

Dear Campers and Camper Families:

Welcome to the 2017 Camp season at Camp Courageous & The Arc of NW Ohio!!!

Please review all of the following information as there are new changes for the application process for 2017!!

As you prepare for another exciting season at Camp Courageous & The Arc of NW Ohio, please find in this letter important information regarding some of the changes that are being made our regarding our application process, camper admission and camp procedures. Please understand that we cannot guarantee a slot in your preferred session if we do not have your completed application and non-refundable Application Fee. Spaces are limited and fill up quickly, so please get your completed application into us as soon as possible. We understand it may take time to schedule a doctor's visit to complete the Medical/Physical History form. If this is the case, please complete the rest of the application and submit for processing. All Medical/ Physical History forms must be received at least 2 weeks prior to attending camp.

A 2017 Season Schedule and 2017 Camper Application are available online at www.campcourageous.com/forms. If you do not have access to the internet, your county case worker or resident home provider can access the information for you. We will be glad to fax or e-mail a copy to you but prefer not to mail out applications.

All sections of the application, including Individual Service Plans, Cost Projection Tools (if applicable), Behavioral Support Plans (again, if applicable) and Medical/Physical Forms must be received **at least 2 weeks** prior to attending camp.

The most recent Medical Administration Record (MAR) must be mailed, faxed, or e-mailed **at time of application submission**. If a medication has changed by the time the camper is to attend, please bring the updated MAR/physician order. **WE WILL NOT ACCEPT A CAMPER IF THIS INFORMATION IS NOT COMPLETE AND YOU (PARENT/GUARDIAN or GROUP HOME) WILL BE RESPONSIBLE FOR ANY PENALTY FEES FOR NON-ATTENDANCE.** We will work with you closely to see all sections are completed in a timely fashion.

CAMPER MEDICAL HEALTH – We make every effort to ensure our campers are not exposed to illness while at camp. To be admitted to camp, all campers must meet minimal health requirements:

- Temperature within the normal range for this individual
- Free from a communicable virus, disease or illness which poses a threat to others. Examples include MRSA, Influenza or Pink Eye.
- Blood Pressure within the normal range for this individual

If an individual fails to meet these requirements, our licensed nursing staff, Camp Management and, if necessary a consulting physician will make a final determination as to the admission of the camper.

If you camper becomes ill or is injured while at Camp, the appropriate guardian will be notified and a determination will be made if the camper needs to be picked up from Camp. This is at the discretion of Camp Management and nursing staff.

CAMPER MEDICATIONS

- All prescription medications must be pre-packaged for the week by the pharmacy with the camper's name, name of drug, dosage, and time to be taken. Any over-the-counter medications, vitamins, herbal or homeopathic treatments must be in their original bottles.
- **Punch cards that have been cut will not be accepted.**
- Please provide only enough medications for the length of stay while at camp, plus 1 extra dose.
- No extra medication will be accepted.
- All prescriptions will be dispensed according to the current doctor's orders. Upon arrival at camp, the camper, parent/guardian, or direct care provider will be required to provide current and accurate medication orders as signed by a physician.
- If the camper is coming from a group home, a Medical Administration Record (MAR) must be received **at time** of application submission. This is the responsibility of the guardian/ provider. A current doctor's order must accompany any medication changes, including dosage, frequency or medication discontinuation. Your camper will not be accepted if this documentation is not in order.
- For campers living with a parent or guardian and not using an MAR, please fill out the medication list on the application and be sure to bring all medication in ORIGINAL bottles, or punch out cards with enough medication for the campers stay at Camp.
- If your camper does not have sufficient medication for the entire session, it will be the responsibility of the parent, guardian or group home provider to bring out the replacement.
- Medications will be dispensed at the following times unless otherwise specified by physician's orders: Breakfast (8:15 AM), Lunch (1:00 PM), Snack (3:30 PM), Dinner (6:00 PM), and Bedtime (8:00 PM)

CAMPER PHOTOS- A recent photo must accompany your camper application. If you are a returning camper, please contact us to inquire about using a photo from a previous visit. Camper photos allow our staff to recognize your camper upon arrival, allowing for a better transition to camp.

