



May 3, 2021

Dear Parents,

Yes! We are planning to hold Camp Eyabsut 2021 in person and it's less than 3 months away!! It's going to look a bit different as we will need to adhere to WA State Dept of Health Covid-19 residential camp guidelines and additional requirements from Camp Waskowitz. We believe that everything being asked of us is DOABLE! And we can't wait to see all the campers and staff IN PERSON!!!

Camp Eyabsut is scheduled for **July 18-24, 2021** at the Camp Waskowitz facility in North Bend, WA. We are planning a fun-filled week for our campers around this year's theme "**Eyabsut Meets the Wild West!**"

Please see the attached application, physical form and consent waivers. We will need **all** forms filled out **COMPLETELY** and returned by no later than **Monday, June 10, 2021**.

**NOTE:** If your child requires air travel, we need that information by no later than **Friday, May 24, 2021** so we can make those arrangements. There will be no bus transportation this year from Federal Way. All campers in Washington, Idaho and northern Oregon must arrive by car. We can help with matching you up with a carpool if needed.

We are looking forward to a super week and spending time with the best kids in the world!!

There are only 2 ways to return your application this year ...

1. **Scan and email it to:** [eyabsut@gmail.com](mailto:eyabsut@gmail.com)
2. **Fax it to:** **877-449-3896**

If you have any questions or concerns, please don't hesitate to contact us by calling 202-251-2542 or emailing - [eyabsut@gmail.com](mailto:eyabsut@gmail.com)

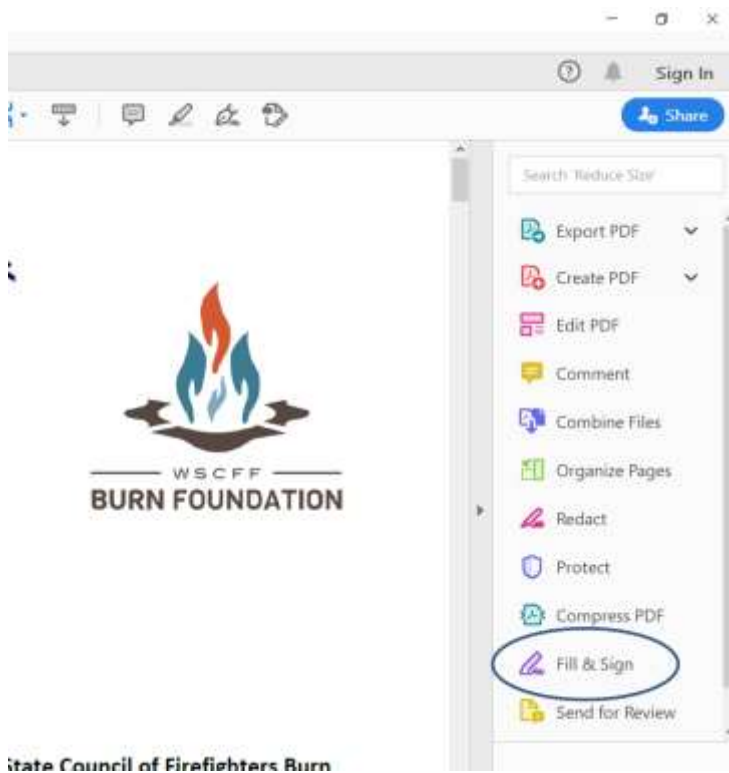
Sincerely,

Jeanette Day aka JD  
Camp Director

Matt Ricks  
WSCFFBF Board President

To fill out online and return by email:

1. Download the PDF form to your desktop. Open using Acrobat Reader. On the right side of Acrobat, look for "Fill and Sign"



2. Fill out the form by putting your cursor into a field, type your info, select next field.
3. To sign, a Sign option becomes visible when you are editing the PDF. Click Sign and you will be able to add a Signature and Initials using your mouse to draw them. Once you save those, you can drag them to the appropriate place in the form as needed. If you need help, just ask your kids 😊 or you can call me at 206-251-2542
4. Once the form is completely filled out, Save the Form back to your desktop. Open a new email message, upload the PDF and send to eyabsut@gmail.com

To fill out and fax:

1. Complete steps 1-3 above
2. Once the form is completely filled out, Save the Form back to your desktop. Print a copy and fax to 877-449-3896

**FAX TO: 877-449-3896**  
**EMAIL TO: EYABSUT@GMAIL.COM**  
**Camp Dates: July 18 - July 24, 2021**

## 2021 CAMP EYABSUT – CAMPER APPLICATION

CAMPER NAME: \_\_\_\_\_  BOY  GIRL BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PERSON CAMPER IS LIVING WITH: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ETHNICITY WITH WHICH YOUR CHILD MOST IDENTIFIES (PLEASE CHECK ONE):  AFRICAN AMERICAN/ BLACK  LATINO/HISPANIC

