



7050 Camp Dogwood Drive  
PO Box 39, Sherrills Ford, NC 28673  
800-662-7401, [www.nclionscampdogwood.com](http://www.nclionscampdogwood.com)  
Sponsored by North Carolina Lions Foundation, Inc.  
Sandy Lazenby  
Camp Dogwood Director

January, 2010

Hello Campers,

Camp Dogwood is planning for another great summer. We hope you are making plans to join us.

**We have made some changes to our application packet and also the camp schedule, so please read it or have it read to you carefully.** We do not automatically mail application packets to sighted persons. If you need additional application packets please contact the camp office or within a week you may print the forms from our website at [www.nclionscampdogwood.com](http://www.nclionscampdogwood.com). Application packets are dated; **the 2010 packets are the only acceptable forms.** It is very important that your **application packet is filled out completely** and returned as soon as possible to ensure your placement to come to camp. **All incomplete forms will be returned to you and this will delay your placement.** We do not accept faxed forms. Once we process your completed application packet, we will send you a confirmation informing you of the week you are scheduled to attend camp. **If for any reason you are unable to attend your scheduled session of camp, please notify the camp office as soon as possible by calling 1- 800-662-7401 ext. 229. Please leave a message including your name and telephone number if no one is available to take your call. Failure to notify the camp office will result in your next application being processed last.**

**Fees are \$100.00 per session for NC blind and visually impaired and \$150.00 per session for NC sighted person accompanying the NC blind and visually impaired.**

**Everyone, whether sighted or visually impaired/blind, who plans to attend Camp Dogwood must complete a 2010 application packet. Totally sighted individuals will be accepted to accompany the visually impaired or blind as spouse, minor child living still in the home of a camper who is their guardian, caretaker and legal guardian caretaker.**

Wireless internet access is now available in all buildings and dorms at Camp Dogwood.

Please contact me if you have any questions/concerns at 800-662-7401 ext. 229 or email me at [sandy@nclf.org](mailto:sandy@nclf.org). I look forward to sharing another wonderful summer with you.

Sandy Lazenby

A handwritten signature in cursive script that reads "Sandy Lazenby".

Camp Dogwood Director

# 2010 Adult weeks application packet

**NORTH CAROLINA LIONS FOUNDATION  
CAMP DOGWOOD  
2010 RULES AND REGULATIONS FOR SUMMER SESSION CAMPERS  
KEEP THESE IMPORTANT DIRECTIONS REGARDING CAMP**

1. No alcoholic beverages or illegal drugs may be in a camper's possession or consumed by a camper while on camp premises or any camp transported off-campus trip. Any camper found in violation of this regulation will be sent home.
2. **Medications:**
  - **If you will be turning your medications into the nurse all prescription medications must be in the original pharmacy bottle with the label intact. All other medications should be marked with camper's name and the label intact. Failure to do this may result in you not being able to stay at camp.**
  - OR**
  - **If you will be turning your medications into the nurse and are bringing your medications in a pre-filled medicine box, you must complete the Pre-Filled Medication Box Release Form enclosed in your application. This form should be provided upon arrival at camp. Failure to provide this form may result in you not being able to stay at camp.**
  - **Should your medications or doses of your medications change from the medical form list; it is your responsibility to provide us with an updated list prior to or upon your arrival at camp.**
  - If a camper should forget to bring his medicine and the camp must purchase it for him, the camper will be billed for the purchase price plus any necessary phone calls relating to the situation.
3. **Should your medical conditions change from the medical form; it is your responsibility to update this information prior to or upon your arrival at camp.**
4. **Should you require a wheelchair, walker, etc., it will be necessary for you to bring your own. Camp Dogwood will not furnish these items.**
5. Any camper who refuses medical treatment deemed necessary by the camp will have to leave camp immediately.
6. Pets: No pets are allowed. Certified guide dogs are welcome. Owners are responsible for the behavior of their dogs and any damage caused by them.
7. Smoking Policy – Camp Dogwood is a non-smoking facility. Smoking is only allowed in designated areas. Designated areas will be marked indicating that smoking is allowed.
8. Weapons: Weapons of any type are not permitted on campus, even with permit.
9. Visitors: All visitors are welcome, but **must sign in immediately upon arrival at front desk in the Joyce Lodge, and receive a visitors badge to be worn while on property. Visitors are not allowed to participate in camp activities. Visitors are not permitted in other building without prior permission of the Camp Director.**
10. All minor children, under the age of 18, must be accompanied by their parent or guardian at all times.

