



# 2026 Family Camp Application

Mail applications to:  
Indian Trails Camp  
O-1859 Lake Michigan Dr NW  
Grand Rapids, MI 49534  
Or Fax to: 1 (616) 677-2955  
Email: info@ikuslife.org

## CONTACT INFORMATION

Contact Person Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

List all persons in the cabin, their role & age (if applicable):

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

### PRIMARY CONTACT

\_\_\_\_\_

- Parent  Guardian
- Camper  Other
- Authorized Pick Up

ADDRESS (if different): \_\_\_\_\_  
Street City State Zip

PRIMARY PHONE: \_\_\_\_\_  Home  Work  Cell  Accept Text Messages

ALTERNATE PHONE: \_\_\_\_\_  Home  Work  Cell  Accept Text Messages

EMAIL ADDRESS: \_\_\_\_\_

### SECONDARY CONTACT

\_\_\_\_\_

- Parent  Guardian
- Camper  Other
- Authorized Pick Up

ADDRESS (if different): \_\_\_\_\_  
Street City State Zip

PRIMARY PHONE: \_\_\_\_\_  Home  Work  Cell  Accept Text Messages

ALTERNATE PHONE: \_\_\_\_\_  Home  Work  Cell  Accept Text Messages

### ALTERNATIVE CONTACT #1:

\_\_\_\_\_

Authorized

PRIMARY PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

### ALTERNATIVE CONTACT #2:

\_\_\_\_\_

Authorized

PRIMARY PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_



## MEDICAL INFORMATION

SEIZURES - If the answer to the first question is 'no', please skip to the HEALTH CONCERNS section.

Does the camper have a history of seizures?

Yes  No

Does the camper currently (within the last year) have seizures?

Yes  No

If yes, what type of seizure?

Grand mal

Petite mal

Partial

Complex partial

Absence - staring spell

Atonic - drop

Other

If other, please describe.

What is the usual length of seizures?

How frequently do the seizures typically occur?

Are there any known triggers for the seizures?

Yes  No

If yes, please describe.

What do the seizures look like (ex: head rolling, eyes twitching, staring, heavy breathing, etc.)?

Does the camper have emergency seizure medications prescribed?

Yes  No

If yes, what medications are prescribed and when should they be administered?

At what point should 911 be called for seizure activity? Please note that depending on the situation, IKUS staff may choose to call 911 earlier.

## HEALTH CONCERNS

List camper's known communicable diseases, if any:

Measles

HIV positive

Chicken Pox

Hepatitis A B C

Other

Does the camper experience frequent constipation?

Yes  No

Does the camper have a bladder or bowel program (ex: catheters, enemas, etc.)?

Yes  No

If a communicable disease is present, will any additional treatment be needed during camp?

Does the camper have asthma?

Yes  No

If yes, please describe treatment protocols:

If yes, please describe the camper's needs to promote bladder and bowel health at camp:

Please describe any other needs you would like the camp staff to be aware of:

## ALLERGIES

Does the camper have FOOD allergies?

Yes  No

If yes, to what food(s)?

If yes, what reaction should staff be aware of?

Does the camper have allergies to INSECT bites?

Yes  No

If yes, to what insect(s)?

If yes, what reaction should staff be aware of?

In case of accidental exposure, what should staff do (ex: administer Benadryl, offer hydrocortisone, call 911, etc.)?

Is the camper allergic to any MEDICATIONS?

Yes  No

If yes, to what medication(s)?

In case of accidental exposure, what should staff do (ex: administer Benadryl, offer hydrocortisone, call 911, etc.)?

Will camper bring an Epi Pen?

Yes  No

If yes, when should the epi-pen be administered? Note that staff will call 911 and then contact the camper's guardian if an epi-pen needs to be administered.

Campers occasionally bring service dogs to camp. Is the camper allergic to or afraid of dogs?

Yes  No

Does the camper have any other allergies we should be aware of?

Yes  No

If yes, to what? Please describe agent and reaction in detail, along with any treatment needed.



