



THE BRIDGE SCHOOL

545 Eucalyptus Avenue • Hillsborough, CA • 94010  
650-696-7295 • Fax: 650-342-7598 • [www.bridgeschool.org](http://www.bridgeschool.org)

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January 25, 2012

Dear Friends and Families:

Enclosed you will find information regarding this year's Building Bridges Camp and Training Institute program. Again this year, we will be utilizing Camp Harmon, in Boulder Creek, CA as the site for Building Bridges Camp. Camp Harmon is owned and operated by the Easter Seal Society of Central California.

This year, Building Bridges Camp and the corresponding Training Institute will be held in July. Training Institute participants (adults) will begin on Wednesday, July 11<sup>th</sup>. Camp participants (kids) will begin on Thursday, July 12<sup>th</sup>. Camp will conclude on Tuesday, July 17<sup>th</sup> with the award ceremony and traditional celebration barbecue.

Building Bridges Camp is extremely fortunate to have the support of donors. Their generosity allows us to continue to improve the services, training provided to camp participants and contribute to the Camp Scholarship Fund. Without this support Building Bridges Camp would not happen.

**Please read the enclosed information carefully. Space is limited to: 40 Campers, ages 5-17 years; 40 Training Institute participants and 10 siblings. Campers who apply with a Trainer receive priority acceptance to the program. It is very important that you return your forms and the \$50 non-refundable deposit to us as quickly as possible. We will fill available slots on a "date received" basis.**

If you are interested in applying for a Camp Scholarship, please be sure to return the appropriate forms, and supporting documentation as soon as possible. If your child is a client of Regional Center (CA residents only), Camp Harmon is registered as provider of respite care (vendor number H10711). You can request that Regional Center pay a portion of the camp fees directly to Camp Harmon in lieu of respite hours. Contact your Regional Center case manager for more information (see Important Information enclosed).

Thank you for your interest in Building Bridges Camp. We look forward to seeing old friends, and meeting new ones. Please do not hesitate to write or call with any questions.

See you at Camp!

Kristen N. Gray  
Outreach Program Manager  
[camp@bridgeschool.org](mailto:camp@bridgeschool.org)





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## Important Information about Building Bridges Camp and Training Institute

Packet 1

July 2012						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8	9	10	11	12	13	14
			<b>Training Institute Begins</b> Trainers arrive in morning. No campers	<b>Campers arrive after noon</b>	Building Bridges Camp & Training Institute <b>BBC &amp; TI cont.</b>	
15	16	17	18	19	20	21
<b>BBC &amp; TI</b>		Campers & Trainers go home at noon ☺				

### ***Cost of Building Bridges Camp and Training Institute***

Building Bridges Camp and Training Institute fees are as follows:

Camper (AAC User)	\$1,200.00
Training Institute Participant (adult)	\$1,200.00
Sibling (non-disabled child)	\$ 800.00

### ***Eligibility***

#### Campers (AAC users)

Building Bridges Camp is a unique overnight camp opportunity for children and young adults who use Augmentative and Alternative Communication Devices (AAC). Building Bridges Camp is designed to serve children ages 5-17 years of age that use Augmentative/Alternative Communication devices. Each child must have their own prescribed AAC device during the week of camp. Children who attend camp must be able to function under a camper/staff ratio of 2:1. Campers stay together in a cabin with approximately 4-6 campers and 3-4 camp counselors in the cabin, therefore they do need to be able to enjoy the “group living” camp environment. If a camper requires a full time nurse, a care attendant application may be considered.





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### Siblings

Building Bridges Camp is designed to serve children ages 5-17 years of age that have siblings that use Augmentative/Alternative Communication devices.

### Trainers

Students enrolled in University training programs in the fields of Special Education or Speech Language Pathology, and professionals in public schools currently serving students who use AAC are encouraged to apply. Parents of children using AAC may participate in the Training Institute ONLY if their child is not attending camp this year.

### ***Funding Options***

#### Campers (AAC Users)

The total Building Bridges Camp fee for AAC users is \$1,200.00. This amount reflects the \$726.00 per child Camp Harmon charges AND the additional costs we incur for staffing, equipping, managing and developing the program.

