

ACHIEVA DAY CAMP INFORMATION FORM 2018

If not received by **May 18, 2018**,
you will be removed from the registration list and added to the waiting list.

Camper Information

Individual/Camper Name: _____

What name does your child like to be called (nickname): _____

Male or Female (please circle) Age _____ Birth Date _____

Camper's height _____ weight _____ Tee shirt size _____

What school does your child attend? _____

Has your child been in an outside placement? Yes or No If so, where? - _____

What responsibilities, if any, does your child have at home (household chores, etc.)?

What else should we know about your camper?

Family/Guardian Name: _____

Address: _____

City/Zip: _____

E-Mail: _____

Home Phone Number: _____

Cell Phone Number: _____

Emergency Information – Must be available to answer during camp sessions

First Emergency Contact Person – **MUST be different than the parents/guardian:**

Relationship to Camper: _____

Full Address: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Second Emergency Contact Person – **MUST be different than the parents/guardian:**

Relationship to Camper: _____

Full Address: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Funding Source

How will your day camp be paid?

_____ Private Pay

_____ Extended School Year (ESY) as written in the IEP and approved by the school district

Diagnosis/Special Needs

- Developmental Disability
- Autism Spectrum Disorder
- Down Syndrome
- Mental Health Disorder
- Cerebral Palsy
- Hearing Impairments
- Visual Impairments
- Asthma/Respiratory
- Sensory
- Seizures Type _____ Frequency _____
- Other _____

Communication

- Verbal
- Non Verbal
- Non Vocal
- Uses a communication device/system (tell us which device and what your camper uses it for ex: toileting, food needs, independence wants, etc.)

Does your child need help with:

- Toileting? _____ Independent _____ Needs Help How do we help?
- Is Camper Incontinent? _____ Yes _____ No
- Menstrual Care? _____ Independent _____ Needs Help How do we help?
- Dressing? _____ Independent _____ Needs Help How do we help?
- Eating? _____ Independent _____ Needs Help How do we help?
- Traffic? _____ Independent _____ Needs Help How do we help?
- Hot Water? _____ Independent _____ Needs Help How do we help?
- Swim/Water Safety? _____ Independent _____ Needs Help How do we help?
- Walking? _____ Independent _____ Needs Help How do we help?
- Walk? _____ Only short periods _____ Can walk for a longer time
- Transfer? _____ Independent _____ Needs Help How do we help?
- Needs a Total Lift? _____ Yes _____ No _____ Height _____ Weight
- Negotiate Steps? _____ Independent _____ Needs Help How do we help?

Additional Needs

- Use of a Wheelchair
- Use of a Stroller
- Braces/Orthotics
- Helmet
- Wears Glasses
- Wears Contact Lenses
- Needs a G-Tube
- Needs a Catheter
- Uses a Lift System
- Uses Hearing Aids
- Wears Dentures/Bonds
- Other _____

Special Diet/Nutrition Needs (please check all that apply to camper)

- Needs Bite-Size Pieces
- Is a Choking Hazard
- Low Calorie Diet
- Diabetes
- Can only have ground/puree
- Other (please tell us)

Does the camper have any allergies?

- Gluten
- Casein
- Peanut
- Lactose intolerant
- Environmental (fresh cut grass, etc.) If checked, list specific item and reaction

Medications – any allergies to any medications? If checked, list specific item and reaction

Bug bites If checked, list specific item and reaction

Soaps If checked, list specific item and reaction

Other If checked, list specific item and reaction

Behavior Concerns

- None
- Verbally aggressive with others
- Physically aggressive with others
- Obsessive-Compulsive behavior
- Self Injurious Behaviors
- Bolting
- Other _____

Is there a **Formal** Behavior Plan in place? _____ Yes _____ No

If yes, please send a copy of the behavior plan with this form. You will find this as part of the IEP.

If no, what triggers the behavior? How do you want this addressed at camp?

If no, what do we do to address behavior concerns while at camp?

Does the camper have a fear of?

