

PARENTS ASSOCIATION for CEREBRAL PALSY CHILDREN  
SHADY OAKS CAMP  
APPLICATION for ADMISSION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EMERGENCY/ or CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

If not available in an emergency, notify:

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

EXTENT OF HANDICAP \_\_\_\_\_

AGE OF ONSET \_\_\_\_\_ DOCTOR \_\_\_\_\_

PVT. OR CLINIC \_\_\_\_\_ PHONE \_\_\_\_\_

LIST OF MEDICATION AND DOCTOR'S ORDERS \_\_\_\_\_

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HOSPITALIZATION COMPANY AND NUMBER \_\_\_\_\_

Please check is this is an HMO \_\_\_\_\_ or a PPO \_\_\_\_\_

PUBLIC AID NUMBER \_\_\_\_\_ MEDICARE NUMBER \_\_\_\_\_

HAS PERSON EVER BEEN TO A CAMP BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_

WHERE \_\_\_\_\_ WHEN \_\_\_\_\_

RELEASE FORM

I hereby absolve the Parents Association for Cerebral Palsy Children of any responsibility for any mishap arising out of my child's/ guardian attendance at camp.

\_\_\_\_\_ initial

I also grant permission for the Medical Staff to administer medical attention in case of need., including admission to the hospital for care should this be necessary. It is understood that I am responsible for any such medical or hospital expenses that I may incur because of sickness or injury to my camper/ guardian during his/her stay at camp.

\_\_\_\_\_ initial

We currently use Silver Cross Hospital in Joliet as well as Provena St. Joseph in Joliet. Please check with your HMO that these hospitals are in your plan. In an emergency, campers will be transported to Silver Cross Hospital in Joliet. Parents/ Guardians will be notified of camper going to the hospital and parents/ guardian must meet camper at hospital.

\_\_\_\_\_ initial

If parents/ guardian/ relative/ friend take camper off camp grounds, parents/ guardian will be responsible for any incidents/ accidents resulting from said outing ( i.e.: alcohol, consuming food, allergies, etc. ).

\_\_\_\_\_ initial

I also give permission to use any photographs, motion picture film or videos and other materials relating to my camper's/guardian's stay at camp for publicity purposes.

\_\_\_\_\_ initial

Camp will not be held liable for breakage, loss, misplaced items ( camera, razor, CD, TV, radio, etc.)

\_\_\_\_\_ initial

APPROVED: Signature of Parent/Guardian

\_\_\_\_\_

**PARENTS REPORT**

NAME OF CAMPER \_\_\_\_\_

Parent's Report (Will help camp staff to better aid your camper ). This information **MUST BE** updated each year as campers needs do change. When you write please think about the instructions that you would be giving to someone new who would be caring for your camper from the time your camper wakes up in the morning until they are in bed. **OR PLEASE VIDEO TAPE THE CARE HE/SHE REQUIRES IN DAILY CARE RE: POSITIONING, FEEDING.**

**TOILET HABITS-** Does your camper require the use of enemas on a regular basis?

yes \_\_\_\_ no \_\_\_\_ or as needed yes \_\_\_\_\_ no \_\_\_\_\_

Explain \_\_\_\_\_

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**BATHING HABITS-**

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**FEEDING HABITS**

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**ALLERGIES**

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**SPECIAL EQUIPMENT**

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**SLEEPING HABITS ( INCLUDE POSITIONING )**

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**TRANSFERRING/POSITIONING**

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**DRESSING**

**DAYTIME**

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**COOL WEATHER**

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**NIGHT TIME**

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**FAVORITE ACTIVITIES**

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**LIKES/DISLIKES (List foods, activities, things that could upset or anger your camper)**

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How does your camper take his/her medication? Example: with water, with applesauce, yogurt, etc.

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**KEEP IN MIND NEW COUNSELORS ARE HIRED EVERY YEAR.**

# CAMP PROCEDURES

Deliver your camper to his/her dorm with the inventory of their clothing and equipment (all labeled). Make sure that an adequate supply of diapers; wipes, and other necessary supplies are brought out with camper. Camp sessions begin on Mondays no earlier than 9am. (If other arrangements are needed contact the Director) and end on Fridays by 6pm. An assessment of \$100.00 will be made for a late pick up.

Proceed then to the Office to sign in, to sign any necessary forms, to leave spending money, turn in medications, etc.

Take all spending money for your camper to the office so it can be properly recorded and a receipt issued. A minimum personal fund of \$50.00 must be handed in when the camper arrives. The money is kept in the camper's individual account. DO NOT ask the HDC or any counselor to be responsible for it. Remember that on field trips campers pay for counselors as well as their own expenses. On visiting Sundays be sure to check your campers account to see how the money has been spent and to put more money into the campers account.

Take all medications which are in individual envelopes/or punch cards labeled with Campers name, date, time to be taken, contents, parent/guardian signature (see the example below) and any necessary health forms to the nurse's station. Campers are required to have on file a physical form completed by a licensed physician. The physical must list ALL MEDICATIONS currently ordered by the doctor, including over-the-counter and occasional medications (ex. Tylenol, Suppositories, enemas, etc.). The doctor's orders must match the instruction on the label of the medication container. These containers must be brought to camp to be verified by the nurse. This is the parent's/guardian responsibility even if the camper is in a residential facility.

**PLEASE LEAVE YOUR CAMPER'S MEDICAID, MEDICARE CARD AND/ OR HEALTH INSURANCE CARD.** In the event of an emergency, we would expect that you or your designee would be present to approve care given at the hospital.