For California residents, Regional Centers have funded campers to attend Building Bridges Camp. The process of obtaining Regional Center funding can be confusing, but with a little work, it is rewarding. Regional Centers DO pay for camp experiences for their clients when the opportunity is seen as respite for the family, AND the camp the child will be attending is a VENDOR to provide respite services. Camp Harmon is a vendor for respite services. Regional Centers will provide Camp Harmon with a "Payment of Service" (POS) for these services. Camp Harmon's rate of reimbursement from Regional Centers is \$145.20 per night. Your child's Case Manager will need to submit an "Application for Request of Service" form for Camp Harmon, July 12th - July 17th session for **5 nights at \$145.20 per night (\$726)**. For our camp session, Regional Centers CAN write a POS for up to \$726.00. **Camp Harmon's vendor number is H10711.**

After a review of this request by the Regional Center, a Payment of Service (POS) will be issued (Please send a copy of the POS form to The Bridge School when you receive it). Over the past years, the POS have taken longer and longer to be issued. Often, Regional Centers may not process the application until the week before the child is scheduled to attend Camp. This can be very frustrating for you *and* for us. In a few cases, families have had to keep calling right up to the day before Camp is scheduled to start to get the POS processed. **DO NOT HOLD YOUR CHILD'S APPLICATION PACKET TO CAMP WHILE WAITING FOR REGIONAL CENTER AUTHORIZATION; MAIL IT AS SOON AS POSSIBLE!** In the case of children who receive





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Regional Center funding, the difference (\$474.00) is left to the family to pay. Scholarships are available to help with these fees.

For non-California residents, or children who do not receive Regional Center services, the total amount is the responsibility of the family. For families who would find this cost prohibitive, scholarships often can cover a large percentage of this amount. I strongly encourage families to apply for our scholarships early (application enclosed).

### Training Institute Participants

The total Training Institute fee for adults is \$1,200.00. This amount reflects a fee of \$726.00 per person Camp Harmon charges for room and board. Additional costs we incur for staffing, equipping, and providing the training program make up the rest. Adults attending the Training Institute may apply for scholarships (application enclosed).

### Siblings

The total fee for siblings to attend camp is \$800.00 Families may also apply for scholarships to offset the cost of sibling's attendance at Building Bridges Camp. To apply for a sibling scholarship, complete the "Sibling Scholarship Application" enclosed.

### ***Accommodations***

For the Campers and Siblings, cabin accommodations are pre-assigned based on gender and age. Each "cabin" will hold 4-6 campers (dormitory style). Three counselors also sleep in the cabin. Single sized beds and a small chest will be available to each camper. Bed rails, moving mattresses to the ground are common adaptations. Specifics about what to bring will be included in follow-up materials.

For Training Institute participants, cabin accommodations are NOT pre-assigned. Each "cabin" will hold 8-10 persons (dormitory style). Single sized beds and a bedside shelf unit will be available to each person. It is expected that trainers sleep in trainer cabins (i.e., not in camper cabins or off site). Specifics about what to bring will be included in follow-up materials.

### ***Medication***

The Camp Harmon staff will be the only staff dispensing medication. **ALL** medications must be surrendered to the Staff Nurse when you check-in. Medications are then dispensed from the nurse's station. **The Camp Harmon medical staff only dispenses medications, including herbal remedies or vitamins, according to a physician's written instructions. You must present medication(s) in their original prescription packaging at camp check-in. If the**





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**current dosage differs from the prescription label, you must present the physician's written instruction to alter the dosage on the label.**

**Please note:** If your camper takes medication for a seizure condition, they are ineligible to attend camp if they have changed medication or altered the dosage of their current medication within one month prior to camp attendance.

### ***Trainer Assignments***

If your camper comes to camp with someone attending the Training Institute, that trainer will be assigned only to your camper during AAC activities. If you do not have a specified Trainer to accompany your child, we will assign an SLP/Sp. Ed. Student, or other Trainer not attending with a specific child, to your camper. Please note that this trainer **MAY BE ASSIGNED TO MORE THAN ONE CAMPER**. The trainer will be responsible for the development, use and management of your camper's "system" throughout camp. Bridge staff will make the trainer assignments.