- Lightning
- Storms
- Fire Whistles
- Nighttime or Dark
- Loud Noises
- Animals
- Crowds
- Other _____

Emergency Evacuation Skills

- Able to evacuate from building

____ Independent ____ With Verbal Prompts ____ Needs Help

- Able to independently evacuate from second story

____ Independent ____ With Verbal Prompts ____ Needs Help

Extra Information – Please use this page to let us know of anything else about your camper to make their time away from home enjoyable.

Ex: Eating habits, high energy level, likes to go for walks, etc.

Consent of Parent/Guardian/Agency Representative and Camper

I hereby give permission to the medical personnel selected by the camp directors to order x-rays, routine tests, provide necessary treatment or emergency care to release any records necessary for insurance purposes; and to provide or arrange necessary transportation. In an emergency you will be notified immediately. I hereby give permission to the physician selected by the camp directors to secure and administer treatment, including hospitalization for the person named above.

Signature of Family Member/Legal Guardian/Agency Representative Date

The health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities, except as noted. I acknowledge that the camper will be participating in strenuous physical activity, that off-site trips may be taken to local farms, canoeing, fishing, Moraine State Park, swimming and other local sites and they will engage in any physical, mental and/or emotional problems/circumstances/occurrences that may in anyway hinder or interfere with the camper's ability to fully participate in all activities will be taken into consideration. I will not hold ACHIEVA/Arc Beaver Day Camp responsible for any damage to or loss of personal property, including eyeglasses and hearing aids.

Signature of Family Member/Legal Guardian/Agency Representative Date

ACHIEVA Publicity Consent Form

Permission is hereby granted to ACHIEVA to use photographs; videos; web: archived web and/or audio of:

Please print name of camper:

To assist publicity, community awareness, education and social media efforts.

Such use will not violate the rights of any person or organization and will not incur liability for payment to any persons or organizations.

I acknowledge that I will not receive any compensation, etc. for the use of such pictures/video/audio/or archival images. I understand that I waive any right to inspect or approve the finished media, any printed media that may be used in conjunction with the media and the eventual use to which it may be applied.

ACHIEVA will own the media; however, finished media will be available for use in its entirety. This authorization may be revoked, in writing, at any time.

Address:

Phone Number: _____

E mail: _____

Date: _____

Signature of Publicity Recipient:

Signature of Family Member/Legal Guardian/Agency Representative if camper is under the age of 18:

Day Camp Weekend Trips Recreation Events

The Arc of Beaver Camp ACHIEVA

MEDICATIONS

For those individuals who are on current medications, the medication will only be dispensed under the specific directions of a licensed physician, and only via your instructions and signature. All requested medications to be dispensed MUST BE IN THE ORIGINAL CONTAINER. The administration of medication will be recorded.

NO MEDICATIONS WILL BE DISPENSED WITHOUT YOUR SIGNED AUTHORIZATION

I hereby authorize The Arc of Beaver Camp ACHIEVA Health Manager to dispense Tylenol and/or Ibuprofen as needed to _____ (name of camper), without first contacting the parent or guardian.

Signature of Family Member/Legal Guardian/Agency Representative Date

I hereby authorize The Arc of Beaver Camp ACHIEVA Health Manager to dispense to _____ (name of camper), the following medication(s) at the following time and listed dosage.

To be given at Camp:

Name of Medication: _____

Time to be given: _____

Dosage: _____

Medication Purpose: _____

Comments/Instructions: _____

Name of Medication: _____

Time to be given: _____

Dosage: _____

Medication Purpose: _____

Comments/Instructions: _____

In addition, it is important that we know if the camper takes other medications at home, but not at camp. If so, please list the medications given at home:

Name of Medication: _____

Time to be given: _____

Dosage: _____

Medication Purpose: _____

Comments/Instructions: _____

Name of Medication: _____

Time to be given: _____

Dosage: _____

Medication Purpose: _____

Comments/Instructions: _____

Name of Medication: _____

Time to be given: _____

Dosage: _____

Medication Purpose: _____

Comments/Instructions: _____

Name of Medication: _____

Time to be given: _____

Dosage: _____

Medication Purpose: _____

Comments/Instructions: _____

Please use another sheet of paper if more room is needed.

I further understand if there are any changes in medications during the camper's participation in the program, I will notify the camp director.

Signature of Family Member/Legal Guardian/Agency Representative Date