**NORTH CAROLINA LIONS FOUNDATION  
CAMP DOGWOOD**

**2010 RULES AND REGULATIONS FOR SUMMER SESSION CAMPERS continued**

11. **If for any reason you are unable to attend your scheduled session of camp, please notify the camp office as soon as possible by calling 1-800-662-7401 ext. 229. Please leave a message including your name and telephone number if no one is available to take your call. Failure to notify the camp office will result in your next application being processed last.**
12. Any camper who has a legal guardian must attend camp with that legal guardian or that legal guardian will provide a caretaker for the camper during camp, which the caretaker is authorized to make decisions, medical and otherwise, for the camper. Legal guardian caretakers will also need to complete a 2010 application packet.
13. All campers must be able to eat, bathe, dress, and toilet independently; or they may bring a caretaker to help them. Caretakers will need to complete a 2010 application packet.
14. With orientation on Sunday all campers must be able to get themselves out of their building should a fire alarm sound in that building; or they may bring a caretaker to help them. Caretakers will need to complete a 2010 application packet.
15. All campers must be able to independently make all of their medical care decisions, or they may bring a caretaker to help them. Caretakers will need to complete a 2010 application packet.
16. We are no longer able to license our property for fishing. Due to this it is necessary for all persons to obtain a fishing license if you plan to fish at camp. If you are legally or totally blind you may obtain a free lifetime license from the North Carolina Wildlife Resources Commission. This form is available online at [www.ncwildlife.org/License/documents/FishingLicBlindAppl\\_090109.pdf](http://www.ncwildlife.org/License/documents/FishingLicBlindAppl_090109.pdf) or by calling 888-248-6834.

## Guide for Caretakers at Camp Dogwood

This document is designed to give you, as a caretaker, an idea of what is expected as you accompany a camper to Camp Dogwood. Please read over this document, as doing so will ensure that everyone has the best time possible at camp. If you have any questions, please contact Sandy Lazenby, Director at Camp Dogwood, at 800-662-7401 ext. 229. It may also be desirable to go over this sheet, as well as the list of rules and regulations with the camper you are accompanying.

A caretaker's role here at camp is a critical one. In many instances when a camper has a caretaker, he or she would likely not be able to come to camp without the presence of that caretaker. **Your role or job, here at camp, is to ensure that the camper you are accompanying gets the most out of the program at camp, and has the least difficult time achieving that goal. Each caretaker's duties at camp will be different, as each camper's needs are different. As a general rule, your job is to do anything that the camper you are accompanying needs. Examples of these responsibilities are: assisting camper with medication or any medical needs when the nurse is not available, help with toileting, bathing, grooming, dressing, getting around, helping at meals and other times. A legal guardian caretaker's role or job at camp is the same as a caretaker, but also they are responsible for making any and all decisions, medical and otherwise, for the camper they are accompanying. A caretaker should basically be with the camper they are accompanying at all times. If at any time campers leave Camp Dogwood, caretakers must accompany them.** Caretakers must share a room with the camper they are accompanying. If you have any questions about what you should do, opposed to what your counselor should do, please don't hesitate to ask.

There are things for which a caretaker is not responsible. At mealtime, a caretaker should not go get food, drinks, etc. for a camper unless prior permission has been obtained from the camp director. This is one of the primary responsibilities of the counselors/volunteer. A caretaker is not responsible for doing anything for the camper they are accompanying that the housekeeping staff would do for all other campers. Changing or laundering of soiled bed linens, anything pertaining to the maintenance of the camper's living quarters, etc.

Despite those responsibilities, in addition to the ones outlined in the list of rules and regulations, a caretaker's stay here at camp can be an enjoyable one. Many people, who attend as caretakers at camp, are friends or family of the campers, thus allowing for time to interact with each other while participating in the activities here at camp. However, a caretaker who doesn't do his or her share at camp could have several effects on all around them. Most importantly, they could cause the camper they are accompanying to not be able to do all he or she would like to do because he or she didn't have the help they needed. Secondly, the counselors and camp management would have to spend their time getting the caretaker to fulfill his or her responsibilities instead of getting to know you as a person. Finally, you could cause that camper and yourself to be asked to leave camp. Wouldn't it be sad to hear a camper say, "I had to leave camp simply because the person who I had as my caretaker didn't do his or her job?"