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## **Building Bridges Camp 2012 Application Packet Checklist**

### **Camper/Sibling:**

- Camper Application
- Camp Harmon Application
- \$50 Application Fee (Non-refundable, applies to camp fees)
- Camper Scholarship Application (if applicable)(Deadline: April 20)
- Video/Photograph/Website Release
  
- Camp Harmon Medical Form (**Due 30 days prior to camp – June 11**)
- Copy of Medical Insurance Card (**Due 30 days prior to camp - June 11**)

### **Camper Only:**

- Personal Care Forms (Online survey format)
  - Bathing
  - Feeding
  - Toileting
  - Bedtime
- Role Clarification Agreement
  
- CA RC Purchase of Service request
- Final CA Regional Center Purchase of Service Agreement (if applicable)

### **Camper/Sibling:**

- Final Payment



**Building Bridges Camp & Training Institute July 12 - July 17, 2012**  
**Camper and Sibling Scholarship Application**

Camper's Name: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_

Is your child attending camp with a specific trainer?  Yes  No Who? \_\_\_\_\_

What is camper's relationship to this trainer? \_\_\_\_\_

Scholarships will be given based on financial need. Scholarship applications will be date and time stamped with those received first given earliest consideration. CAMPERS will be given priority for scholarship funds.

Bridge School Camp Scholarship committee will use the information you have provided to determine eligibility and extent of scholarship funds that can be offered to trainers on an individual basis.

**Camper Fee= \$1200.00                      Sibling Fee= \$800.00                      Trainer Fee= \$1200.00**

**Total Fees for your family (camper + sibling + trainer [if applicable]) \_\_\_\_\_**

**Amount requested from other sources (e.g. school district, Regional Centers, etc.) \_\_\_\_\_**

Is your child a client of Regional Center? (CA Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Regional Center agreed to fund Camp Harmon fees for your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process

**(Please fax your Request for POS (Purchase of Service) to 650-342-7598)**

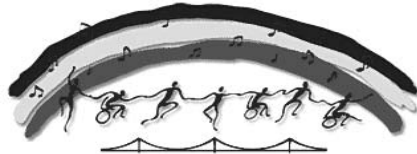
**Amount of scholarship funding requested: \_\_\_\_\_**

Scholarships will be given based on need. To determine need, please provide the following information: Family size: \_\_\_\_\_ Number of children under 18: \_\_\_\_\_

Monthly Income		Monthly Expenses	
Gross Monthly Salary	\$	Mortgage/Rent	\$
Interest/Dividend	\$	Utilities	\$
Alimony	\$	Phone	\$
Child Support	\$	Clothing	\$
Other Income	\$	Food	\$
SSDI	\$	Transportation	\$
AFDC	\$	Loan Payments	\$
Other:	\$	Insurance (car, health, home)	\$
Other:	\$	Day Care	\$
	\$	Therapies / Medical Expenses	\$
	\$	Other:	\$
<b>Total Income</b>	<b>\$</b>	<b>Total Expenses</b>	<b>\$</b>

Financial information provided to the Bridge School for the purpose of scholarship distribution will be kept confidential.





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## Application Fee Payment Information

Applications are processed on a first come first serve basis. There are up to 40 Camper, 40 Trainer, and 10 Sibling positions available. Campers and Trainers coming together are priority.

**\*Your Application will not be processed until we have received your \$50 non-refundable application fee \***

Method of Payment:

Application fee will be applied to the complete camp fee.

**\*Please print your information clearly:**

Please make check payable to: The Bridge School

Check enclosed for \$ \_\_\_\_\_

Check number: \_\_\_\_\_

Mail payment to:  
The Bridge School  
545 Eucalyptus Avenue  
Hillsborough, CA 94010  
Attn: Camp

Charge to my:  Visa  MasterCard

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Signature: \_\_\_\_\_

Billing address (required): \_\_\_\_\_

\_\_\_\_\_  
(City, State, Zip Code)





# EASTER SEALS CENTRAL CALIFORNIA CAMP APPLICATION

## 2012 SCHEDULE

Mail to: Camp Office, Easter Seals Central California, 9010 Soquel Drive, Aptos, CA 95003

