



ORDER OF MALTA
Federal Association, U.S.A.



The 40th International Order of Malta Summer Camp 2025

August 10 - 17, 2025 | Baarlo, Netherlands

Order of Malta Federal Association

U.S.A. Team Guest Application

Submission Deadline: March 31st, 2025

To contact the U.S.A Team Leader, Richard A. Mena, please send an email to usateamleadership@gmail.com with any inquiries.

Submission Instructions: Please email this completed Application to both usateamleadership@gmail.com and FederalAuxiliary@gmail.com

Applications must be received by March 31st, 2025.

PERSONAL INFORMATION

Guest Name: _____
Last First MI

Date of Birth: ____/____/____ Age: ____

Home Address: _____

Primary Phone: _____ E-Mail: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Primary Care Physician: _____

I require one-on-one support and will bring an Aid if selected: [] Yes [] No.

Primary Care Physician Contact Information:

Phone Number: _____ Email: _____

Date of last Physical: _____

Name of Aid: _____
Last First MI

Aid Agency or relationship to guest: _____

Aid Contact Information:

Address: _____

Phone: _____ Email: _____

HEALTH INFORMATION

1) Please list all allergies (such as skin, food, olfactory, etc.)

2) Please list any health conditions, which may require EMERGENCY ACTION, such as seizures, asthma, heart problems, diabetes, Insect sting allergies, hemophilia, heat exhaustion, etc.

3) Please check which joints have limited or no range of motion.

Neck or Spine:	_____	Hips	___	Left	___	Right			
Shoulders	___	Left	___	Right	Knees	___	Left	___	Right
Elbows	___	Left	___	Right	Ankles	___	Left	___	Right
Wrists	___	Left	___	Right	Toes	___	Left	___	Right
Fingers	___	Left	___	Right					

1) Which body parts CANNOT be moved, and why?

2) Please note any sense impairments which the team should be aware of when interacting (ex, Difficulty hearing in one or both ears, vision, etc.)

3) Please list all necessary assistive devices such as glasses, hearing aids, communication devices, orthotic device, braces, crutches, or wheelchair.

ACTIVITY INFORMATION

1) Check any activities that are contraindicated (not allowed).

Kneeling	___	Massage with Oils	_____
Sitting on Floor	___	Massage with Vibration	_____
Moving/Flickering Lights	___	Tactile Stimulation (feathers, brushing, etc)	_____
Stretching Body Parts	___	High-pitched Sounds	_____
Climbing	___	Swimming	_____
Heights	___	Being around animals (Dogs, Cats, Farm animals, Zoos)	_____

2) Please describe the precautions to be taken before participating in an outdoor activity:

3) Please describe what, if any assistance the guest may require with the following activities:

Activity	Self- Sufficient	Needs Assistance (List assistance required)
Eating/ Drinking		
Bathing		
Toilet		
Grooming (Shaving, brushing, Teeth, etc)		
Dressing		
Stairs		

COMMUNICATION INFORMATION

1) Check all forms of communication that apply:

Verbal _____ Body gestures _____ Facial Gestures _____

Other: _____

2) Please describe how the guest expresses him/herself in each situation:

Situation	Response
Pain/Discomfort	
Anxiety	
Over- Stimulation	
Happiness	
Saying "Yes" to a question	
Saying "No" to a question	

BEHAVIORAL INFORMATION

- 1) Please list all the behaviors that may need special attention and how to manage each specific behavior:

Behavior	Management Technique
<i>Example: Screaming</i>	<i>Allow a break from the activity</i>

- 2) Please list all guest's likes and dislikes:

Likes	Dislikes

NUTRITION INFORMATION

- 1) Please list all food restrictions to be considered during the camp (I.e. gluten- free, low-fat, etc.)

- 2) If accidentally consumed, what is the anticipated result and what if any treatment or action is necessary? (ex. medication, rest, Epi-pen, etc.)

- 3) Is guest permitted to consume alcohol? [] Yes [] No.
(There will be alcohol present at some camp activities, but no guest or volunteer will be required, pressured, or encouraged to consume alcohol.)

COVID - 19

We anticipate that the camp will proceed under the requirements imposed by Netherlands for entrance to the Country at the time of the camp. Currently Netherlands does not require proof of vaccination to enter. Of course, as with all health situations, things can change, and updates may be necessary. We will keep guests' families informed of any updates as they become available.

In order to best understand how any requirements may impact the guest's ability to participate, please let us know the following:

- 1) Has the guest had COVID-19? If so, please describe when (month and year,) and provide any relevant details. Please provide date of most recent negative test, if available.

- 2) Please list any comorbidities or pre-existing conditions which might make the guest more susceptible to COVID-19 or to a more severe impact from the COVID-19 virus.

3) Has the guest received a COVID - 19 vaccination? If so, which vaccination, when was it received (if one that requires two doses, have both been administered)? Has the guest received a booster? If so, which booster and when was it received?

4) If guest has not received the COVID-19 vaccination, do they intend to get vaccinated? Does the guest have a scheduled date for the vaccine?

5) Does the guest have any difficulties or apprehensions about using current COVID-19 safety methods where required such as wearing protective masks, washing hands frequently, maintaining safe distance from others, and having their temperature taken? If so, please explain.

6) Does the guest have the ability to recognize and communicate if they are not feeling well or are suffering from potential symptoms of COVID-19? (fever, difficulty breathing, fatigue, cough, aches, headache, **loss of taste or smell**, sore throat, congestion, nausea).

7) Is the guest able to undergo testing for Covid - 19 (PCR test, Antigen test).

ADDITIONAL INFORMATION:

To my knowledge, all information in this application is accurate and up-to-date.

Signature

Relationship/ Authority

Date

Please email this completed application to usateamleadership@gmail.com and FederalAuxiliary@gmail.com by March 31, 2025