The purpose of this letter is not to discourage you from attending camp, but it is meant to give you a clearer picture of what you, the caretaker, are responsible for providing to the camper you accompany to camp. In the counselors' training manual, there is a five-word phrase, which appears more than any other sentence, and for good reason. **CAMP IS FOR THE CAMPERS!**

**2010**  
**NORTH CAROLINA LIONS FOUNDATION**  
**CAMP DOGWOOD**  
**THINGS YOU SHOULD KNOW ABOUT CAMP**

**CAMP PHONE AND ADDRESS:**

The Camp Dogwood business telephone number is (828) 478-2155 Ext. 229. This number is for campers to call for camp information or emergency calls from family while campers are here. Personal phone calls must be made to the public phone, number (828) 478-9608. You will need to use a calling card or call collect for outgoing calls from this number. Your mailing address at camp is Camp Dogwood, PO Box 39, Sherrills Ford, North Carolina 28673. Our physical address is 7050 Camp Dogwood Dr., Sherrills Ford, North Carolina 28673.

**WHEN DO I ARRIVE?**

You should plan to arrive between 1:00 p.m. and 5:00 p.m. your first scheduled day. However, if this is not possible, please contact the camp director to make other arrangements *as soon* as possible. **Please note: Camp Dogwood gates will not open until 1:00 p.m. on Sunday.** Registration will be in the Robert William and Margaret Settle Joyce Lodge and the staff is off duty until registration. Time off to our staff is very limited, so please respect the fact that no one is on duty until 1:00 p.m. No food is served until the evening meal at 5:45 p.m. If you are traveling via private transportation, please do not arrive before 1:00 p.m. If you travel by public transportation please notify the camp office, before the date of arrival, of your arrival time, and be sure to attach an identification tag to your luggage. Transportation to camp for those arriving by public transportation (bus or train to Charlotte, NC) is only provided on Sundays. We will only pick up those campers who arrive by bus/train on that Sunday.

**WHEN DO I LEAVE?**

**If someone is picking you up, they should be at Camp Dogwood no later than 11:00 a.m. on Saturday.** If this is not possible, contact the camp director before your date of departure. If you are traveling by public transportation please schedule your departure time by 11:00a.m. Departing tickets must be obtained before your arrival. Transportation from camp for those departing by public transportation (bus or train from Charlotte, NC) is only provided on Saturdays. We will only take those campers who are departing by bus/train on that Saturday. No meal is served after breakfast. Again, let us remind you all staff is off duty at 11:00 a.m.

**WHAT DO I BRING TO CAMP?**

1. All linens are furnished - bedding, towels, washcloths and soap.
2. Clothing: Bring enough clothes for seven days. There are no laundry facilities available for campers. Casual clothes are recommended. However, we usually have an awards night on Friday and you may wish to have one dressier outfit, but this is optional. Be sure to bring your swimsuit and plenty of sunscreen. If you wish to go horseback riding, you will need to bring long pants and closed-toed shoes.  
**Please Tag All Luggage With Name And Address Of Camper.**
3. Personal items: Any needed toilet articles. Camp Dogwood will not be responsible for the personal property of campers. We can only be responsible for money and valuables checked at the office and left in our supervision.
4. Money: You will not need much money. However, we do have a camp store/snack bar. Souvenirs include T-shirts, caps, mugs, post cards, snacks, and more. There will also be an opportunity to go shopping at Walmart or the mall for those who wish to do so.
5. Games: Bring any games or equipment you wish, such as balls, fishing gear, etc. Musical instruments may also be brought.
6. No special diets are available at camp.
7. Wireless Internet access is available in all buildings and dorms at Camp Dogwood.

**2010**  
**NORTH CAROLINA LIONS FOUNDATION**  
**CAMP DOGWOOD**  
**THINGS YOU SHOULD KNOW ABOUT CAMP continued**

**HOW TO REACH CAMP DOGWOOD:**

Camp Dogwood is located about 15 miles from Mooresville, 15 miles from Lincolnton, 30 miles from Hickory and 30 miles from Charlotte.

