

AMBUCS SUMMER CAMP

WHAT: A 4 - day summer camp for any child or young adult ages 5-21. The camper must have a specific disability: cognitive disability, orthopedic impairment, visually impaired, hearing impaired, multiple disabilities, and/or Autism. Young adults aged 12-21 are not eligible to attend if their primary disability is learning disabled.

WHEN: Camp will run in two – four day sessions. The first session will run the last full week in July for campers aged 5 – 11. The second session will run the first week in August for campers aged 12 – 21. **CAMPERS MUST ATTEND THE AGE-APPROPRIATE SESSION.** Activities are geared toward specific age levels. Camp hours are 9:00 AM to 3:00 PM daily.

WHERE: Camp headquarters will be the Gao Grotto located on Denmark Road in Danville. We will provide activities at the Gao Grotto and throughout the Danville area.

MEALS: Lunch and snacks will be provided. Please do not send food or drinks with your child unless they require a special diet.

MEDICAL CONCERNS: A nurse is on staff to dispense medicine and to deal with minor healthcare needs and injuries. Any camper with extra-ordinary medical requirements must have those needs met by professional medical personnel other than the camp nurse. Those personnel will be provided at the expense of the parents/guardians.

TRANSPORTATION: Transportation will be available by bus. Pick up and drop off points will be located throughout Danville and surrounding communities.

COST: This camp is provided free of charge. Proceeds from AMBUCS Friday Nights and the Annual Children with Disabilities Raffle provide the funding for camp.

DEADLINE FOR APPLICATION: Applications must be submitted by: **JULY 1**

To request an application or for more information call or email: Lori Lyons 217-898-5753
la.lyons@hotmail.com

AMBUCS SUMMER CAMP

Name _____

Address _____

City _____ Zip _____ Phone _____

Birth date _____ Age _____ School _____

Name of Parent or Guardian _____

Name, address, and phone number of two persons to be notified in case of emergency:

1. _____

2. _____

Special needs and/or disability of camper (e.g. uses a wheelchair or walker, Autism, developmental delay, emotional disability, intellectual disability, multiple disabilities, orthopedic impairment, other health impairment, visual impairment, behavior problems, uses sign language, and any other information you feel would be beneficial in helping us have a great time at camp)

Shirt size (circle) ADULT S M L XL XXL XXXL YOUTH S M L

BUS PICK UP AND DROP OFF POINTS: Please circle the location that is most convenient for your child to meet the bus OR indicate if you will be bringing your child each day.

Catlin IGA

Big Lots

Save – A – Lot
(the Old Georgetown IGA)

R.P. Home & Harvest of Tilton
(Georgetown Road)

Westville High School
(South Parking Lot – Main Office)

Little Nugget
(Henning Road)

First Student Bus Garage

DACC Parking Lot

Parents drop off and pick up at the Gao Grotto

Please indicate other bus stops that we could consider _____

Allergies _____

MEDICATION: Please fill out the medication permission slip.

MEDIATION ADMINISTRATION PERMISSION FORM

I request that the AMBUCS Camp Nurse administer the following medications to my child:

<u>Name of Medication</u>	<u>Dosage</u>	<u>Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that this is a prescription that I would normally give my child at home.

Signature of parent or guardian

Prescribing Physician's Name _____

Physician's Phone Number _____

I give permission for my child to participate in all the camp activities.

Signature of parent or guardian

I give permission for my child to be photographed participating in camp activities.

**PLEASE RETURN THIS APPLICATION BY JULY 1 TO: LORI LYONS
1957 CR 1700 N
URBANA, IL 61802**