**EASTER SEALS CAMP HARMON** – Boulder Creek (Santa Cruz Mountains) (All sessions are 6 days)

- Session 1      June 14-19      **Adults with Developmental Disabilities (ages 18-65)**
- Session 2      June 21-26      *Prader-Willi (Specialty Camp) For more information call:*  
*(1-800-400-9994) California Residents Only*  
*(310-372-5053) Outside of California*
- Session 3      June 28-July 3      **Adults with Physical and Developmental Disabilities (ages 18-55)**
- Session 4      July 5-July 10      **Children with Physical & Developmental Disabilities (ages 8-25)**
- Session 5      July 12-17      *Bridge School (Communication Technology) Must register at Bridge School (650) 696-7295*
- Session 6      July 19-24      **Adults with Physical and Developmental Disabilities (ages 18-55)**
- Session 7      July 26-July 31      **Young Adults with Developmental Disabilities (ages 15-29)**
- Session 8      August 3-5      **Family Camp 101 for Families with Children that have Disabilities Between the Ages of 6-12. If you are interested please RSVP by June 1<sup>st</sup> to 831-684-2166 x113.**

**All sessions are 6 days      Each day is \$121.00      Total cost is \$726.00**

**With Director Approval, we have a few spots for 1:1 campers      Each day \$141.00      Total cost \$ 846.00**

We accept checks, money orders or credit cards. (Visa, Master Card. We do not accept American Express or Discover)

New Camper       Returning Camper

Camper's Last Name	First	Middle	( )	Telephone #
Address	City	State	Zip	
E-mail Address: _____				

Camper's Disability (please be specific and list diagnosis) \_\_\_\_\_

Age \_\_\_\_\_ Birth Date (Month/Day/Year) \_\_\_\_\_ Height/Weight \_\_\_\_\_

Male  Female  Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Name of person camper lives with \_\_\_\_\_ Person's relationship to camper \_\_\_\_\_

Name of facility/care home (if applicable) \_\_\_\_\_ Facility Director \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Person to notify in case of Emergency 1<sup>st</sup> \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Person to notify in case of Emergency 2<sup>nd</sup> \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

# EASTER SEALS CENTRAL CALIFORNIA CAMP APPLICATION

2012

Will parent/guardian be away from home while Camper is at Camp? Yes  No

If yes, please give complete information where they can be contacted. This information must be given on or before camper's arrival day.

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## Medical/Health Information

1. Does Camper walk independently? Yes  No
- Does Camper use (Circle)      Crutches      Walker      Electric wheelchair      Manual wheelchair
- Wear helmet for protection against falls? Yes  No
- Wear braces? Yes  No
- Use a lift to transfer? (Hoyer lift, etc.) Yes  No

• **If lift is used at home, and/or the camper is over 180 lbs and cannot assist with transfer, lift must be brought to camp!**

2. Camper's Sleep Habits: (Mark box and describe)

- Sleepwalks or wanders at night Yes  No  \_\_\_\_\_
- Restless or light sleeper Yes  No  \_\_\_\_\_
- Nightmares Yes  No  \_\_\_\_\_
- Afraid of dark Yes  No  \_\_\_\_\_
- Takes routine naps during day Yes  No  \_\_\_\_\_
- Does Camper sleep through the night Yes  No  \_\_\_\_\_
- Has Camper slept away from home before Yes  No  \_\_\_\_\_
- Does Camper need bed rails or other special night care? Yes  No  If yes, please specify: \_\_\_\_\_

(NOTE: If Camper stays awake at night & keeps other campers from sleeping, Camper may be sent home.)

3. Meals at Camp:

- Appetite is generally (Circle)      Excellent      Average      Fair      Poor
- Special Diet Yes  No  Explain: \_\_\_\_\_
- Food Allergies: Yes  No  If yes, please specify: \_\_\_\_\_  
(Please provide list of restricted foods or substitutions)
- Does food need to be pureed? Yes  No  \_\_\_\_\_
- Assistance with feeding / eating Yes  No  Explain: \_\_\_\_\_
- Please describe any needed help, special utensils, etc. \_\_\_\_\_

4. Camper's Dressing Skills: (Circle and describe)

Without assistance      Minimal assistance      Verbal prompts      Full assistance

Explain routine: \_\_\_\_\_

# EASTER SEALS CENTRAL CALIFORNIA CAMP APPLICATION

2012

## Medical/Health Information *continued*

5. Toileting Skills: (Mark box and describe)

Does Camper need assistance in toileting? Yes  No  If yes, please describe routine: \_\_\_\_\_