**FROM THE NORTH TO CAMP DOGWOOD:**

Take I-77 South to Exit #36, turn right onto Hwy. 150 West and go to Terrell, about 8-9 miles. At Terrell, turn right onto Sherrills Ford Rd. go approximately 4 - 5 miles turn left onto Mt. Pleasant Rd. - Camp Dogwood is approximately 2 miles on your right.

**FROM THE EAST TO CAMP DOGWOOD:**

Take I-40 West to Statesville, then take I-77 South to Exit #36 and turn right onto Hwy. 150 West. Go to Terrell, about 8-9 miles, at the light turn right onto Sherrills Ford Rd. go approximately 4-5 miles and turn left onto Mt. Pleasant Rd. - Camp Dogwood is approximately 2 miles on your right.

**FROM THE WEST TO CAMP DOGWOOD:**

Take I-40 East to Statesville. In Statesville take I-77 South to Exit #36, turn right onto Hwy. 150 West and go to Terrell, about 8-9 miles. At Terrell, turn right onto Sherrills Ford Rd. go approximately 4-5 miles turn left onto Mt. Pleasant Rd. - Camp Dogwood is approximately 2 miles on your right.

**FROM CHARLOTTE TO CAMP DOGWOOD: VIA HWY 16:**

Take Hwy. 16 North, Turn right onto Hwy.150 East - approximately 2 miles to General Store (this is the first left turn). Turn left onto Mt. Pleasant Rd. - approximately 4 miles; Camp Dogwood is on your left.

**FROM CHARLOTTE TO CAMP DOGWOOD: VIA I-77:**

Take I-77 North to Exit #36, turn left onto Hwy. 150 West and go to Terrell, about 8-9 miles. At Terrell, turn right onto Sherrills Ford Rd. go approximately 4 - 5 miles. Turn left onto Mt. Pleasant Rd. Camp Dogwood is approximately 2 miles on your right.

**NORTH CAROLINA LIONS FOUNDATION  
2010 CAMP DOGWOOD SUMMER SCHEDULE**

**Session 6 July 11 - July 17 is Youth Week 8 yrs-17 yrs Only.**

<b>SESSION</b>	<b>DATE</b>
<b><u>1</u></b>	<b><u>JUNE 6 – JUNE 12</u></b>
<b><u>2</u></b>	<b><u>JUNE 13 – JUNE 19</u></b>
<b><u>3</u></b>	<b><u>JUNE 20 – JUNE 26</u></b>
<b><u>4</u></b>	<b><u>JUNE 27 – JULY 3</u></b>
<b><u>5</u></b>	<b><u>JULY 4 – JULY 10</u></b>
<b><u>7</u></b>	<b><u>JULY 18 – JULY 24</u></b>
<b><u>8</u></b>	<b><u>JULY 25 – JULY 31</u></b>
<b><u>9</u></b>	<b><u>AUGUST 1 – AUGUST 7</u></b>
<b><u>10</u></b>	<b><u>AUGUST 8 – AUGUST 14</u></b>

**NO ADULTS WILL BE ALLOWED TO ATTEND YOUTH WEEK.**

**ALL SESSIONS BEGIN ON SUNDAY AFTERNOON AND END ON SATURDAY MORNING.**

**COST: \$100.00 PER SESSION FOR NORTH CAROLINA BLIND AND VISUALLY IMPAIRED.  
\$150.00 PER SESSION FOR NORTH CAROLINA SIGHTED PERSON ACCOMPANYING THE  
NORTH CAROLINA BLIND AND VISUALLY IMPAIRED.**

**NORTH CAROLINA LIONS FOUNDATION, INC.  
2010 CAMP DOGWOOD SUMMER SESSION APPLICATION**

Please type or print legibly using ink. Applications accepted on a first come, first served basis. Return application, along with medical form, as soon as possible to assure better choice of session. **No Session Will Be Assigned Without Medical Form Completed And Signed By Your Doctor. Incomplete applications and medical forms will be returned.**

**FOR CAMP USE ONLY**

Session \_\_\_\_\_  
 1st TC \_\_\_\_\_  
 LC Sent \_\_\_\_\_  
 Travel \_\_\_\_\_  
 Fee \_\_\_\_\_  
 Vision \_\_\_\_\_  
 Confirm \_\_\_\_\_

