



SHADY OAKS CAMP

Camper Application Form

Please complete this form and the attached Camper Care sheet with as much detail as possible. This information will help the staff care for your camper to the best possible standard. The information **MUST** be updated each year as campers needs do change. When you fill this in, please think about the instructions that you would give 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 at night. You can also send a video giving examples of how you care for your camper i.e. feeding, positioning in wheelchair / bed, communicating etc. Also remember we hire new staff every year so there may not be someone around who has worked with your camper before.

Camper Information

Full Name: _____ Date: _____
Last First M.I.

Home Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Birth date: _____ Age: _____ Gender: Male Female

Mother's name: _____ Phone: _____

Father's name: _____ Phone: _____

Guardian's name: _____ Phone: _____

Diagnosis: _____ Age of onset: _____

Extent of disability: _____

Has this person ever been to camp before? YES NO

Where: _____ When: _____

Parent / Guardian Report

Give a description of your camper, including any specific care needs that are not covered on the attached camper care sheet. Please give as much detail as possible.

Describe your camper's likes and dislikes (include anything that may upset or anger them):

Describe your camper's favorite activities:

Describe any particular daily routines (e.g. reading a story before bedtime):

Describe any particular clothing preferences your camper has (e.g. always wears an undershirt):

List any special equipment your camper will bring to camp:

Any other information about your camper that will be helpful for camp staff:

Camp Release Form

All must be initialed and form signed at bottom in order for your child to attend camp.

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

Initial _____

I 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 child / guardian during his/her stay at camp.

Initial _____

We currently use Silver Cross Hospital in Joliet. Please check with our medical plan to make sure 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 must meet camper at the hospital.

Initial _____

It is at the discretion of the Camp Director to accept or deny a camper who comes to camp with bedsores, illnesses or injuries.

Initial _____

If a camper who has a pre-existing injury or sore has been accepted to attend camp, I give my permission for a photograph of the injury or sore to be taken and kept on file with the camper's application.

Initial _____

If a camper has to leave camp before the end of, or cannot attend their paid session time due to any circumstances, I understand that a refund will not be granted.

Initial _____

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

Initial _____

I give my permission to use any photographs, videos and other materials relating to my camper's / guardian's stay at camp for publicity purposes, on the camp website or any other media promoting or advertising camp.

Initial _____

Camp will not be held liable for breakage, lost or misplaced items (i.e. camera, electric razor, CD player, TV, radio, iPod, iPad etc.). Please do not send anything valuable to camp, accidents happen!

Initial _____

APPROVED: Signature of Parent / Guardian _____

Camp Procedures

This is for your own reference, you do not need to return this with the application.

ARRIVING AT CAMP PROCEDURS

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. Campers who wear diapers in the pool should bring extra since we will be in pool once or twice daily. 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. Make sure you speak to the HDC on the first drop off to review the camper care sheet for you camper and answer any questions the HDC has about your camper. Please do not leave without speaking to the HDC

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 \$60.00 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 drop off Mondays 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 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.

Make sure you inform the nurse if your camper comes to camp with a pre-existing injury, illness or bed sore. Failure to declare this could mean that your camper is sent home when it is discovered by staff.

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.

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.

VISITING POLICIES

There are no regular visiting times but please inform the director if you, a family member or friend are planning a visit. For safety and security reasons, parents, relatives and friends are asked not to go into camper's dorms without a staff member. The best visiting time is from 1:45 P.M. until 3:45 P.M. during break time. Please keep in mind though no staff will be available to transport campers out of dorms. 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. 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. Parents are encouraged to attend talent shows, and on ground entertainment. Please let the director know if you or your family or friends are planning on attending.

SMOKING POLICIES

NO SMOKING IS ALLOWED ON CAMP GROUNDS

PET POLICIES

Please DO NOT bring any pets out to camp. Other campers may have allergies or fear of animals.

CONCERNS WITH CAMP / STAFF / PROCEDURES ETC.

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 ASSISTANT DIRECTOR. Next in line is the EXECUTIVE DIRECTOR.

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. Phone calls will be returned by campers when line is available. Cell phones are discouraged, but if parents must send one with camper, it must only be used during break times.

SPECIAL EQUIPMENT

All camper equipment must go home with camper. No wheelchairs, TVs, shower chair's etc. can be left at camp. Camp will not be responsible for damage to these items if they are left.

Finally...

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.

MAIL TO:

Shady Oaks Camp
16300 S. Parker Road
Homer Glen, IL. 60491