Does Camper have accidents with bladder or bowel control? Yes  No  If yes, please describe: \_\_\_\_\_

Is Camper easily constipated? Yes  No  If yes, how often and please describe routine: \_\_\_\_\_

Does camper wear diapers? Yes  No  Day \_\_\_ and / or Night \_

• ***If yes, please send ample supply of disposable diapers.***

Does Camper use a Foley catheter? Yes  No

A urinal bag? Yes  No

If Camper needs help with these, please describe routine: \_\_\_\_\_

6. Is Camper's cognitive age below the actual age? Yes  No

If so, what is his/her approximate cognitive age? \_\_\_\_\_

7. Does Camper have seizures? Yes  No

Seizure type \_\_\_\_\_

Frequency \_\_\_\_\_

Date of last seizure \_\_\_\_\_

Is there a standard seizure protocol? Yes  No  If yes, list protocol and emergency care required: \_\_\_\_\_

8. Does Camper have a cardiac condition? Yes  No  If yes, list care, type of reaction and limitations: \_\_\_\_\_

9. Does Camper have allergies? Yes  No  If yes, please list care and equipment required: \_\_\_\_\_

10. Does Camper fatigue easily? Yes  No

11. Does Camper have any severe respiratory problems? Yes  No

If yes, list special equipment required to alleviate this condition: \_\_\_\_\_

12. Does Camper wear glasses? Yes  No

13. Does Camper have hearing difficulty? Yes  No

If yes, to what degree? \_\_\_\_\_

Does Camper wear a hearing aid? Yes  No

# EASTER SEALS CENTRAL CALIFORNIA CAMP APPLICATION

2012

## Medical/Health Information *continued*

14. Does Camper have difficulty communicating? Yes  No  If yes, please describe: \_\_\_\_\_

Limited speech Yes  No

Is non-verbal Yes  No

Uses communication device Yes  No

Uses ASL or simple signs Yes  No

15. May Camper participate in the following programs:

Swimming? Yes  No

• Swimming ability: (circle) None Wading Beginning Intermediate Advanced

Hiking? Yes  No

Horseback Riding? Yes  No

Overnight camp-out, with bedding on the ground? Yes  No

16. Are there any precautions you wish to have observed at Camp? If so, please describe and be specific: \_\_\_\_\_

17. Has Camper been separated from the family before? If yes, how did Camper react: \_\_\_\_\_

18. Does Camper wander? Yes  No  \_\_\_\_\_

19. Has Camper ever run away from home / school? Yes  No  \_\_\_\_\_

20. Does Camper have unusual fears? Yes  No  \_\_\_\_\_

21. Does Camper have self-injurious behaviors? Yes  No  If yes, please describe: \_\_\_\_\_

22. What types of behaviors will Camper exhibit when he/she is unhappy? \_\_\_\_\_

23. Is a **Behavior Management** plan/program (or intervention plan) being used with camper? Yes  No

**If yes, a copy must be sent in with this application.**

24. How do you redirect Camper's behaviors?

Please describe positive reinforcements, items or activities that are calming or rewarding for Camper.

25. Please list all past participation in Easter Seals camps or programs:

26. Any previous problems or concerns at camp? Yes  No  Please describe situation and year: \_\_\_\_\_

# EASTER SEALS CENTRAL CALIFORNIA CAMP APPLICATION

2012

## Medical/Health Information *continued*

27. Does Camper have favorite activities? Hobbies? \_\_\_\_\_

28. Does Camper have dangerous behaviors that could result in harm to self, other campers or staff? Please describe:

**(NOTE: If Campers needs/behaviors do not meet eligibility guidelines, Camper will be sent home)**

29. Does Camper require one-to-one supervision while at camp? Yes  No

(Not physical care but constant supervision to assure safety of camper and others)

Camper needs 1:1 supervision for:

30. Please tell us anything about Camper and home life that you think would help Camper feel at ease and have fun at camp and / or provide any additional information you feel is necessary:

***• If you feel that your camper has exceptional needs or complications that go beyond the scope of this form and you would feel more comfortable speaking directly with us, please feel free to call. If you have failed to notify us of the severe needs of your camper and this causes us to exceed the number of campers to whom we can provide care, your camper will be sent home.***

# EASTER SEALS CENTRAL CALIFORNIA CAMP APPLICATION

2012

## **ACCEPTANCE CONDITIONS:**

Easter Seals reserves the right to refuse to provide services to any individual if and when the camp staff determines that the individual cannot be provided with adequate support by Easter Seals. These decisions are made on an individual basis, by a Camp Director or the President of Easter Seals.

