



Reach Out/One to Won Supplemental Application

Camper's Name: _____

Camper's Session: (please circle one)

Session #701: July 7-9

Session #702: July 11-16

Session #704: August 15-20

Reach Out is not a medically staffed program. Therefore, participants must demonstrate abilities in basic self-care; be able to walk 1/4 mile; and be continent. This supplemental application will be reviewed by our staff and you will be notified of the participant's acceptance into the program.

Is the camper able to...?	By Self	With Assistance
Walk on a dirt road		
Climb stairs		
Shower		
Keep up daily hygiene		
Wash Hair		
Get Dressed		
Swim		
Use toilet		

Does camper experience any of the following? (if yes, please explain so we can best respond)

Seizures _____

Incontinence – during day or night? _____

Allergies – food, insects, medicines _____

Diabetes _____

Skin Problems _____

Sleeping Problems _____

Headaches _____

What sort of special assistance does this camper need?

Are there any other conditions that we should know about in order to best care for the camper? _____

To best assist our nursing staff, please list any medications the camper is currently prescribed and all related dosing information.

Please return this supplemental application to Cedarkirk by mail, fax, or email.

Cedarkirk / Reach Out Application
1920 Streetman Drive
Lithia, FL 33547

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Fax: 813.689.9170
Email: camps@cedarkirk.com