**MossRehab CAMP INDEPENDENCE 2023-CHECK LIST**

MossRehab requires that **ALL** Camp Independence forms are to be **FULLY** completed and sent together in **ONE MAILING** to MossRehab. Please use this form as a check list so that you are sure you have completed and enclosed all forms prior to mailing your applications to MossRehab.

**PLEASE NOTE THERE ARE ONLY 30 SLOTS FOR CAMPERS. AN APPLICATION WILL NOT BE REVIEWED FOR A POSSIBLE SLOT UNTIL ALL FORMS HAVE BEEN RECEIVED.**

**MossRehab has indicated for each form, what is MOST OFTEN MISSED when the forms are submitted. Please be sure to review each form carefully prior to submitting.**

\_\_\_\_\_\_\_\_**Application Form**

**(Must circle yes or no for each question. Fill in section regarding seizures completely if applicable to applicant.)**

\_\_\_\_\_\_\_\_**Form A- Applicant Functional Status**

**(Must indicate all information requested for two emergency contact persons for the applicant.) (Must indicate level of assistance needed for each section.)**

\_\_\_\_\_\_\_\_**Form B-MossRehab Camp Independence Release Form**

\_\_\_\_\_\_\_\_ **Copy of Insurance Cards**

**(Must send in a copy of both the front and the back of an applicant’s insurance card(s) and prescription card(s) with application.)**

\_\_\_\_\_\_\_\_ **Copy of UP TO DATE COVID-19 Vacation Card**

**(****An applicant is up to date with their COVID-19 vaccines if they have completed a COVID-19 vaccine primary series and they received the most recent booster dose recommended for them by CDC.)**

\_\_\_\_\_\_\_\_ **Singed COVID-19 Agreement From**

**\_\_\_\_\_\_Form C-Medical Information Please pay remarkably close attention to Form C prior to leaving the physician’s office as there are several sections that are frequently missed by physician.**

**-Tetanus-**physician must indicate the date of the applicant’s last tetanusshot

**-Neurological systems -**if an applicant has seizures physician must indicate what type of seizure, when the last seizure was, if the applicant has a shunt, and the last time the shunt was revised

**-Over the counter medication –**physician must circle cross out which over the counter medication they do not want given to the applicant during camp if the need should arise