FEES FOR CAMP- Please complete the appropriate section of the Fee Form to ensure the correct individual or entity is billed for service. All outstanding balances must be paid in full prior to attendance this year. Payment plans are available but may incur an additional charge. Late payments are subject to a 5% penalty.

CANCELLATION POLICY- Occasionally, a camper may need to cancel their stay due to illness. In such case, a doctor's note must be submitted to Camp Courageous. All other cancellations within 1 week of your camper's scheduled arrival will be billed at full price. This payment is not Medicaid billable and is the sole responsibility of the camper, parent, guardian or group home provider. If it is determined the cancellation is due to group home provider error (i.e., late arrivals, missing paperwork, etc.), the group home provider will be billed for services. Please contact Camp Courageous with additional questions regarding our cancellation policy.

APPLICATION FEES: A non-refundable one-time application fee is due with all applications. This is a non-waiver service and cannot be billed to the waiver or your FRS account. Fees for 2016 are as follows:

- Residential- \$175 (additional residential weeks \$50)
- Respite Weekend- \$100 (additional respite weekends \$25)
- Day Camp- \$75 (additional day camp \$25)

TRANSPORTATION: Camp Courageous does NOT provide any transportation. It is the responsibility of the parent/ guardian/ provider to provide ALL transportation to and from camp. Exception: Day campers in Lucas County will be eligible for transportation for Day Camp 1 & 2.

CLOTHING CHECKLIST- You can download a Clothing Checklist from our website. Please refer to the list as you pack for Camp. To limit or avoid lost items, please put the **camper's name/initials** on clothing, towels, toiletries, cameras, etc. Also, please include a completed checklist with your camper's baggage. Staff will refer to the list during check-in and check-out to minimize misplaced items or items left behind. Please leave expensive items at home so as not to have them lost or damaged. Camp Courageous is not responsible for any items that are lost or damaged while at camp. If anything is forgotten it will be the provider's responsibility to bring the items to camp as soon as possible.

CAMP MERCHANDISE- Campers will now receive a t-shirt at no costs! Campers can choose to tie-dye this shirt, if interested. Items available for purchase will include:

- Drawstring bags- \$5
- Camp Baseball Hat- \$10
- Camp Sweatshirt (Crew Neck)- \$15
- Camp Sweatshirt (Hooded)- \$25

ADMISSION AND RELEASE OF CAMPER: Two weeks prior to camp, we will be sending out **check in** and **check out** times and a clothing checklist. Check in and check out times are assigned based on when the application is submitted. Requests for times will not be accepted. It is the responsibility of the contact person to make sure the appropriate people receive this information. Prior to check in, all sections of the application must be on file. This includes ISP, Behavior Plans, Medical/Health Forms, MARS and doctor's orders for medication changes. Your camper will not be admitted to camp without a complete camper file. In such case, the group home provider will be responsible for any fees or penalties due to cancellation. Please note your camper's scheduled check in time. To ensure a smooth admission of campers, early arrivals will not be accepted until their scheduled time. Late arrivals may need to wait until all other scheduled campers are admitted. We will no longer be admitting late campers after 7 PM. You will need to drop your camper off the next morning and either the guardian or provider will be billed for that night. Until your camper is admitted, you will be responsible for attending to your camper, including toileting needs and assistance with meals. A late camper pick up may be subject to additional billing to the parent, guardian or group home provider. Pick up times will be **assigned** between 11 AM and 1 PM on check out days. Please do not bring additional individuals to camp during check in or pick up. This may cause consumer anxiety and can confuse camp staff that may not be familiar with campers in attendance.

We understand this is a lot of information. Feel free to call or email us if you have any questions or concerns.