Parents, Care Providers, and the Regional Center (or other appropriate agencies) will be notified in the event of any serious injury or illness requiring more than basic first aid, or in the case of any significant incident or behavioral problem. The separate Medical Examination Form, signed by a physician, M.D., must indicate that there is no evidence of any condition that might present health or safety risks to the applicant, or to other campers or staff members.

## **PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN YOUR NAME BELOW.**

I agree to the Acceptance Conditions above. Should it become necessary for my camper to leave camp, or any Easter Seals function, for any reason, I will make provisions to bring the camper home. I hereby certify that to the best of my knowledge, all of the information contained in this application is true and complete.

I hereby authorize the release of any and all pertinent information regarding this camper to Easter Seals. I agree to notify Easter Seals of any changes that need to be made in this application before camp.

Signature \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Date \_\_\_\_\_

# EASTER SEALS CENTRAL CALIFORNIA CAMP APPLICATION

2012

## PARENTS CONSENT FORM

**ASSUMPTION OF RISK:** I, the undersigned parent or guardian of the below named camper, who desired to participate in activities at camp offered and organized by Easter Seals Central California, hereby acknowledge that I am aware that there are significant risks associated with participation in camp, including, without limitation, the risk of serious bodily injury or death. On behalf of myself, my spouse and camper, and our respective heirs, administrators, representatives and successors, I willingly assume such risks. By signing this document I am providing a clear, written expression of my agreement to assume all of the risks and dangers my camper may encounter at camp, and to never sue or make a claim against Easter Seals Central California, or any of its employees or agents.

**RELEASE AND WAIVER:** In consideration of the permission granted by Easter Seals Central California for \_\_\_\_\_ (camper) to participate in activities at camp the undersigned hereby agrees to release and discharge the organization, its officers, agents and employees from all claims, demands, actions or causes of action, which the camper, his or her personal representatives, heir and next of kin, may or might have against Easter Seals Central California, its officers, agents and employees on account of injury to or death of the camper, or damage to the property of the camper arising out of the camper's participation in activities at camp. The undersigned further agrees to indemnify and hold harmless Easter Seals Central California from any loss, liability, damage or costs that may be incurred due to the acts of the camper during the camper's participation in activities at camp.

**PHOTOGRAPHIC RELEASE:** The undersigned does hereby give consent to Easter Seals Central California and National Easter Seals, to photograph camper and, without limitation, to use such picture and/or stories in connection with any of the work of said Easter Seals without consideration of compensation of any kind, and does hereby release said Easter Seals from any claims whatsoever which may arise in said regard. Yes  No

**PERSONAL PROPERTY:** The undersigned recognizes that Easter Seals Central California cannot accept responsibility for camper's personal property. To help eliminate losses, the undersigned has ensured that ***all clothing is labeled with camper's name and a list of belongings has been included in luggage.***

# EASTER SEALS CENTRAL CALIFORNIA CAMP APPLICATION

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**MEDICAL RELEASE:** In the event that an emergency should arise while \_\_\_\_\_ (camper) is at camp, going or returning there from, requiring medical or surgical care or treatment, the undersigned authorizes camp staff and Easter Seals Central California to select and designate nurses, physicians, and surgeons to furnish such medical and/or surgical care as, in the judgment of a physician and/or surgeon holding a physician's certificate issued by the Board of Medical Examiner's of the State of California, may be needed and proper. I authorize camp staff and Easter Seals Central California to render any aid and assistance to my camper, and to administer medication to my camper. I authorize the camp medical staff to dispense medications. I agree that medications for life threatening conditions (e.g., bee sting medications, inhaler), will be carried by a camp staff person and I authorize their use for my camper as needed. I agree to pay for any prescribed medication or treatment my camper may need. The undersigned releases and absolves Easter Seals Central California and nurses, physicians, and surgeons selected and designated by them, from any and all liability for their acts rendered in good faith. Parents / Guardians will be notified within 24 hours of any treatment sought.

**CHECK-OUT PROCEDURES:** Camp staff will not release any camper to anyone other than the parent or guardian without prior written authorization.

