Cincinnati Children's Hospital Medical Center Tuberous Sclerosis Clinic Date Received: _

Date Received:						
Approved	yes	no				

Summer Camp Application

Last Name	First Na	me	MI
Likes to be called:			
DOB:	Gender: M	F	
Applicant lives with:			
 Parent/Guardian Na			
Home Phone :		Cell Phone:	
E-Mail Address:			
Parent/Guardian Na	me:		
Address; <u> </u>			
Home Phone;			
E-Mail Address:			
Emergency Contact:			
Relationship:			
Address:			
Primary Care Physici	an:		
Dhono			
Address	City	State	
Neurologist:			
Phone			
Address	City	<u>S</u> tate	
Participant Inforn	nation:		
Diagnosis: <u>Tuberous S</u>			_
Please check the follow	ring: Does the campe		
Orthotics		yes	_no
Wear a helmet		yes	_no
Have seizures		yes	_no
Have a shunt		yes	_no
Take medication		yes	_no
Other			

Communication skills:ExcellentGoodfairpoor Special Interests: Special Precautions:
Past programs attended: Our curriculum includes swimming and other water activities supervised by trained aquatic staff. Is the camper permitted to swim at camp?yesno Is camper currently a swimmer:yesno
Please list your camper's likes & dislikes, any behavioral issues and what works best to redirect behavior. Also include anything else you think we should know, including any special feeding issues, night time issues, etc.
Goals for camp
Camper T-Shirt Size:YSYMYLASAMALAXLAXXL
Additional T-Shirts ordered (@ \$5.00 each, please include check (CCHMC Tuberous Sclerosis Clinic) or cash)YSYMYLASAMALAXLAXXL Total enclosed:
Please read the following carefully and then sign A or B: A. I grant consent to transport applicant to a designated source of emergency medical or dental care, if necessary.
Signature: parent/legal guardian Date
B. <u>I do not</u> grant consent to transport applicant for emergency treatment but instruct the TS Clinic & Camp Joy staff to do the following in the event of a medica emergency:
Signature: Parent/legal guardian Date

Transportation Release

As parent or legal guardian, I authorize my child to be released/picked up from Tuberous Sclerosis Summer Camp by the following persons only:

1.	Name:		Relationship:	
2.	Name:		Relationship:	
3.	Name:		Relationship:	
4.	Name:		Relationship:	
 Sigr	 nature: Paren	 t/Legal Guardian	Date	