

CAMP BEYOND THE HORIZON



## ***"CAMP BEYOND THE HORIZON"***

***Helping Children Cope with Disaster***

### ***Camp Dates:***

**July 26-30: Grace Lutheran Church  
Pensacola**

**July 26-30: St. Paul Lutheran Church  
Pensacola**

**August 2-6: Grace Lutheran Church  
Pensacola**

**August 16-20: Luke Methodist Church  
Pensacola**



***Camp Beyond The Horizon! Registration Form***

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*(To be completed by parent/guardian)*

**Contact information:**

Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_\_

Race: White / Black / American Indian / Asian / Other / Hispanic: Yes / No

Parents / Guardians: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Names of people who have permission to pick up this youth and their relationship to youth:

\_\_\_\_\_  
\_\_\_\_\_

**If not available in an emergency, contact:**

Name: \_\_\_\_\_ Relationship to youth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Other: \_\_\_\_\_

Home Address: \_\_\_\_\_

Please tell us about how your family was affected by the disaster:

Home Damage: None Minor Major Destroyed

Did you have to move to temporary housing? No Yes If yes, how long? \_\_\_\_\_

Job Loss: No Yes

Other: \_\_\_\_\_



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*(To be completed by parent/guardian)*

Reactions to the disaster that I see in my youth (*check all that apply ~ explanation of reactions to disaster is provided in page 5 of this registration packet*):

- Feeling agitated
- Lack of Energy
- Headaches and tense
- Appetite disturbances
- Loss of interest in school
- Lacking feeling or interest in life
- Poor concentration
- Excessive fear of sever weather
- Sleep problems (nightmares, not able to sleep)
- Bodily problems such as rashes, bowel problems, asthma
- Fearful or anxious since disaster
- Problems with menstrual periods (such as skipping or painful periods)
- Preoccupation with physical problems

Do you have any other concerns about the effects of the disaster on your youth?

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**Health History:**

Youth's Doctor: \_\_\_\_\_ Doctor's Telephone: \_\_\_\_\_

Hospital or Clinic: \_\_\_\_\_

City and State: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_

Youth's Physical Condition:  Good  Poor

If poor, please explain:

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Are Immunizations up to date?  Yes  No Last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_



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*(To be completed by parent/guardian)*

Is your youth currently on medications?     Yes    No

If yes, list name and dosage: \_\_\_\_\_

\_\_\_\_\_

Does your youth have any psychiatric conditions (*i.e., depression, anxiety disorders etc.*)?  Yes    No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your youth ever had any professional counseling?  Yes    No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please list any medical condition of which program staff should be made aware:  
(*Examples: high blood pressure, diabetes, seizures, recent illness, injury, surgery, ADHD, etc.*)

\_\_\_\_\_

Allergies: (Check all that apply, and give more information as necessary)

Penicillin \_\_\_\_\_

Other Drugs \_\_\_\_\_

Asthma \_\_\_\_\_

Food Products \_\_\_\_\_

Insect Stings \_\_\_\_\_

Hay Fever \_\_\_\_\_

Poison Ivy \_\_\_\_\_

Other (Specify) \_\_\_\_\_

Please Note: Any medication brought to the event **MUST** include the name of the child, amount of drug dosage, and when to be taken. All medication (including headache and cold medicines) **MUST** be administered by event staff personnel. Please give medication to a staff person when you bring your child and at such time you **MUST complete an Authorization to Administer Medication form**. Please bring only prescription medications.



***Camp Beyond The Horizon! Registration Form***

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*(To be completed by parent/guardian)*

*(Please sign in blue or black ink)*

I, \_\_\_\_\_, on behalf of \_\_\_\_\_ on  
(parent) (youth)

the days of \_\_\_\_\_ do hereby permit such person to  
(day(s) of the week)

be involved in Camp Beyond The Horizon program activities, including those offsite. I understand that Camp Beyond The Horizon program staff, Lutheran Disaster Response, local congregations, or other sponsors are NOT responsible related to injuries that may occur at this event. I hereby authorize Camp Beyond The Horizon program staff to use local doctors and/or hospital, and authorize medical procedures if an emergency arises and I cannot be contacted.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Photo Release:** I give permission for my youth to be photographed at the Camp Beyond The Horizon program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Media Release:** Should the local media visit onsite to report about the Camp Beyond The Horizon program, I give permission for my youth to be photographed, interviewed and/or quoted and/or appear on TV, radio, or newspaper coverage.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Follow-up:** I give permission for Camp Beyond The Horizon staff to contact my youth six to eight weeks after the program for program evaluation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**EXPLANATION OF REACTIONS TO DISASTER**

*(Provided to assist parents in completing form)*

<b>Clingy</b>	The youth has been overly attached or hangs onto parents, afraid to be away from the parents
<b>Headaches</b>	The youth has complained of headaches more than usual
<b>More distant</b>	The youth has been more withdrawn or is not as active as they were before the disaster
<b>Hostile/Aggressive</b>	The youth has been more aggressive with words or actions (i.e., youth is now really bossy or gets in fights easily)
<b>Crying, whining</b>	The youth cries or whines more than usual
<b>Slipping back/Reverting</b>	The youth has reverted to old types of behaviors (i.e., thumb sucking, baby talk, wetting the bed, etc.)
<b>Stomach aches</b>	The youth has complained of stomach aches more than usual
<b>Irritable, restless</b>	The youth has been overly irritable or restless
<b>Sad, gloomy</b>	The youth has been sad, gloomy, or has lost his/her sense of hope (also to be used when youth is described as feeling loss of toys, pictures, home, etc.)
<b>Sleep problems</b>	The youth has been suffering from nightmares, inability to sleep in own room, or other sleep disturbances
<b>Afraid of weather</b>	The youth has begun to express excessive concern over the weather (i.e., gets scared when the sky turns gray, always watches weather channel, etc.)
<b>Very fearful, anxious</b>	The youth has exhibited continuing anxiety about injuries, death, and loss or generalized nonspecific anxiety
<b>Loss of interest in school</b>	The youth has refused to go to school or has poor school performance compared with before disaster