



The Arc of Medina County

Services for
Individuals
with Disabilities

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September 7, 2011

Dear Friends,

We are pleased to offer a weekend mini camp, Harvest Time in Paradise, at the Camp Paradise facilities. We welcome youth campers of school age, 7 years old and up, to spend the day or stay the night on October 8 and 9, 2011. The option of an hourly rate is available; call for details.

Campers will be able to enjoy seasonal crafts, games, and a trip to Medina County Park's *Pioneer in the Park* at Buckeye Woods! Campers should bring their bathing suit if they want to participate in the swim session; towels will be provided.

If your camper did not attend summer camp or a respite camp at Camp Paradise in 2011, the Medical Record Form will need to be completed by a physician. Unless you indicate otherwise, we will use the current medical information on file dated 2011 for repeat campers.

Please review the enclosed packet *carefully* and note the deadlines. Please give detailed information regarding your camper's needs. This will help us provide a safe and fun-filled camping experience for everyone. Application deadline is **September 30, 2011**.

A limited number of partial camperships are available. Please refer to the Request for Campership form enclosed in the packet. You may also be eligible for Family Resource or waiver funding. Contact your case manager at the Medina County Board of Developmental Disabilities at 330-725-7751.

Important Medication Instructions: Please bring all medications in their **original prescription bottle**. Medications will be administered by trained staff. If camper is exposed to any communicable disease during the two weeks prior to respite camp, please notify us.

All belongings should be clearly labeled with name of camper. Do not bring money or other valuables. We do our best to ensure all articles are returned, but we cannot take responsibility for the loss of property. Any items not labeled when arriving at camp will be labeled for the camper.

Checklist of items due by September 30, 2011:

- Harvest Time in Paradise Registration Form
- \$25.00 Non-Refundable Deposit
- Medical Record Form completed by Physician
- PRN Form completed by Parent or Physician
- Parent/Guardian/Camper Consent Form
- Activities of Daily Living Form

Your camper's participation will be confirmed by phone no later than October 3, 2011. We hope this weekend will provide an opportunity for relaxation for your entire family.

Cordially yours,

Debbie O'Brien,
Residential Manager

Camper's Name: _____
Email address: _____

My Guardian's Name is: _____
Phone: _____ Cell: _____
(# where you can be reached in case of an emergency)
Other Phone: _____ Email: _____

My Contact Person is: _____
Phone: _____ Cell: _____
(# where you can be reached in case of an emergency)
Other Phone: _____ Email: _____

My Case Manager's Name is: _____
Phone: _____ Cell: _____ Email: _____

My Physician's Name is: _____
Phone: _____ Fax number: _____

Please describe camper's disability/special needs: _____

Camper's Allergies: _____

List some of the activities that the camper enjoys. _____

Describe any behavioral concerns (i.e. temperature, storms, bugs, dogs, crowds, loud noise, etc.). _____

Describe any special considerations that would help make Camp a good experience (i.e. special phone calls, etc.): _____

Describe any personal care needs that the camper has. _____

Any additional comments or suggestions: _____

INFORMATION:

- Individual Plan (IP)- if the camper has an IP, send a copy of the Individual Plan
- Behavior Plan- if the camper has a behavior plan, send a copy of the Behavior Plan.

EATING/DRINKING:

- Independent
- Needs food cut up into bite size pieces
- Needs food cut up into smaller than bite size
- Needs pureed foods
- Needs liquids thickened
- Difficulty swallowing
- Must be fed
- Uses special utensils and/or plate

Explain: _____

DIET:

- Normal
- Knows limits
- Low calorie diet – Total calories _____
- Diabetic – Total calories _____
- Low salt/ No added salt

List food restrictions: _____

List food allergies: _____

ADAPTIVE EQUIPMENT:

- Glasses
- Contacts
- Hearing Aid
- Dentures
- Wheelchair
- Walker
- Communication device: _____
- Other (list) _____

SLEEPING:

- Camper is used to _____ hours of sleep.
- Can sleep on top bunk bed
- No special concerns
- Gets up during night
- Occasional nightmares
- Sleepwalks
- Must be turned during the night
- Requires bed rails
- Has special night routine: _____

DRESSES/UNDRESSES:

- Independent
- Needs partial assistance
- Needs total assistance

Explain: _____

BATHROOM:

- Independent
- Requires prompting for toileting
- Uses urinal
- Requires assistance with menstrual care
- Needs assistance wiping
- Uses toilet chair
- Needs transfer to toilet
- Needs total assistance
- Bladder incontinence
- Bowel incontinence
- Uses special undergarments
- Prompting schedule: _____

BATHING:

- Independent
- Needs partial assistance
- Needs total assistance
- Uses shower chair

MOBILITY:

- Walks independently
- Walks: Needs assist w/ slopes, rough areas
- Wheelchair: Independent
- Wheelchair: Assist w/ slopes, rough areas
- Wheelchair: Needs assist at all times
- Electronic Wheelchair
- Wheelchair: Long distances only
- Requires rest during the day

TRANSFERS:

- Camper weighs: _____ lbs.
- Can transfer their weight independently
- Pivot transfers/can bear weight on feet
- Must be lifted *

Please explain: _____

Camper's Name: _____

IN CASE OF EMERGENCY:

Emergency Contact Name: _____

Phone: _____ Cell: _____

Relationship to camper: _____

If the first emergency contact person cannot be reached, contact: _____

Phone: _____ Cell: _____

Relationship to camper: _____

Consent

Yes **No** In an emergency I hereby authorize Camp Paradise to seek medical or surgical care for the camper.

Yes **No** In the event non emergency care is necessary, I hereby authorize Camp Paradise to contact Physician of Record.

Yes **No** I hereby give permission for the Camp Director or authorized SHC personnel to administer the Camper's Medication as listed on the Medical Record Form and PRN Sheet.

Yes **No** I give permission for the camper to participate in: a supervised swimming program at Camp Paradise which may include time in the hot tub (no more than 15 minute sessions).

If yes, is the camper required to wear a lifejacket of floatation device while in the pool?

Yes **No**

**Please note that Camp Paradise requires all individuals with a history of seizures to wear a lifejacket while in the pool for safety reasons.*

Yes **No** I hereby give permission for camper to be transported by camp staff for outings with Camp Paradise.

Yes **No** I hereby give permission for camper to be photographed or videotaped while engaging in activities involving Camp Paradise. I also consent to the public dissemination of this material for educational and promotional purposes.

Notification of Incidents: Parents/Guardians will always be notified in case of an emergency.

Please check off the situations that you would like to be notified of:

- Injuries NOT requiring first aid
- Injuries that require first aid (antibiotic ointment, ice, band-aid)
- Uncomplicated seizures
- Bee stings and insect bites
- Behavioral concerns

Yes **No** I give permission for notification of incidents to be left on my voice mail.

Parent/Guardian Signature: _____ Date: _____

Camper's Signature: _____ Date: _____

Authorization for Pick Up: Please be advised that for the safety of all campers, only persons listed on this form will be able to pick up your camper. You may be asked to provide identification at the time of pick up.

The following individual(s) are authorized to pick up my camper:

1. _____ 2. _____ 3. _____

TO BE COMPLETED BY A PHYSICIAN

This form is required for all campers attending Camp Paradise. If the camper is taking prescription medication an exam must be performed within 6 months of the arrival at Camp. If the camper does not take medication this exam should be performed within 12 months of arrival at camp. We will also accept a copy of another examination signed by the camper's doctor if it is within these time frames.

PLEASE PRINT CAREFULLY

Camper's Name: _____

Date of Birth: _____ Age: _____

Please list **Allergies** if any: _____

Parent/Guardian: _____ Phone: _____

PHYSICIAN STATEMENT – Must be filled out by a Physician

_____ (IS) (IS NOT) TAKING MEDICATION AT THIS TIME.
 (Camper's Name) (please circle one)

TETANUS SHOT CURRENT (WITHIN LAST 10 YEARS): YES _____ NO _____

ANY CHANGES IN MEDICATION AFTER September 30, 2011 WILL NEED TO BE SUBMITTED ON A PHYSICIAN SIGNED ADDENDUM PRIOR TO STARTING CAMP.