**NAME AND ADDRESS**

LAST	FIRST	INITIAL	CALLED
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MAILING ADDRESS	COUNTY
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CITY	STATE	ZIP	AREA CODE & PHONE #
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BIRTH DATE	AGE	SEX
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IF APPLICABLE, EMAIL ADDRESS

**Have you ever been convicted of any crime including sex-related or child-abuse related offenses? YES  NO**   
**If yes, explain details in full, including dates, details of offense(s) charged, jurisdiction and disposition of case. Use separate sheet of paper if necessary.**

**VISION: Totally sighted individuals will be accepted to accompany the visually impaired as spouse, minor child living still in the home of a camper who is their guardian, caretaker and legal guardian caretaker.**

VISUALLY IMPAIRED       LEGALLY BLIND       TOTALLY BLIND       TOTALLY SIGHTED

**SESSION**

Indicate 1st, 2nd, or 3rd choice of session you wish to attend. Put session numbers in blanks below. If choice #1 is the only week you can come, do not fill out #2 and #3.

1st choice	2nd choice	3rd choice
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If space is not available in the sessions you choose at this time, would you like to be put on the waiting list? YES  NO

**LODGING**

DO YOU HAVE A ROOMMATE CHOICE? If yes, give name:

DO YOU HAVE A LODGING PREFERENCE? If yes, circle one:      Lineberger      Udovich      White      Duplex  
**This Is Only Your Preference For Lodging. This In No Way Confirms Your Room!**

**IN CASE OF EMERGENCY PLEASE CONTACT**

NAME

ADDRESS, CITY, ZIP

DAYTIME AREA CODE & PHONE #

EVENING AREA CODE & PHONE #

IF APPLICABLE, CELL PHONE AREA CODE & PHONE #

RELATIONSHIP TO CAMPER

**2010 CAMP DOGWOOD SUMMER SESSION APPLICATION continued**

**CAMPER FEE**

The camp fee is \$100.00 per person for North Carolina blind and visually impaired. The fee for North Carolina sighted persons accompanying the North Carolina blind is \$150.00 per session. Payment in full or confirmation of Lions Club sponsorship must be received by arrival at camp. Make checks payable to: NCLF, PO Box 39, Sherrills Ford, NC 28673.

**This information must be complete.**

FEE WILL BE PAID BY ME: YES  NO  IF "NO", YOU MUST COMPLETE THE FOLLOWING:

FEE WILL BE PAID BY:

Name of Organization

Contact person

Address

Area code & phone #

Have you discussed sponsorship with them: YES  NO  If "yes", when

**OTHER INFORMATION**

**Should you require a wheelchair, walker, etc., it will be necessary for you to bring your own. Camp Dogwood will not furnish these items.**

Will you be bringing a Guide Dog? YES  NO

Have you attended Camp Dogwood before? YES  NO  If "yes", when

**PERSONAL CARE SKILLS**

**Are you able to independently take care of your daily needs such as eating, bathing, dressing, and toileting? Yes  No**

**Are you able to independently make all of your medical care decisions? Yes  No**

**With orientation are you able to get yourself out of a building at camp should a fire alarm sound in that building? Yes  No**

**If "no" to any of the above, state the name, address, and phone number of the caretaker who will accompany you to camp. Your caretaker will need to complete a 2010 application packet.**

Name Area code & phone number

Address

City State Zip Code

**LEGAL GUARDIAN INFORMATION**

**Do you have a legal guardian? YES  NO**  Any camper who has a legal guardian must attend camp with that legal guardian or that legal guardian will provide a caretaker for the camper during camp, which the caretaker is authorized to make decisions, medical and otherwise, for the camper. If "yes" state the name, address, and phone of your guardian.

Name

Address

City State Zip Code

Area code & phone number

If applicable, cell phone area code & phone #

**2010 CAMP DOGWOOD SUMMER SESSION APPLICATION continued**

**Camper's Name:**

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**FISHING LICENSE INFORMATION**

**Do you have a valid fishing license issued by the North Carolina Wildlife Resources Commission?**

Yes  No

**WAIVER OF RESPONSIBILITIES**

When the North Carolina Lions Foundation or its agent, Camp Dogwood, accepts this application for a camping term at Camp Dogwood, I, the undersigned do hereby release and discharge the North Carolina Lions Foundation, Inc. and any of its agents, affiliates, employees, and servants from any and all claims, liabilities, demands, or rights which I, or any of my friends or relatives, may have against said Foundation or its agents, affiliates, employees, or servants on account of connecting with or growing out of any injury, accident, loss, or damage or suffering, I or my immediate family may hereafter sustain while on the premises or property owned, leased, or used by the Foundation arising out of acceptance of this application for a camping experience, whether said property be known as Camp Dogwood, Lake Norman, or any other named designation or location.