***Remember to confirm check-out time on the last day.***

I authorize Easter Seals Central California's camp staff to release this camper to the following person(s):

\_\_\_\_\_  
NAME Relationship to Camper

\_\_\_\_\_  
NAME Relationship to Camper

# EASTER SEALS CENTRAL CALIFORNIA CAMP APPLICATION

2012

## WHO IS PICKING UP YOUR CAMPER?

**BOTH PARENTS' SIGNATURES REQUIRED or (SINGLE PARENT/GUARDIAN WITH LEGAL CUSTODY):**

**Person Picking Up Camper:**

Please specify your relationship:  MOTHER  FATHER  GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**Alternative Person Picking Up Camper:**

Please specify your relationship:  MOTHER  FATHER  GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**IF CAMPER IS RESPONSIBLE FOR HIS/HER OWN CARE AND/OR LEGAL AFFAIRS:**

CAMPER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Optional: The following information is helpful to National Easter Seals for statistical purposes and will in no way affect this application.

This form is used to provide each applicant with an opportunity to furnish such information **voluntarily**. All information that is provided voluntarily will be used only for record keeping purposes.

Such information will not be used for any discriminatory purposes.

1. Sex  Male  Female

2. Please check one

American Indian or Alaskan Native

Asian or Pacific Islander

Black

Hispanic

Caucasian

Multiple Ethnicity

Other (please specify) \_\_\_\_\_

3. National Origin \_\_\_\_\_

4. Date \_\_\_\_\_

Rules for acceptance and participation in the camp program are the same for everyone without regard to race, color, national origin, age, gender or disability.

**For Easter Seals Use only**

# Easter Seals 2012 Camp Medical Examination Form

**Mail or Fax to:**  
**The Bridge School**  
545 Eucalyptus Avenue  
Hillsborough, CA 94010  
(650) 696-7295  
(650) 342-7598 fax

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
Session Dates

**This Medical Examination Form & Log for Camp must be completed by the parent/guardian and physician at the time of examination and must be received by the Camping Services Office no later than 30 days prior to the camp session.** Every page that has been completed by a physician must be signed by that physician.

\*\*\*A physician must have personally examined camper within 1 year of camp attendance date\*\*\*

Is Camper covered by medical insurance? YES  NO

Name of insurance company \_\_\_\_\_

Insurance plan number \_\_\_\_\_

**\*\* Attach a photocopy (front & back) of all current Insurance card(s) & prescription cards.**

**Immunization History:** Record dates of last injection. (If unknown, write unknown or up-to-date.)

DPT Series _____	Smallpox _____	Measles Vaccine (live) _____
Booster _____	Tetanus Booster _____	Mumps Vaccine (live) _____
Polio OPV (Sabin) _____	Typhoid _____	German Measles (Rubella) _____
Booster _____	Tuberculin Test _____	
Other _____		

**PLEASE NOTIFY US IF CAMPER IS EXPOSED TO ANY COMMUNICABLE DISEASE DURING THE THREE WEEKS IMMEDIATELY PRIOR TO CAMP ATTENDANCE.**

Diagnosis \_\_\_\_\_

General Health (Circle) Good Fair Poor (Please explain) \_\_\_\_\_

Male  Female  DOB \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Temp \_\_\_\_\_ HR \_\_\_\_\_ BP \_\_\_\_\_ RR \_\_\_\_\_

Significant Health History \_\_\_\_\_

Allergies (Drug, Environmental) \_\_\_\_\_

Special Diet \_\_\_\_\_

Epilepsy \_\_\_\_\_ Last Seizure date \_\_\_\_\_

Describe Seizures (type & frequency) \_\_\_\_\_

Diabetes \_\_\_\_\_ Type \_\_\_\_\_

Heart Condition (type) \_\_\_\_\_

Asthma (treatment) \_\_\_\_\_

Deaf  Hearing Impaired  Wears Hearing Aid  Blind  Limited Vision  Wears Glasses/Contacts

