

Tourette Syndrome Camp Organization
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Dear Parents:

The Tourette Syndrome Camp Organization (TSCO) will host the 19th Annual Tourette Syndrome Camp USA from Sunday, June 24, 2012 until Saturday, June 30, 2012 at YMCA Camp Duncan in Ingleside, Illinois.

Camp Duncan is situated on a semi-private lake in northeastern Illinois, just south of the Wisconsin border. Camp Duncan offers a recreational/residential setting. The TS camp program is run concurrently with a traditional YMCA camp week. TSCO is not a therapeutic program and there are some limitations in accepting children whose needs are beyond the scope of its design. The focus of the camp's staff will be to provide general supervision with as much one-on-one mentoring as well as the situation permits. In addition to providing in-services to all Camp Duncan counselors, TSCO supplements the staff by providing volunteer counselors who have TS, or have experience dealing with TS. Campers must be able to handle routine daily living skills (i.e., dressing, self-hygiene) and have the ability to function within a group setting. While the program is modified to meet the needs of most children whose primary disability is TS and some degree of attention deficit and/or obsessive-compulsive components, experience has demonstrated that not every child with TS is capable of participating in the camp program.

The Tourette Syndrome Camping Organization has established a new tier pricing system for our 2012 program of \$541 or \$675.

The basic price for camp will be \$541. This amount represents the basic cost for a child to attend camp based on what we are charge by Camp Duncan. The all inclusive price for camp is \$675. This amount represents the complete cost for a child to attend camp including required insurance, medical supplies and cost that we are charged by Camp Duncan for our all volunteer staff. In the past, these cost have been covered by donations and fundraising. You may pay consider paying any amount from \$541 up to \$675. Any payment above \$541 will be considered a donation and assist us with the necessary costs. As always will do have aid available based on need.

Please take the time to read the enclosed materials and discuss camp with your child. If, after careful consideration, you feel your child is ready for a successful camp experience, please fill out the on line application or download an application fill out and mail in or pay on line a \$25 deposit . The deposit is refundable up to, June 4, 2012 minus a \$10 service fee.

The Health Form should be turned in no later than June 4, 2012. However any changes in medication or dosage will have to be updated prior to the start of camp.

The initial deadline for the Camp Application is June 4, 2012. Any application received after June 4, 2012 will require a \$50 late fee. Please note we may require additional information after reviewing the application including a phone or if possible, a in person interview.

We look forward to meeting your child(ren) this summer at Camp Duncan

Scott Loeff
President

Monica Newman
Camp Director

Camper Application

Note: This form must be completed in full in order to be accepted and processed. Do not leave any blanks. If the answer to a question is "none," write the word "none".

(Please Print) Today's Date: ___/___/___

Child's Name: _____
FIRST LAST M.I.

Birthdate: ___/___/___ Sex: _____ Grade next school year: _____

Height: _____ Weight: _____ T-shirt Size: _____

Name(s) of Parent(s) or Guardian(s): _____

Home Address: _____
STREET APT #

_____ CITY STATE 9-DIGIT ZIP CODE

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Best Number to reach you _____

Email: _____ Child's Email: _____

Emergency

Contact: _____
NAME RELATIONSHIP TO CHILD

(____) _____ - _____
NUMBER

Is this your child's first time attending TS Camp USA? _____

What are your child's interests, hobbies, special foods, etc.?

What do **you** hope your child will gain from a camp experience?

Have you asked your child what (s)he expects to get from this camp experience? _____

What was his/her response? _____

CONFIDENTIAL

TELL US ABOUT YOUR CHILD: PSYCHOSOCIAL/EMOTIONAL & BEHAVIORAL FUNCTIONING

In order to insure that every child attending TS Camp has a positive experience, please complete this section as honestly and specifically as you can. The purpose of this section is not to “rule out” a camper with difficulties; rather, it helps us to assess if your child is ready for the best possible camp experience at the present time. No child is perfect and many difficulties can be avoided by well-informed counselors who are prepared with knowledge to respond to problem areas.