I further agree to release to Camp Dogwood all rights and privileges to photographs taken of me for use in Camp publicity that is in the proper interest of the Camp.

I have read, or caused to be read to me, the foregoing and do hereby acknowledge that I fully understand each and every part thereof. I have read, or caused to be read to me, the Camp Rules and Regulations and agree to abide by them.

This the \_\_\_\_\_ Day of \_\_\_\_\_, 2010.

My signature below certifies that I am legally competent and that I am able personally to care for my daily needs while at camp or that I plan to have a caretaker accompany me to camp.

Signature of Adult Applicant \_\_\_\_\_

Please have all marks (X) witnessed. Signatures do not need to be witnessed

The signature of the legal guardian below certifies that he/she has read and completed the foregoing application accurately, that he/she has read the Camp Rules and Regulations, and that he/she will either act as caretaker to the camper during camp or provide for a caretaker for the camper during camp, which caretaker is authorized to make decisions, medical and otherwise, for the camper.

Signature of legal guardian \_\_\_\_\_

**RETURN TO:           CAMP DOGWOOD, PO BOX 39, SHERRILLS FORD, NC 28673**

**CAMP DOGWOOD**  
**2010 SUMMER CAMP MEDICAL HISTORY AND CURRENT MEDICATION FORM**

THIS FORM IS TO BE **COMPLETED** AND MAILED BACK WITH APPLICATION, **BEFORE YOU CAN BE ACCEPTED TO CAMP.** **(PLEASE PRINT LEGIBLY OR TYPE)**

**CAMPER INFORMATION:**

Name	Date of birth	Age
Address		
City	State	Zip code
Day area code & phone #	Evening area code & phone #	
If applicable, name of caretaker at Camp Dogwood		
If applicable, name of legal guardian at Camp Dogwood		

**IN CASE OF AN EMERGENCY PLEASE CONTACT:**

Name	Relationship
Address	
City	State      Zip code
Day area code & phone #	Evening area code & phone #
If applicable, cell phone area code & phone #	

**IF INDIVIDUAL ABOVE CAN NOT BE REACHED PLEASE CONTACT**

Name	Relationship
Address	
City	State      Zip code
Day area code & phone #	Evening area code & phone #
If applicable, cell phone area code & phone #	

**INSURANCE:**

Hospitalization: Yes <input type="checkbox"/> No <input type="checkbox"/> Company	Policy No.
Accident: Yes <input type="checkbox"/> No <input type="checkbox"/> Company	Policy No.

**MEDICINE INFORMATION:**

Do you administer your own medicines at home?      YES       NO

Are you planning to administer your own medicines at camp?      YES       NO  If no and the nurse will not be helping you with your medicines at camp, please specify who will be helping you. \_\_\_\_\_

Will the nurse be helping you with your medicines at camp?      YES       NO

Will you be bringing a pre-filled medicine box to camp? YES       NO  **If Yes AND The Nurse Will Be Assisting You With Your Medicines, You Must Bring A Completed Pre-Filled Medication Box Release Form With You To Camp. Failure To Provide This Form Upon Arrival May Result In You Not Being Able To Stay At Camp.**

Will you need any assistance from the nurse at camp? YES       NO  Please check all that apply.

