



Epilepsy Foundation of Connecticut, Inc.
386 Main Street
Middletown, CT 06457-3360



★ New Location!

July 16 - 21 2023

Camp Horizons

Sponsored by: Epilepsy Foundation of CT
386 Main Street • Middletown, Connecticut 06457
860.346.1924 • www.epilepsysct.com

Fast Facts

The Application Process:

- ☺ Children and teens ages **8-21** years at the time of camp with a primary diagnosis of epilepsy **and** on anticonvulsant medication, receiving other treatment for seizures or are under follow up care are eligible to apply.
- ☺ Campers will be considered for admission by the Camp Advisory Committee after completion of application and receipt of application fee. Prior attendance **does not** guarantee acceptance.
- ☺ Applications will be reviewed in the order they are received.

The Camp: Horizons camp is located in South Windham CT. Campers and counselors bunk together in comfortable, air controlled cabins. Camp staff work with each camper to provide individualized attention to his or her special area of need,. Campers attend three programs in the morning and four in the afternoon. Evening activities are opportunities for the entire camp to come together for entertainment such as campfires, dances, movies, field games and music.

Camp Counselors: Counselors are employed by Camp Horizons and receive specialized training in seizure recognition and first aid. Camper to counselor ratio varies depending on need. A licensed nurse will be in residence at all times.

The Cost to You: \$300 per camper (does not include application fee)
(Cost to EFCT: \$1881.00 per Camper)
Any scholarship money received should be sent to the Epilepsy Foundation of Connecticut **NOT** Camp Horizons.

A \$25 non-refundable application fee is due with completed application and statement postmarked by *April 14, 2023.

****This is very important as we are at a new location this year and need adequate time to prepare for your kiddos!***

Please mail to:
Epilepsy Foundation of Connecticut, Inc.
386 Main Street
Middletown, Connecticut 06457-3360

OR you can complete this application online by going to <https://www.epilepsyct.com/programs/camp-courage>

Camp Activities

Camp Horizons provides campers opportunities to explore activities such as:

- ◆ Swimming
- ◆ Arts
- ◆ Camp Crafts
- ◆ Health and Fitness
- ◆ Performing Arts
- ◆ Pioneering
- ◆ Science, Music, Language Arts and Physical Education
- ◆ And more!

Whatever the campers decide to participate in they will have an amazing experience! Campers are encouraged to participate at the level they are comfortable. Sometimes it is just as fun sitting and cheering your friends on as it is participating! It's camp....it's FUN!

Camp Horizons Open House

Join us on **April 15th at 2:00 PM** for a group tour of camp with the Camp Director and a member of Epilepsy Foundation staff. Please be prompt in your arrival.

Location:
Camp Horizons
127 Babcock Hill Rd, South Windham, CT 06266



Please call Monica @ 860.346.1924 or email monica@epilepsyct.com by April 3, 2023 to confirm your attendance.

Camp Goals

- ☺ To provide a safe, enjoyable residential camping experience for children and teens with epilepsy.
- ☺ To build self esteem by promoting self-confidence, competency and social interaction.
- ☺ To foster independence in a safe environment away from home.
- ☺ To provide parents with much needed respite.
- ☺ To have a GREAT TIME!



Camper Quotes

Here's what the campers have to say about Camp Courage:

"I made so many good friends. It is not always easy and I felt safe and loved here!"



"You made my life better because my mom finally let me go to sleep away camp because she felt it would be safe as it was for kids with epilepsy"

Our Sponsors

We are grateful to both current and past sponsors of camp courage. Their generosity allows us to offer you a camping experience at an affordable cost.

- * **Bob's Discount Furniture Foundation**
- * **Sandra Bass**
- * **Winokur Foundation**
- * **DNG Foundation**
- * **Tinty Foundation, Inc.**
- * **Plus Foundation**
- * **Neurelis**
- * **Esai**



Parent Quotes

Here's what the parents have to say about Camp Courage:

"The staff at the camp were great! My sons one-on one, was very professional, kind, and sensitive to my son that was so greatly appreciated. I thank you all very much for keeping my son safe."

"My son's counselor and the facility was very nice. They have a lot to do there and my son hasn't left unhappy in the two years he's gone."

Camp Courage 2023 — Application Form

This form is to be completed by a parent or guardian and postmarked by April 14, 2023
(*This form must be completed in its entirety or it will be returned*)

C A M P E R I N F O R M A T I O N

Camper's Name _____ Nickname _____

Address _____ City _____ State _____ Zip Code _____

Phone: _____ Age _____ Date of Birth _____ Sex _____

T- Shirt Size:(Adult) S _____ M _____ L _____ XL _____ (Not guaranteed after June 1, 2020)

S C H O O L I N F O R M A T I O N

School Name _____ Phone _____ Grade in School (fall) _____

M E D I C A L I N F O R M A T I O N

Type of Seizure (s) _____

Medications _____

Other Medical Conditions _____

Emotional/Behavioral Problems (please explain) _____

Does your child have a behavior plan at school? _____ Yes _____ No If **yes**, please explain on separate sheet of paper

Cognitive Impairments (please explain) _____

Physical Impairments (please explain) _____

Vagus Nerve Stimulator _____ Yes _____ No If yes, date of implantation _____ Can the camper use magnet on self? _____

Special Dietary needs (i.e. Ketogenic diet, Gluten free, Modified Atkins etc.) _____ Yes _____ No (if yes, please explain on a separate sheet of paper)

Neurologist or Physician Name _____ Phone _____

One-on-one personal assistant needed for all daily activities? _____ Yes _____ No If **yes**, please explain on separate sheet of paper.

P A R E N T / G U A R D I A N I N F O R M A T I O N

Mother's/Guardian Name _____ Address _____

City _____ State _____ Zip _____ Phone (h) _____ phone (c) _____

Email: _____

Father's/Guardian Name _____ Address _____

City _____ State _____ Zip _____ Phone (h) _____ phone (c) _____

Email: _____

I heard about this camp from: _____ How many times have you attended this camp? _____

***On a separate sheet of paper please write a brief statement stating why you would like your child to attend this summer camp.**

I do hereby authorize any school or medical personnel having record or confidential information pertaining to the above applicant to disclose such information to the Epilepsy Foundation of Connecticut, Inc.

Parent or Guardian Signature _____ Date _____

Application, \$25 non-refundable application fee, & statement* postmarked by April 14th