Has your child attended any special needs camp (including TS camp)? _____

If so, which camp? _____ How many years? _____

Does your child have any other special needs: Mobility _____ Language _____ Reading _____
Sleep Difficulties _____ Vision _____ Hearing _____

Sensory Integration _____ Other (please specify) _____

Please give any suggestions you feel would be helpful regarding the above special needs:

Please describe your child’s current motor and vocal tics, if any. **Be as specific as possible**, i.e. echolalia (repeating phrases of self/others), coprolalia (involuntary swearing), touching, etc:

Please describe your child’s current obsessions and/or compulsions, if any. **Be as specific as possible:** _____

Has your child ever spent the night away from home and family members? _____

How did (s)he respond? _____

Has your child met other children with Tourette Syndrome or Obsessive Compulsive Disorder, and if so, how did they get along? _____

How does your child handle being questioned/teased about his/her TS and/or OCD?

_____ How does your child get along with peers at school? _____

_____ How does your child get along with adults/authority figures? _____

Does your child have any educational accommodations? If so, please list: _____

Please **check** any behaviors that generally describe your child:

- Can be oppositional with authority figures _____ Tends to be manipulative _____
Has problems waiting his/her turn _____ Has problems sharing _____ Lies _____
Is argumentative _____ Has tantrums _____ Is easily frustrated _____ Runs away _____
Swears (excluding coprolalia) _____ Teases other children _____ Gets in fights _____ Cries
easily _____ Quick to anger _____ Bullies younger, smaller children _____ Hits other
children _____ Hits adults _____ Talks back _____ Pushes limits _____

Have you been called to school because of your child's behavior this school year? _____

How many times? _____ For what reasons? _____

Does your child respond well and observe "time outs" when given by adults? _____

Please answer Yes or No:

Have you explained to your child that while at camp, (s)he is expected to obey camp counselors just as (s)he does teacher and parents? _____ Does (s)he understand? _____

Have you discussed the camp's rules with your child? _____ Does (s)he understand? _____

Have you discussed the camp's Behavior Contract with your child? _____

Does your child understand the consequences of non-compliance with the contract? _____

If your child is unable to comply with the stated expected behaviors are you prepared to pick him/her up from camp? _____

Camper's Signature _____

Date Signed _____

Parents Signature _____

Date Signed _____

CONFIDENTIAL MEDICAL INFORMATION

If applicable, year your child was diagnosed with Tourette Syndrome: _____

If applicable, year your child was diagnosed with OCD: _____

Primary Physician: _____ Phone: (_____) _____

Tourette/OCD Treating Physician: _____ Phone:(_____) _____

Is/Does your child have any of the following? Bipolar Disorder? _____ Asperger's? _____

Attention Deficit Disorder? _____ With hyperactivity? _____

Explain: _____

List and explain all other medical/mental health diagnoses:

Has your child had any recent (within the last year) hospitalizations or residential care? If yes, please describe: _____

List any and all allergies: _____

Allergy treatments: _____

Other Health problems/injuries: _____

Medical Insurance Co: _____ Policy #: _____

LIST ALL MEDICATIONS AND REASON PRESCRIBED:

1) _____ 2) _____

_____ 3) _____

4) _____

5) _____

Side Effects/Responses? Explain: _____

Please list any other concerns not addressed previously: _____

PART D

PARENTAL AUTHORIZATION

TSCO is billed by Camp Duncan for your child, there can be no refund of camp fees for any reason. In no case shall TSCO be held liable for camp fees that are not paid. The parents shall be liable for any cost incurred by TSCO.

By signing my child's behavior contract, I am agreeing to be available to pick up my camper if (s)he chooses not to comply to Camp Duncan's rules.

Parental Authorization: I/We confirm that the information provided in this application is correct to the best of my knowledge and certify that our child is in good health. I understand that a current health history and immunization history must be provided before my child may attend camp. I hereby give my permission to TSCO to administer routine medical care and to the physician selected by the camp director to seek emergency treatment as required and/or to transport my child to the appropriate medical facility in the event that urgent/emergency care is necessary. The hospital and its medical staff are authorized to provide any treatment, which is necessary for the well being of my child. I also give my permission to TSCO to transport my child off the camp property for purposes of medical care and program activities as deemed appropriate by the director.

FEES DO NOT INCLUDE MEDICAL/ACCIDENT INSURANCE.

Medical bills incurred are the responsibility of the parent.

I understand that my signature indicates that I agree to provide any necessary information, including information required by law or by the custodial agreement with others that share the custody of the above registered camper. My signature also indicates that the information is correct in this registration form and that I have read and am in agreement with the above information.

Parent/Guardian's Signature: _____

Date: _____