



CAMP COLEY 2018

Application Forms

June 23th and 24th, 9:00am-4:00pm
Veteran Acres Park

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Please fill out pages 3 through 9 completely.

Submit to: The Nicole Daune Jackson Foundation / Camp Coley
4508 East Crystal Lake Avenue
Crystal Lake, Illinois 60014

**ALL APPLICATIONS MUST BE POSTMARKED BY JUNE 1, 2018
FIRST COME FIRST SERVED; WE HAVE A MAXIMUM OF 24 PARTICIPANTS**

For more information:

Website: www.NDJFoundation.org

E-mail: ndjfoundation@gmail.com

Phone: (815) 276-5831 (Ellen Jackson)

Facebook: Nicole Daune Jackson Foundation

***Page 10 must be turned in by every participant on the first day of camp.
For those needing to take medication, **please bring your medication!****

The Nicole Daune Jackson Foundation, 4508 E. Crystal Lake Ave., Crystal Lake, IL 60014

APPLICATION ENROLLMENT FORM

(To be completed by a parent / guardian.)

Camp Coley Participant Information

Last Name: _____ First Name: _____ Nickname: _____

Date of Birth: _____ 2016/2017 Grade: _____ School: _____

Home Address: _____

City, State, Zip: _____

Family Information

Parent / Guardian 1 (Lives with participant)

Last Name: _____ First Name: _____

Relationship to Participant: Biological Mother ___ Biological Father ___ Legal Guardian ___

Step Parent ___ Foster Parent ___ Adoptive Parent ___ Relative: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Parent / Guardian 2 (Lives with participant? Yes ___ No ___ (If no, address must be written below))

Last Name: _____ First Name: _____

Home Address: _____

City, State, Zip: _____

Relationship to Participant: Biological Mother ___ Biological Father ___ Legal Guardian ___

Step Parent ___ Foster Parent ___ Adoptive Parent ___ Relative: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Emergency Contact (If parents cannot be reached)

Name: _____ Phone: _____ C ___ H ___

The Nicole Daune Jackson Foundation, 4508 E. Crystal Lake Ave., Crystal Lake, IL 60014

PARTICIPANT INFORMATION

Participant Name: _____

T-Shirt Size – Please select one:

_____ Youth Medium (10-12)

_____ Youth Large (14-16)

_____ Adult Small

_____ Adult Medium

_____ Adult Large

_____ Adult X-Large

*** Note: T-shirts are pre-shrunk cotton and may only shrink 2 – 3 % ***

Where did you hear about us:

Referral from _____

NDJ Foundation Website ____

Newspaper Ad ____

Local Briefs in the NW Herald ____

Neighbors Section in the NW Herald ____

Camp Coley Flyer ____

Newsletter ____

Other _____

The Nicole Daune Jackson Foundation, 4508 E. Crystal Lake Ave., Crystal Lake, IL 60014

PHOTO RELEASE FORM FOR MINORS

I hereby grant to the Nicole Daune Jackson Foundation / Camp Coley the absolute and irrevocable right and unrestricted permission in respect of photographic portraits, or any pictures the NDJ Fndtn/Camp Coley has taken of me or in which I may be included with others, editorial or any other media such as film or video, to copyright the same; to reuse , publish and republish the same in whole or in part, individually or in conjunction with other photographs, and in conjunction with any printed matter, in any and all media now or hereafter known, including web pages and social networking media, and for any other purpose whatsoever, for illustration, promotion, art, editorial, advertising and trade, or any other purpose whatsoever with restriction as to alteration: from time to time, or reproductions thereof in color, black and white or otherwise made through any media.

I hereby waive any right that I may have to inspect or approve the finished products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge and agree to save harmless the NDJ Fndtn/Camp Coley, its legal representatives or assigns and all persons acting under its permission or authority, from any liability in connection with the use of the photographs, video and/or film as aforesaid or by virtue of any alteration, processing or use thereof in composite form, whether intentional or otherwise, as well as any publication thereof.

I understand that the photographs, video and/or film taken by the NDJ Fndtn/Camp Coley will be included into stock files. I agree that the photographs, the transparencies thereof, video and/or film, and the rights to copyright the same, shall be the sole property of the NDJ Fndtn/ Camp Coley, with full right of lawful disposition in any manner.

I hereby grant permission to the NDJ Fndtn/Camp Coley to photograph the NDJ Fndtn/Camp Coley participant during activities and to use the photographs, video and/or film in the NDJ Fndtn/Camp Coley audio-visual and printed materials without compensation or approval rights.

Signature of Minor:

Printed Name of Minor:

Signature of Parent or Guardian:

Printed Name of Parent or Guardian:

Address:

City: _____ State: _____ Zip: _____

The Nicole Daune Jackson Foundation, 4508 E. Crystal Lake Ave., Crystal Lake, IL 60014

E-MAIL AND TEXT MESSAGE RELEASE FORM FOR MINORS

I hereby grant, to The Nicole Daune Jackson Foundation/Camp Coley (NDJ Fndtn/Camp Coley), permission to send e-mails and/or text messages to the NDJ Fndtn/Camp Coley participant, named below, for purposes of reminding the participant of upcoming activities or events.

