

Rising Treetops at Oakhurst
Client Contact Card

Name _____ DOB: _____
Address _____ Apt.# _____
City _____ State _____ Zip _____
Home Phone _____ Cell _____
Email address: _____

Name of Parent/Guardian: _____
Relationship: Mother Father Legal Guardian Other _____
Home _____ Work _____ Cell _____

If we cannot reach you in case of an emergency, who can we call?

Name: _____ Relationship to camper/client: _____
Home _____ Work _____ Cell _____

Name: _____ Relationship to camper/client: _____
Home _____ Work _____ Cell _____

Wheelchair/Equipment information:

We ask that every camper/client who brings an electric wheelchair also bring a manual chair as backup in case of emergency.

Type of Equipment: (Circle all that apply)

Manual Wheelchair

Electric Wheelchair

Scooter

AFO's

Walker

Crutch(es)

Prosthetic(s)

Wheelchair Manufacturer: _____

Repair Company: _____ Phone _____

If a manual wheelchair is used, please answer the following:

Can the camper/client transfer from chair? _____

Can the chair be folded or taken apart? _____