ASIAN/ PACIFIC ISLANDER  WHITE/ CAUCASIAN  AMERICAN INDIAN/ALASKA NATIVE  OTHER: \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN BY CHILD? \_\_\_\_\_ BY ADULT? \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

# OF PEOPLE IN HOUSEHOLD: \_\_\_\_\_ SIBLING NAMES: \_\_\_\_\_

EMERGENCY PHONE NUMBERS (OTHER THAN HOME PHONE AND PARENT WORK NUMBERS):

NAME: \_\_\_\_\_ PH.# ( ) \_\_\_\_\_ RELATION TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ PH.# ( ) \_\_\_\_\_ RELATION TO CHILD: \_\_\_\_\_

CHILD'S T-SHIRT SIZE (ADULT SIZES): \_\_\_\_\_ CHILD'S SHOE SIZE: \_\_\_\_\_ CHILD'S WEIGHT: \_\_\_\_\_

HAS YOUR CHILD ATTENDED THE CAMP EYABSUT BEFORE?  YES  NO

IF NO, HOW DID HE/SHE HEAR ABOUT IT? \_\_\_\_\_

IS YOUR CHILD EXCITED TO COME TO CAMP?  YES  NO

HAS YOUR CHILD ATTENDED OTHER SUMMER CAMPS?  YES  NO PLEASE TELL US WHICH CAMP, DATES AND LOCATION:

WHAT ARE YOUR CHILD'S FAVORITE ACTIVITIES? \_\_\_\_\_

HOW CAN WE BE MOST HELPFUL TO YOUR CHILD AT CAMP? \_\_\_\_\_

WHAT SCHOOL IS YOUR CHILD CURRENTLY ATTENDING & WHAT GRADE IS HE/SHE IN? \_\_\_\_\_

HAS YOUR CHILD BEEN HAVING ANY PROBLEMS IN SCHOOL? ANY ISSUES WITH BULLYING, DRUGS, ALCOHOL, SMOKING ETC? PLEASE EXPLAIN:

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

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**CAMP EYABSUT 2021 - CAMPER MEDICAL HISTORY & TREATMENT**

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

DENTIST/ ORTHODONTIST NAME: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

DENTIST'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

**INSURANCE INFORMATION**

IS THE CHILD COVERED BY FAMILY MEDICAL INSURANCE?  YES  NO

IF YES, CARRIER OR PLAN NAME: \_\_\_\_\_ GROUP #: \_\_\_\_\_

INSURANCE ADDRESS: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

**PLEASE TELL US ABOUT YOUR CHILD'S BURN INJURY:** DATE OF CHILD'S BURN INJURY \_\_\_\_\_

% BODY SURFACE BURNED \_\_\_\_\_ WHERE WAS YOUR CHILD HOSPITALIZED? \_\_\_\_\_

LENGTH OF HOSPITAL STAY \_\_\_\_\_ AREA OF BODY AFFECTED BY THE BURN: \_\_\_\_\_

CAUSE OF THE BURN INJURY: \_\_\_\_\_

DOES THIS CHILD WEAR ANY SPLINTS, PRESSURE GARMENTS OR HAVE ANY OPEN WOUNDS THAT REQUIRE DRESSINGS? PLEASE CHECK ALL THAT APPLY:  SPLINTS  PRESSURE GARMENTS  OPEN WOUNDS  NONE

INDICATE ITEM(S) THAT WILL BE SENT TO CAMP AND SCHEDULE: \_\_\_\_\_

IS YOUR CHILD CURRENTLY RECEIVING PHYSICAL OR OCCUPATIONAL THERAPY?  YES  NO

IF YES, WILL THIS CHILD REQUIRE PHYSICAL THERAPY WHILE AT CAMP?  YES  NO IF YES, PLEASE DESCRIBE: \_\_\_\_\_

FOR GIRLS: HAS YOUR CHILD MENSTRUATED?  YES  NO NORMAL HISTORY: \_\_\_\_\_

**PLEASE LIST ALL KNOWN ALLERGIES:** DESCRIBE THE REACTION AND MANAGEMENT OF THE REACTION

MEDICATION ALLERGIES (LIST)

\_\_\_\_\_

FOOD ALLERGIES (LIST)

\_\_\_\_\_

\_\_\_\_\_

OTHER ALLERGIES (LIST) - INCLUDE INSECT STINGS, HAY FEVER, ASTHMA, ANIMAL DANDER, ETC. \_\_\_\_\_

\_\_\_\_\_

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## CAMP EYABSUT 2021 - CAMPER MEDICAL HISTORY & TREATMENT CONTINUED

LIST PRESCRIPTION DRUGS, THE NAME OF THE MEDICATION, THE DOSAGE, AND THE FREQUENCY OF ADMINISTRATION.