## **Label for envelope for medication:**

Camper's Name \_\_\_\_\_ Day of the Week Date to be Given \_\_\_\_\_

Time of day to be given (Morn., Noon, Night, Bedtime, 10:00 P.M.)

Contents: Name of medication- how many-dosage

Parent/Guardian signature \_\_\_\_\_

**When your camper is going home, you must go to the nurses station to pick Medicaid card and other supplies brought to camp and left with nurse.**

**A COPY OF THE CAMPERS GUARDIANSHIP PAPERS MUST BE ON FILE OR A LETTER FROM A FAMILY MEMBER STATING THAT THE CAMPER IS HIS/HER OWN GUARDIAN.**

Return to the dorm and review with the HDC the particular needs to take care of camper.

Regular visiting days are the 2<sup>nd</sup>, 4<sup>th</sup>, and 6<sup>th</sup> Sundays. Visiting time is from 2:00P.M. until 5:00P.M. Parents/ Guardians wanting to take campers off grounds must notify the HDC and Camp Director. It will not always be feasible for your camper's counselor to leave camp with you (it will be the Directors decision). If the counselor attends the off camper trip, the counselor is not allowed to consume alcohol. Anyone unable to take advantage of the Sunday visitation must contact the Camp Director for an alternative visiting period. We do not allow any staff person to drink on camp grounds so, parents or visitors are not allowed to bring beer or any other alcoholic beverages onto camp grounds **AT ANY TIME.**

**NO SMOKING IS ALLOWED IN ANY BUILDINGS OR WHILE TRANSPORTING CAMPER ON CAMP GROUNDS OR WHILE IN THE CAMPER'S COMPANY. DESIGNATED SMOKING AREAS WILL BE POSTED.**

Please **DO NOT** bring any pets out to camp.

If you are disturbed or worried about something, **DO NOT** discuss it with your camper's counselor for the day.. **TALK TO THE HDC.** If you are not satisfied with the HDC's efforts, your next source for help is the **DIRECTOR or ASST. DIRECTOR.** Next in line is the **CAMP GOVERNING BOARD.**

### **CAMP TELEPHONE**

We have one telephone line out at camp with voice mail. The office, the program director, and the nurse use it. The line can't be held up by any one person for any reason. All counselors and campers will be given messages and they will be returning your call on the pay phone outside of the Frain building. Calling cards are available to campers as well as staff.

All camper equipment **must** go home with camper

Running a successful camp is a year round responsibility. It does not happen automatically and includes much more than fund raising efforts. We are working for a common purpose and if we are to achieve our goal, **WE MUST DO IT TOGETHER.** Like any well run home or business, rules must be set and followed for a good camp season. Your full cooperation is gratefully appreciated.



**PLEASE NOTE:** Medications will be dispensed only by the First Aid Staff or an official authorized designee. Authorized designee will include: First Aid Staff, Camp Director, Assistant Director, CQ. All medication will be charted for each camper and the person administering meds will initial each time they are given. The First Aid Staff or a designee will accompany all field trips and dispense meds on the field trip.

#### DOCTORS APPOINTMENTS

As always, in the event of an emergency we will secure proper medical attention for you camper. However, we cannot take the camper to, or schedule routine medical appointments. Please schedule these appointments on non-camp time.

CLOTHING INVENTORY-SHADY OAKS CAMP

CAMPER'S NAME \_\_\_\_\_

Bring this completed inventory when camper arrives. All equipment and clothing must be labeled

- |                              |                                     |
|------------------------------|-------------------------------------|
| _____ HEAVY PAJAMAS          | _____ SHAMPOO                       |
| _____ LIGHT PAJAMAS          | _____ BAR SOAP                      |
| _____ NIGHTGOWNS             | _____ SHAVING EQUIPMENT             |
| _____ UNDERSHIRTS            | _____ DEODORANT                     |
| _____ UNDER PANTS            | _____ BABY POWDER                   |
| _____ BRAS                   | _____ SANITARY NAPKINS- IF          |
| _____ SHORTS                 | NECESSARY                           |
| _____ BLUE JEANS OR SLACKS   | _____ <b>DIAPERS- ENOUGH FOR A</b>  |
| _____ T-SHIRTS               | <b>MINIMUM CHANGE OF 6 A DAY</b>    |
| _____ SWEATER- HEAVY         | _____ PLASTIC PANTS FOR OVER        |
| _____ SWEATER- LIGHTWEIGHT   | DIAPER FOR POOL ( Harriet Carter    |
| _____ SWEATSHIRT             | Catalog carries them )              |
| _____ JACKET-HEAVY           | _____ INSECT REPELLENT              |
| _____ HAT OR CAP             | _____ Q-TIPS-IF NECESSARY           |
| _____ ROBE AND SLIPPERS      | _____ SUNTAN LOTION                 |
| _____ 2 SWIM SUITS           | _____ PROMISE WIPES                 |
| _____ SWIM CAP FOR GIRLS     | <u>OPTIONAL</u>                     |
| _____ SHOES- <u>PROPERLY</u> | _____ EXTRA PILLOWS                 |
| <u>MARKED</u>                | _____ DISPOSABLE CAMERA             |
| _____ RAINCOAT OR RAIN GEAR  | ONLY                                |
| _____ TOOTHPASTE             | <u>EXTRAS-(SPECIALL) ITEMS THAT</u> |
| _____ 2 TOOTH BRUSHES AND    | <u>WILL GO HOME WITH YOU</u>        |
| CONTAINERS                   | _____                               |
| _____ COMB AND BRUSH         | _____                               |

**No jewelry should be sent or worn by campers. This will prevent loss of valuable property.**