- Administering daily medications
- Blood sugar checks
- Insulin injections
- Other injections
- Other  Please explain:



**CAMP DOGWOOD**  
**2010 SUMMER CAMP MEDICAL HISTORY AND CURRENT MEDICATION FORM continued**  
**PLEASE PRINT LEGIBLY**

**Camper's Name** \_\_\_\_\_

**Medical History: (Answer All Numbered Areas, If There Are Any Yes Answers, Fill In All Alphabetical Areas Below It.)**

1. **Please Give Date Of Last Tetanus Immunization** (If Known) \_\_\_\_\_
2. **Diabetes**      YES  NO 
  - a. If Yes, Controlled/Stable?      YES  NO
  - b. If Yes, Insulin Dependent Diabetic Or Insulin Treated Diabetic      YES  NO 
    - i. If Yes, Is Sliding Scale Insulin Used      Yes  No  If Yes, List Sliding Scale With Medications \_\_\_\_\_
  - c. If Yes, Blood Sugar Testing Required      YES  NO 
    - i. If Yes, List Frequency \_\_\_\_\_
    - ii. If Yes, Average Blood Sugar Ranges \_\_\_\_\_
3. **HIV**      YES  NO  Unknown
4. **Hepatitis**      YES  NO  Unknown 
  - a. If Yes, Describe: \_\_\_\_\_
5. **Hearing Problems**      YES  NO  Which Ear(S)? \_\_\_\_\_ Hearing Aide YES  NO
6. **Alzheimer, Dementia, Senility**      YES  NO 
  - a. If Yes, Is Able To **Independently** Make **All** Medical Care Decisions      YES  NO
7. **Mental Retardation**      YES  NO 
  - a. If Yes, Is Able To **Independently** Make **All** Medical Care Decisions      YES  NO
8. **Mental Illness**      YES  NO 
  - a. If Yes, Is Able To **Independently** Make **All** Medical Care Decisions      YES  NO
  - b. If Yes, Describe Mental Illness: \_\_\_\_\_
9. **Multiple Sclerosis**      YES  NO 
  - a. If Yes, Date And Description Of Last Exacerbation \_\_\_\_\_
10. **Seizures**      YES  NO 
  - a. If Yes, Date And Description Of Last Seizure \_\_\_\_\_
11. **Kidney History** YES  NO 
  - a. If Yes, Date And Details \_\_\_\_\_
  - b. If Yes, Kidney Status:      Controlled/Stable?      YES  NO
  - c. If Yes, Dialysis      YES  NO  If Yes, List Frequency \_\_\_\_\_
12. **Cardio Vascular History** YES  NO 
  - a. If Yes, Date And Details \_\_\_\_\_
  - b. CV Status:      Controlled/Stable?      YES  NO
13. **HTN**      YES  NO 
  - a. Controlled/Stable?      YES  NO
14. **Average BP** \_\_\_\_\_
15. **CVA**      YES  NO 
  - a. If Yes, Date And Details \_\_\_\_\_

**CAMP DOGWOOD**  
**2010 SUMMER CAMP MEDICAL HISTORY AND CURRENT MEDICATION FORM continued**  
**PLEASE PRINT LEGIBLY**

16. **Mobility Problems**      YES  NO
- a. If Yes, Describe \_\_\_\_\_
- b. Uses Walker      YES  NO
- c. Uses Wheelchair      YES  NO
- i. If Yes, Motorized      YES  NO
- ii. If Yes, Is Patient Restricted To A Wheelchair      YES  NO

17. **Speech Problems**      YES  NO
- a. If Yes, Describe \_\_\_\_\_

18. **Tuberculosis**      YES  NO  Unknown
- a. If Yes, Describe \_\_\_\_\_

19. **Pulmonary History**      YES  NO
- a. If Yes, Date And Details \_\_\_\_\_
- b. Pulmonary Status:      Controlled/Stable?      YES  NO

20. **Uses Oxygen**      YES  NO  If Yes, Patient Is Responsible For Bringing All Needed Supplies.
- a. If Yes, List Amount, Route, & Mask or Nasal

21. **Uses CPAP**      YES  NO  Will Patient Bring CPAP To Camp?      YES  NO

22. **Uses Nebulizer**      YES  NO  If Yes, List Order With Medications

OTHER: \_\_\_\_\_

Camp Dogwood is a recreational/vacation facility for the blind and visually impaired. Campers have the opportunity, but are not required, to participate in activities such as tubing, water skiing, boat riding, swimming, horseback riding, bowling, putt-putt, shopping trips and arts and crafts. Campers must be able to provide their own personal care skills such as eating, bathing, dressing and toileting or bring a caretaker to assist them with these needs. Campers ambulate from their dormitories to the dining hall/medication room up to a distance of 600 feet with a 12% grade in one direction. No special diets are available at camp. Our counselor to camper ratio is 1 to 6. There is one nurse per 88 campers on site. The nurse is available to assist with routine medications and emergencies.