\_\_\_\_\_ MY CHILD TAKES NO MEDICATIONS ON A ROUTINE BASIS.

MY CHILD TAKES MEDICATIONS AS FOLLOWS:

MED # 1: DOSAGE: SPECIFIC TIMES TAKEN @ DAY: \_\_\_\_\_ REASON FOR TAKING: \_\_\_\_\_

MED # 2: DOSAGE: SPECIFIC TIMES TAKEN @ DAY: \_\_\_\_\_ REASON FOR TAKING: \_\_\_\_\_

MED # 3: DOSAGE: SPECIFIC TIMES TAKEN @ DAY: \_\_\_\_\_ REASON FOR TAKING: \_\_\_\_\_

PLEASE ATTACH ADDITIONAL PAGES FOR MORE MEDICATIONS.

IDENTIFY ANY MEDICATIONS TAKEN DURING THE SCHOOL YEAR THAT PARTICIPANT DOES NOT TAKE DURING THE SUMMER: \_\_\_\_\_

RESTRICTIONS - THE FOLLOWING RESTRICTIONS APPLY TO THIS CHILD:

DIETARY \_\_\_ DOES NOT EAT RED MEAT \_\_\_ DOES NOT EAT PORK \_\_\_ DOES NOT EAT EGGS \_\_\_ DOES NOT EAT POULTRY  
\_\_\_ DOES NOT EAT SEAFOOD \_\_\_ DOES NOT EAT DAIRY PRODUCTS \_\_\_ OTHER \_\_\_\_\_

EXPLAIN ANY RESTRICTIONS TO ACTIVITY (WHAT CANNOT BE DONE, WHAT ADAPTATIONS OR LIMITATIONS ARE NECESSARY):

\_\_\_\_\_

HOW WOULD YOU DESCRIBE YOUR CHILD'S ADJUSTMENT TO HIS/HER BURN INJURY?

\_\_\_\_\_

\_\_\_\_\_

DOES YOUR CHILD HAVE A MARKED FEAR OF ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY)

\_\_\_ THE DARK \_\_\_ BEING ALONE \_\_\_ THUNDERSTORMS \_\_\_ OTHER \_\_\_\_\_

DOES YOUR CHILD REQUIRE ONE-ON-ONE SUPERVISION? \_\_\_ YES \_\_\_ NO

DOES YOUR CHILD HAVE DIFFICULTY FALLING ASLEEP? \_\_\_ YES \_\_\_ NO

DOES YOUR CHILD (CHECK ALL THAT APPLY): \_\_\_ BEDWETTING \_\_\_ SNORE \_\_\_ SLEEPWALK

HAS YOUR CHILD EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING (CHECK ALL THAT APPLY):

\_\_\_ ADD/ADHD \_\_\_ DEPRESSION \_\_\_ ANXIETY \_\_\_ OPPOSITIONAL DEFIANT DISORDER \_\_\_ OTHER (PLEASE SPECIFY )

\_\_\_\_\_

HAS YOUR CHILD RECEIVED TREATMENT (MEDICATION OR COUNSELING)? PLEASE EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

HAS YOUR CHILD EVER RECEIVED PROFESSIONAL COUNSELING? \_\_\_ YES \_\_\_ NO IF YES, DATES OF TREATMENT? \_\_\_\_\_

FOCUS OF TREATMENT: \_\_\_\_\_

IS YOUR CHILD CURRENTLY DEALING WITH ANY SPECIAL LIFE ISSUES? PLEASE CHECK ALL THAT APPLY:

\_\_\_ PARENTAL DIVORCE \_\_\_ DEATH \_\_\_ PEER PRESSURE \_\_\_ SCHOOL PRESSURE \_\_\_ LEARNING DISABILITY \_\_\_ ALCOHOL USE

\_\_\_ DRUG USE \_\_\_ TOBACCO USE \_\_\_ OTHER/PLEASE SPECIFY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Application Deadline: MONDAY, JUNE 10, 2021**

**CAMP EYABSUT 2021 - TRAVEL ARRANGMENT FORM**

PLEASE COMPLETE THIS FORM SO FINAL TRAVEL ARRANGEMENTS CAN BE MADE FOR ALL CAMPERS. THERE ARE DIFFERENT LOCATIONS FOR BUS PICK-UP AND DROP OFF. PLEASE CHECK THE LOCATION WHERE YOU WILL BE DROPPING OFF AND PICKING UP YOUR CHILD. A CONFIRMATION OF YOUR DROP OFF AND PICK UP TIMES WILL BE SENT TO YOU.