***Your signature indicates you have read and understand our updated policies and procedures. Please return a signed copy to Camp Courageous.**

Signature

Date

Name

Title

Session(s) Selection

I would like to register my camper for the following session(s):

Please refer to the 2017 Schedule and then select session dates below. Please be sure to select session appropriate for camper's age.

If the session you have selected is full, you will be contacted with alternative dates to attend.

Residential Camp

- Session 1 (June 4-9)
 - Ages 18-30
- Session 2 (June 11-16)
 - Ages 40 and older
- Session 3 (June 18-23)
 - Ages 40 and older
- Session 5 (July 2-7)
 - Ages 18-40
- Session 6 (July 9-14)
 - Ages 15-30
- Session 8 (July 23-28)
 - Ages 30 and older
- Session 9 (July 30-August 4)
 - Ages 30 and older
- Session 10 (August 6-11) **This week is designated for higher needs campers. Please contact Emily for a needs assessment.**
 - Ages 18 and older

Day Camp (All sessions for ages 5-18)

- Day Camp 1 (June 26-30)
- Day Camp 2 (July 17-21)

Respite Weekends (All sessions for ages 18 and older)

- Respite 1 (June 16-18)
- Respite 2 (July 7-9)
- Respite 3 (July 28-30)
- Fall 1 (September 8-10)
- Fall 2 (September 15-17)
- Fall 3 (September 22-24)
- Fall 4 (September 29-October 1)

CAMP COURAGEOUS & The Arc of N.W. Ohio, Inc.

Camper Application

Applicant Name: _____
Last First Nickname

Applicant Address: _____

City County State Zip Code

Applicant Phone: _____ 2nd: _____
Phone:

DOB: _____ Gender: Male ___ Female ___

Height _____ Weight: _____ Age: _____

PRIMARY CONTACT INFORMATION:

Primary Contact: _____ Relationship to Camper? _____

Direct Care Facility: _____ Supervisor Name _____

Address: _____

City County State Zip Code

Phone No: _____ 2nd: _____

Email (REQUIRED IF AVAILABLE): _____

Should clothing list and drop off times be sent to: (please circle below)

Primary Contact Camper Residence e-mail

Camp Courageous & The Arc of NW Ohio, Inc. prefers to send and receive documents via email when possible.

EMERGENCY AUTHORITY INFORMATION

	Name	Phone Number
Primary Emergency Contact:	_____	_____
Secondary Contact:	_____	_____
Primary Physician:	_____	_____
Address:	_____	
Specialist or Clinic:	_____	_____
Address:	_____	
Dentist:	_____	_____
Medical Insurance: Yes No	Insurance Carrier: _____	
Policy or Group Number: _____	Medicaid/Medicare #: _____	

I hereby give permission to the medical personnel selected by Camp Management to order x-rays, routine tests and treatment for me /my child/or ward, and in the event that parent/guardian cannot be reached in an emergency, I hereby give permission to the Physician selected by Camp Management or Nurse to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/my child/or ward as named above. This form may be photocopied for use out of camp.

Signature of Parent/Guardian, Direct Care Staff Person or Adult Camper _____
Date

EMERGENCY TRANSPORTATION AUTHORIZATION

I hereby give Camp Courageous and The Arc of NW Ohio, Inc. Staff and/or Nurse permission to transport (insert Camper name) _____ to _____ for emergency care, or to _____ for emergency dental care, or to the nearest available source of assistance.

