hiking, camping, sports, games, arts and crafts, dances, challenge ropes course and field trips, whether on or off camp property (collectively, the "Activities"). I fully understand and acknowledge that the Activities involve risks to the Participant, other participants and third parties, including, without limitation, bodily injury, personal injury, mental injury, illness, death, property damage, loss and other serious ailments that could lead to disability, death and potentially extensive medical expenses. I understand and acknowledge that these risks and dangers may arise from foreseeable and unforeseeable causes and may be immediate or delayed. I hereby voluntarily and expressly assume the risk of all injury, harm and liability resulting to the Participant, other participants and third parties from the Participant's participation in the Activities, including any risks resulting from any actions or inactions of Kostopulos Dream Foundation, Camp Kostopulos and each of its volunteers, directors, officers, members, employees, agents, successors and assigns (collectively, "KDF"). I understand that KDF does not assume any responsibility for or have an obligation to provide the Participant with any type of insurance (including insurance to cover any personal injury, bodily injury, illness, death or property damage), and it is my responsibility to obtain any such insurance. As consideration for the Participant being permitted to participate in the Activities, the Participant (or the parent or legal guardian of the Participant) hereby voluntarily, for himself, his administrators, personal representatives, assigns, other participants and third parties, agrees to release, waive, discharge and hold harmless KDF from any and all claims, demands and causes of action, including, without limitation, claims for bodily injury, personal injury, mental injury, illness, death property damage, and other such losses in connection with the Participant's participation in the Activities as a result of any actions or inactions of KDF, whether or not such claims demands or causes of action result or arise from the negligence, acts or omissions, of KDF.

Medical Authorization

I hereby give permission for the staff of Camp Kostopulos to administer medication as described in the medical screening form and or other medical forms provided. I give permission to the physician selected by Camp Kostopulos to order x-rays, routine tests and treatment related to the health of the Participant for both routine healthcare and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for the Participant. I understand the information on this form, the Participant Information Form, the medical screening form and other medical forms provided will be shared on a "need to know" basis with Camp Kostopulos staff. I give permission to photocopy this form, the medical screening form and other medical forms. In addition, Camp Kostopulos has permission to obtain a copy of the Participant's health record from providers who treat the Participant and these providers may talk with the Camp's staff about the Participant's health status.

Media Release

I hereby grant permission to record the Participant's voice, photograph, video him/her for various promotion or information Camp Kostopulos or the Kostopulos Dream Foundation. The use may come in the format of television, newspapers, newsletters, brochures, radio, and/or other media. I release KDF from any liabilities arising from such media use. I understand that I (or my child) will not receive payment for these media uses.

Human Rights

Camp Kostopulos has a Human Rights plan that is designed to promote the protection of human rights, including rights under the Americans with Disabilities Act. I acknowledge that I have received a copy of the Camp Kostopulos Human Rights Plan and reviewed and understand it.

Division of Services for People with Disabilities (D.S.P.D.) Grievance Process

I understand that if I am not found eligible for services from this agency, or if I am not satisfied with the services received, I have a right to a hearing with D.S.P.D. I also understand that I have the right if services are terminated or if they are not made available to me with reasonable promptness. The grievance committee is part of the Social Services Department and may be reached through your caseworker. The regional office is located at 195 North 1950 West Salt Lake City, UT 84116. Phone 801-538-4120. I understand the above grievance policy and agree to it.

Participant Name	Name of Legal Guardian	Signature of Legal Guardian/ Participant over 18 with legal capacity

Date