**TRANSPORTATION TO CAMP ON SUNDAY, JULY 14, 2021:**

- CAMPER WILL REQUIRE AIR TRANSPORTATION TO CAMP.

AIRPORT NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

- CAMPER WILL BE DROPPED OFF AT CAMP WASKOWITZ, NORTH BEND, WA.

**REMINDER: CAMPERS SHOULD BE DROPPED-OFF AFTER 1 P.M. SUNDAY, JULY 18, 2021.**

**TRANSPORTATION FROM CAMP ON SATURDAY, JULY 24, 2021:**

- I WILL PICK MY CHILD UP AT THE AIRPORT:

AIRPORT NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

- I WILL PICK MY CHILD UP AT CAMP WASKOWITZ, NORTH BEND, WA. **REMINDER: CAMPER MUST BE PICKED-UP BEFORE 11 A.M., SATURDAY, JULY 20, 2021.**

**DUE TO A LIMITED BUDGET FOR AIR TRAVEL, CAMPERS REQUIRING AIR TRANSPORTATION MUST COMPLETE THIS FORM AND RETURN IT BY WEDNESDAY, MAY 26, 2021 TO BE ELIGIBLE FOR AIR TRAVEL. WE CANNOT GUARANTEE AIR TRAVEL FOR CAMPERS RETURNING THIS FORM AFTER THAT DEADLINE.**

**AIR Travel Arrangement Deadline: May 26 2021**

**Application Deadline: MONDAY, JUNE 10, 2021**

**If your camper is new to Eyabsut, please attach a picture of your child to this application.**

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## CAMP EYABSUT 2021 - PHYSICAL EXAMINATION FORM

This form must be completed and signed by a licensed MD, PA or NP and is **due by the FIRST day of camp.**

**Your child will not be able to attend camp without this form.**

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  BOY  GIRL

I EXAMINED THIS INDIVIDUAL ON \_\_\_\_\_ THE ABOVE APPLICANT  IS  IS NOT ABLE TO PARTICIPATE IN CAMP.

WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ TEMP: \_\_\_\_\_ PULSE: \_\_\_\_\_ RESP: \_\_\_\_\_ BP: \_\_\_\_\_

THE APPLICANT IS UNDER CARE OF A PHYSICIAN FOR THE FOLLOWING CONDITIONS: \_\_\_\_\_

CURRENT MEDICATIONS INCLUDE:

MED # 1: \_\_\_\_\_ DOSAGE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

MED # 2: \_\_\_\_\_ DOSAGE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

CURRENT TREATMENT AT THE TIME OF THIS REPORT INCLUDES: \_\_\_\_\_

ARE THERE ANY LIMITATIONS IN RANGE OF MOTION DUE TO BURN INJURY OR SCARRING? \_\_\_\_\_

ARE THERE ANY OPEN WOUND AREAS? \_\_\_\_\_

PLEASE LIST ANY ALLERGIES: FOOD \_\_\_\_\_ MEDICATIONS \_\_\_\_\_

OTHER: (INSECT STINGS, HAY FEVER, ETC) \_\_\_\_\_

DOES THE APPLICANT HAVE ANY OF THE FOLLOWING CONDITIONS (PLEASE CHECK ALL THAT APPLY):

DIABETES  SEIZURES  RESPIRATORY PROBLEMS  CHRONIC EAR  EPILEPSY  HEART DEFECT/DISEASE

COMMENTS: \_\_\_\_\_

PLEASE LIST THE APPLICANT'S IMMUNIZATION HISTORY (RECORD MONTH & YEAR):

DPT: \_\_\_\_\_ HIB: \_\_\_\_\_ POLIO: \_\_\_\_\_ SMALL POX: \_\_\_\_\_ MMR: \_\_\_\_\_ TETANUS: \_\_\_\_\_

TB TEST: \_\_\_\_\_ HEPATITIS B: \_\_\_\_\_ CHICKEN POX (VACCINE OR ILLNESS): \_\_\_\_\_ OTHER: \_\_\_\_\_

### RECOMMENDATIONS AND RESTRICTIONS AT CAMP:

PLEASE LIST ANY TREATMENT TO BE CONTINUED AT CAMP:

ANY MEDICALLY PRESCRIBED MEAL PLAN/DIETARY RESTRICTIONS: \_\_\_\_\_

ACTIVITIES TO BE ENCOURAGED OR LIMITED:

ANY OTHER HEALTH INFORMATION: \_\_\_\_\_

MEDICAL PROVIDER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

MEDICAL PROVIDER'S PRINTED NAME & ADDRESS:

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