Any e-mail and/or text message sent to a Camp Coley participant will also be copied and sent to the parent or guardian named below.

I hereby releases, discharge and agree to save harmless the NDJ Fndtn/Camp Coley, its legal representatives or assigns and all persons acting under its permission or authority, from any liability in connection with the use of the e-mails and/or text messages.

Signature of Minor:

Printed Name of Minor:

Minor's E-mail:

Minor's Text Message Phone Number:

Signature of Parent or Guardian:

Printed Name of Parent or Guardian:

Parent or Guardian's E-mail:

Parent or Guardian's Text Message Phone Number:

Address:

City: _____ State: _____ Zip: _____

The Nicole Daune Jackson Foundation, 4508 E. Crystal Lake Ave., Crystal Lake, IL 60014

HEALTH ASSESSMENT FORM

(This form must be completed and signed by the parent/guardian of participant.)

Camp Coley Participant Information

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____

Home Address: _____

City, State, Zip: _____

Family Information

Parent / Guardian 1 (Lives with participant) Cell Phone: _____

Last Name: _____ First Name: _____

Relationship to Participant: _____ Home Phone: _____

Home Address: _____

Business/Work Name and Phone: _____

Business/Work Address: _____

Parent / Guardian 2 (Lives with participant? Yes ___ No ___) Cell Phone: _____

Last Name: _____ First Name: _____

Relationship to Participant: _____ Home Phone: _____

Home Address: _____

Business/Work Name and Phone: _____

Business/Work Address: _____

If not available in an emergency, notify: Relationship: _____

Name: _____ Phone: _____

Address: _____

Insurance Information:

Health Insurance Company: _____

Group # and/or ID #: _____

(CONTINUED ON PAGE 8)

The Nicole Daune Jackson Foundation, 4508 E. Crystal Lake Ave., Crystal Lake, IL 60014

HEALTH ASSESSMENT FORM (continued)

(This form must be completed and signed by the parent/guardian of participant.)

Camp Coley Participant Information

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____

Home Address: _____

City, State, Zip: _____

Health History

(Check, give approximate dates.)

_____ Frequent Ear Infections

_____ Contact Lenses

_____ Heart Defect/Disease

_____ Convulsions

_____ Diabetes

_____ Bleeding/Clotting Disorder

_____ Hypertension

_____ Mononucleosis

_____ Epilepsy

_____ Other (Specify) _____

Allergies (Dates not needed)

_____ Hay Fever

_____ Ivy Poisoning, etc.

_____ Insect Stings

_____ Food

_____ Drugs

_____ Asthma

_____ Other (Specify) _____

Operations or serious injuries (Include dates): _____

Chronic illness or medical conditions: _____

Other diseases or health problems: _____

Dietary restrictions: _____

Current Medications (Must send with completed Medication Administration Form): _____

Suggestions on physical/mental health related information for camp personnel: _____

Family Physician: _____ Phone: _____

This history is correct so far as I know, and the person herein described has permission to engage in all prescribed Camp Coley activities except as noted. I will keep the camp updated with ongoing or new medical information as to the care of the above participant. In the event I or the above named doctor cannot be reached in an emergency, I give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied.

Signature of Parent or Guardian _____ **Date** _____

Printed Name of the above _____

The Nicole Daune Jackson Foundation, 4508 E. Crystal Lake Ave., Crystal Lake, IL 60014

PERMISSION SLIP FOR TYLENOL AND BENADRYL

If the camp is unable to reach me, I give permission to the Nurse to administer the following medications. I realize that generic brands may be used and the dose would be based on the participants' age.

Participant's Information:

Last Name: _____ First Name: _____

Date of Birth: _____ Age as of 06-23-18: _____

Tylenol for fever of 101 degrees or higher: _____

Tylenol (other/must specify): _____

YES _____ (check one) NO _____

Benadryl for allergic reaction: _____

YES _____ (check one) NO _____

Parent Signature Date

Parent Name Printed

The Nicole Daune Jackson Foundation, 4508 E. Crystal Lake Ave., Crystal Lake, IL 60014

MEDICATION ADMINISTRATION FORM

This section MUST be filled out by every participant's parent:

Participant's Last Name: _____ First Name: _____

Date of Birth: _____ Today's Date: _____

No medication ___ Medication information below ___ (office only - Medication turned in ___ out ___)

I authorize the Nurse at the Nicole Daune Jackson Foundation Camp Coley Day Camp to administer:

1 - _____ to _____ in
(Name of Medication) * (Participant's Full Name)

this dose _____ from _____ to _____
(date) (date)

Times: _____ Purpose: _____

Special Instructions: _____

Side Effects: _____

2 - _____ to _____ in
(Name of Medication) * (Participants Full Name)

this dose _____ from _____ to _____
(date) (date)

Times: _____ Purpose: _____

Special Instructions: _____

Side Effects: _____

(Parent / Guardian Signature) DATE: _____

(Parent / Guardian Printed Name)

***Prescription medication(s) MUST be in the original childproof bottle with the physician's/pharmacy label clearly visible.**

Note: Turn in this form along with the medications on the FIRST DAY of Camp Coley.

The Nicole Daune Jackson Foundation, 4508 E. Crystal Lake Ave., Crystal Lake, IL 60014