Insect Sensitivity \_\_\_\_\_ Sun Sensitive \_\_\_\_\_

Easily Overheated \_\_\_\_\_ Easily Fatigued \_\_\_\_\_

Imagines Illness/pain \_\_\_\_\_

**IS CAMPER ON MEDICATION?** YES  NO

Name of drug(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* Camper is required to bring ample supply of all medication to camp. All medication **MUST BE prescribed and in their original prescription packaging / bottle** (including all vitamins, herbal remedies, over the counter medications or products) and will only be administered according to the doctor's written instruction. **If there is no prescription, the medicine will not be administered by camp nurse.**

Chronic or recurring illnesses \_\_\_\_\_

Recent illness or hospitalization, give date and explain \_\_\_\_\_

Any pressure sores or significant bruises \_\_\_\_\_

Uses Wheelchair Yes  No  If yes, \_\_\_\_\_ % of the time Can Bear Weight Yes  No

Uses Walker Yes  No  Uses Crutches Yes  No  Needs Assistance Walking Yes  No

Arthritis / Joint problems \_\_\_\_\_

Does the Camper present any health or safety risk to self, to other campers or staff? Explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any special instructions regarding activities the Camper cannot participate in or has limitations?

(Activities include horseback riding.) \_\_\_\_\_

\_\_\_\_\_

***(Must be completed by physician in its entirety)***

\* \* \* \* \*

I have examined \_\_\_\_\_ and reviewed his/her Health History.  
*(Camper's Name)*

In my opinion, this Camper is physically able to engage in camp activities, except as noted.  
I have attached prescriptions for the Camper as needed.

**EXAMINING PHYSICIAN**

*(Please type or print name)*

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

**Signature of Examining Physician**

**Date**

## Camp Harmon 2012 - Medication Log

Camper's name: \_\_\_\_\_  
 Session \_\_\_\_\_

**If your camper takes medications prescribed by more than one doctor, in order to administer that medication at camp, we will need each doctor to sign the medication log below.**

***\*This Form can be faxed photo the Camping Services office at (831) 684-1018  
 9010 Soquel Drive, Aptos, CA 95003-4002\****

*Please use an extra sheet to update us on any health changes or extra information.*

Medication/Dose/Route	Times Given	Thurs	Fri	Sat	Sun	Mon	Tues
	Breakfast						
	Lunch						
	Mid-day						
	Dinner						
	Bedtime						
	Other						
	Breakfast						
	Lunch						
	Mid-day						
	Dinner						
	Bedtime						
	Other						
	Breakfast						
	Lunch						
	Mid-day						
	Dinner						
	Bedtime						
	Other						
	Breakfast						
	Lunch						
	Mid-day						
	Dinner						
	Bedtime						
	Other						
	Breakfast						
	Lunch						
	Mid-day						
	Dinner						
	Bedtime						
	Other						

Medication will only be dispensed in accordance with the last written instruction from the Doctor.  
 Medication must be brought to camp in the original prescription bottle.

Camp Harmon Nurse Signature \_\_\_\_\_

Initials \_\_\_\_\_

Camp Harmon Nurse Signature \_\_\_\_\_

Initials \_\_\_\_\_

M.D. Signature \_\_\_\_\_

Date \_\_\_\_\_

**Medication Log**  
(Continued if needed)

Camper's name: \_\_\_\_\_  
Session \_\_\_\_\_

Medication/Dose/Route	Times Given	Thurs	Fri	Sat	Sun	Mon	Tues
	Breakfast						
	Lunch						
	Mid-day						
	Dinner						
	Bedtime						
	Other						
	Breakfast						
	Lunch						
	Mid-day						
	Dinner						
	Bedtime						
	Other						
	Breakfast						
	Lunch						
	Mid-day						
	Dinner						
	Bedtime						
	Other						
	Breakfast						
	Lunch						
	Mid-day						
	Dinner						
	Bedtime						
	Other						
	Breakfast						
	Lunch						
	Mid-day						
	Dinner						
	Bedtime						
	Other						

Camp Harmon Nurse Signature \_\_\_\_\_

Initials \_\_\_\_\_

Camp Harmon Nurse Signature \_\_\_\_\_

Initials \_\_\_\_\_

M.D. Signature \_\_\_\_\_

Date \_\_\_\_\_

THIS FORM MUST BE **SIGNED** AND **DATED** BY A PHYSICIAN  
(within 1 year of camp attendance date)  
AND RECEIVED BY CAMP NO LATER THAN  
30 DAYS BEFORE SESSION BEGINS.