23. **As Indicated Above, This Patient's Medical Status Is Stable And Controlled. In My Opinion This Patient Is Able To Attend The Facility Described Above.**      YES       NO

24. **Physician's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please list additional comments as needed (Please Print):** \_\_\_\_\_

**If you have any questions about this form please contact Sandy Lazenby, Camp Dogwood Director, 800-662-7401 ext. 229 or sandy@nclf.org or Camp Dogwood, PO Box 39, Sherrills Ford, NC 28673.**

**2010 PRE-FILLED MEDICATION BOX RELEASE FORM**

Only those campers that the **camp nurse will be assisting with medications AND who are bringing pre-filled medication boxes must complete the following form.** This form should be **provided upon arrival at camp.** **Failure to provide this form may result in the camper not being able to stay at camp.**

**PLEASE PRINT LEGIBLY**

Camper Name \_\_\_\_\_

The above camper's medication box was prepared by \_\_\_\_\_,  
(Print full name)

Relationship to camper: \_\_\_\_\_, **OR**

\_\_\_\_\_ at \_\_\_\_\_ facility where the camper resides.  
(Print Job Title) (Print Name of Facility)

The person listed above who prepared the medication box is responsible for accurately dispensing all medications.

The camp nurse, Camp Dogwood, and NCLF Inc. are not responsible for the contents of the pre-filled medication box.

The camp nurse is responsible for facilitating the camper's self-administration of pre-prepared medications at scheduled times indicated by the camper or their legal guardian.

The following is a list of the medications contained in the pre-filled medication box. **Please Print Legibly**

Medication & Strength	Dose	Frequency	Prescriber name and phone number OR pharmacy name and phone number

Pre-filled medication box preparer signature \_\_\_\_\_ Date \_\_\_\_\_

Camper's signature \_\_\_\_\_ Date \_\_\_\_\_

Legal guardian signature if applicable \_\_\_\_\_ Date \_\_\_\_\_

**NORTH CAROLINA LIONS FOUNDATION**  
**CAMP DOGWOOD**  
Post Office Box 39  
Sherrills Ford, NC 28673

**2010 TRANSPORTATION INFORMATION**

Camper Name: \_\_\_\_\_

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

City And Zip Code: \_\_\_\_\_

Area Code & Phone #: \_\_\_\_\_

Session: \_\_\_\_\_

**Please Fill Out #1, #2, #3 Or #4 Below\***

1. I will be transported to and from Camp as part of an organized group of campers. Which group?  
\_\_\_\_\_
2. I will be getting a ride to and from Camp via a friend \_\_\_\_\_, relative \_\_\_\_\_, Social Worker \_\_\_\_\_, or Lion \_\_\_\_\_.
3. I will be traveling to and from Camp via public bus transportation. My bus will arrive at Charlotte at approximately \_\_\_\_\_ on Sunday afternoon. The bus will be coming from \_\_\_\_\_. My bus will depart for home at \_\_\_\_\_ on Saturday morning. (Note: **You must ride a bus coming to Charlotte. No other pickup will be made.**)
4. I will be traveling to and from Camp via public train transportation. My train will arrive at Charlotte at approximately \_\_\_\_\_ on Sunday afternoon. The train will be coming from \_\_\_\_\_. My train will depart for home at \_\_\_\_\_ on Saturday morning. (Note: **You must ride a train coming to Charlotte. No other pickup will be made.**)

**\*If This Information Changes, It Is Up To You To Let Us Know! We Will Not Make Extra Trips To The Bus Or Train Station!**

**Transportation To Camp For Those Arriving By Public Transportation (Bus Or Train To Charlotte, NC) Is Only Provided On Sundays. We Will Only Pick Up Those Campers Who Arrive By Bus/Train On That Sunday.**

**Transportation From Camp For Those Departing By Public Transportation (Bus Or Train From Charlotte, NC) Is Only Provided On Saturdays. We Will Only Take Those Campers Who Are Departing By Bus/Train On That Saturday. Departing Tickets Must Be Obtained Before Your Arrival.**

**Camp Dogwood Gates Will Not Open Until 1:00 P.M. On Sunday!**

**All Campers Must Be Picked Up Before 11:00 A.M. On Saturday!**

**Please Tag All Luggage With Name And Address Of Camper.**