IF CAMPER IS ON MEDICATION COMPLETE THE FOLLOWING:

Name of Physician prescribing medication: _____
 (Please Print)

Phone: _____ Fax Number: _____

Camper is to take Medications while at Camp Paradise as follows:
Our administration times of meds at camp are 8am, 12noon, 4pm and 8pm

Name of Medication	Dosage and Frequency	Method of Dispensing (crushed, whole or in applesauce)

Medical Diagnosis: _____

History of Seizures: _____

Please list all health concerns which should be known by camp staff: _____

I certify the above applicant is fit to participate in the Camp Paradise program and is free of communicable disease:

Physician Signature: _____ Date: _____

PLEASE RETURN THIS FORM ALONG WITH PHYSICIAN SIGNED PRN MEDICATION SHEET BY 9/30/11

APPROVED PRN MEDICATIONS FOR YOUTH CAMPER

TO BE COMPLETED AND SIGNED BY A PHYSICIAN, PARENT, OR GUARDIAN

THIS IS A REQUIRED FORM FOR THE RESPITE CAMP PROGRAM
HARVEST TIME IN PARADISE - October 8 and 9, 2011

Camper's Name: _____

Allergies: _____

The following are approved PRN medications, which may be utilized for common ailments unless contraindicated:

Symptom	Medication	Dosage
Headache, Pain, Fever	Acetaminophen	Per product recommendation based on camper's age and weight.
Muscle Aches, Menstrual Cramps	Ibuprofen	Per product recommendation based on camper's age and weight.
Nasal Congestion	Sudafed	Per product recommendation based on camper's age and weight.
Sore Throat	Chloraseptic	Per product recommendation based on camper's age and weight.
Stomach Ache, Indigestion	Riopan Plus	Per product recommendation based on camper's age and weight.
Sun Protection	SunBlock SPF #30	Topically to exposed areas as needed
Sunburn	Americaine Spray	Topically to affected areas as needed
Dry Skin	Moisturizing Lotion	Topically to affected areas as needed
Cuts, Abrasions	Hydrogen Peroxide Bacitracin Ointment	Topically to open area 1 – 3 times daily as needed Topically to open area 1 – 3 times daily as needed
Rash, Insect Bites, Itching	Benadryl and/or Caladryl Lotion	Per product recommendation based on camper's age and weight.

Physician Signature: _____ Date: _____

OR

Parent or Guardian Signature: _____ Date: _____

THIS IS A REQUIRED FORM - DUE SEPTEMBER 30, 2011

Please bring the following items to Respite camp when you arrive. All clothing and other items that the Camper brings with them should be **clearly labeled with camper's name or initials**. Please do not bring money, food, towels, washcloths or electronic items. Please bring clothes that are appropriate for camp activities and the weather.

Medication:

- Medication (all medications must be in the original containers)
- Copy of the Medical Administration Record (if applicable)

Clothes:

- Shirts/ Blouses
- Undershirts
- Sweatshirts/ Sweater/ Lightweight Jacket
- Pants/ Jeans/ Shorts/ Sweatpants
- Skirts/ Dresses
- Underwear
- Bras
- Socks
- Shoes/ Sandals (please bring at least one pair of tennis shoes)
- Pajamas
- Swimsuit

Bedding:

- Pillow(s)
- Pillowcase(s)
- Sheet set (one or more)
- Blanket or sleeping bag

Toiletries:

- Toothbrush
- Toothpaste
- Deodorant
- Hairbrush or comb
- Shampoo
- Conditioner
- Razor
- Shaving Cream and/ or aftershave

*Please note that towels and washcloths are provided by Camp.

Appliances (if applicable):

- Glasses
- Glasses case
- Hearing Aid
- Incontinence Aids
- Other device

Optional:

- Slippers
- Swim shoes
- Bathrobe