Signature of Parent/Guardian, Direct Care Staff Person or Adult Camper _____
Date

Does your Camper have a Do Not Resuscitate Order? Yes No
(If yes, please attach all applicable documentation)

Signature of Parent/Guardian, Direct Care Staff Person or Adult Camper _____
Date

CAMPER PROFILE

The information you supply below is VERY IMPORTANT in caring for the campers and making group, camper/counselor assignments. PLEASE BE AS SPECIFIC AS POSSIBLE

Disability Information:

Primary Disability: _____

Secondary Disability (ies): _____

Developmental Age Functioning Level: _____

COMMUNICATION ABILITIES

	Normal	Impaired	Limitations
Hearing Ability	_____		
Vision Ability	_____		
Time-Concept	_____		
Memory	_____		
Other communication Difficulties	_____		
Uses communication Board/System	YES	NO	_____
Verbalizes, may be difficult to understand	YES	NO	_____
Non-Verbal – yes/no responses only	YES	NO	_____

Social Interactions	YES	NO
Likes One-One Interaction	_____	_____
Likes Small Group Interaction	_____	_____
Likes Large Group Interaction	_____	_____
Has camper ever been away from home before	_____	_____

Level of Supervision

Likes Physical Interaction	_____	_____
Needs verbal prompting/cueing to understand and follow basic instructions	YES	NO
Understands and can follow basic instruction	YES	NO

Please include any additional information that may be useful in caring for this camper

Behavior and Behavior Management

Camper has behavior supports listed in ISP/PCP? YES NO

**If YES, a copy of the Behavioral Support Plan must be on file prior to arrival at camp.
No camper will be admitted without a plan on file.**

Camper exhibits repetitive, difficult or dangerous (to self or others) behaviors at home or elsewhere?
YES NO

Camper exhibits observable antecedents (warning signs) before episodes or behavior problems?
YES NO

Please describe behaviors, emotional problems, triggers and possible resolutions to the camper's behaviors:

Special behavior concerns and/or limitations:

Please describe the Behavior Management Techniques used:

Campers will not necessarily be excluded from this program because of any described behaviors. This information enables us to provide appropriate placement and to secure additional or specialized staffing if necessary. If camper requires 1:1 attention, special arrangements must be made with the Director. Please report any behaviors appropriately and adequately.

ACTIVITIES OF DAILY LIVING: Please be as specific as possible

DIET:

Normal Mechanical Soft Chopped Puree
 G-Tube Thick-It (Must supply Thick-It)
 Food Allergies: please list: _____

MOBILITY:

Walks independently Walks: Needs Assist
 Must be assisted on rough areas
 Wheelchair: needs assistance at all times Wheelchair, but is independent in use

TRANSFERS:

Not applicable Two-person assistance
 Hoyer/Hoist Can make transfers

DRESSES/UNDRESSES:

Independent Needs assist with buttons/shoes/etc.
 Needs total assistance Needs only some help

SLEEPING: Camper is used to _____ hrs sleep at night

No special concerns Gets up during night Must be turned during night
 Occasional Nightmares

BATHROOM NEEDS:

Completely Independent Needs transfer to toilet Needs total assistance
 Needs help with clothing
 Needs assist wiping Diapers/Depends (Day or Nighttime) _____

SWIMMING:

Swims Independently Must wear lifejacket Needs full time help in water
 Does Not Like to Swim

Please include any additional information that may be useful in caring for this camper

Camp Courageous & The Arc of NW Ohio, Inc. Insurance Waiver and Release of Liability

In consideration for participating in any way in Camp Courageous & The Arc of NW Ohio, Inc.'s recreation program, camps, related events and activities, the undersigned:

Agrees that prior to participating, I and/or the minor participant will inspect the facilities and equipment to be used, and if they believe anything is unsafe will immediately advise Camp Courageous & the Arc of NW Ohio, Inc. of such condition(s) and refuse to participate.

Agrees that I have personal responsibility to follow established safety rules & procedures to the extent that I participate in such activities. If I have questions about activity, I have the responsibility to consult the counselor. Acknowledge and fully understand that I and/or the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability, dismemberment and death, and severe social and/or economic losses which might result only from my own actions, inactions, the negligence of other campers, the rules of play, condition of the premises or any equipment used. Acknowledge and fully understand that there may be risks, beyond those mentioned in the foregoing, not known at this time or not reasonably foreseeable at this time.

Assume all of the foregoing risks and accept personal responsibility for any damages, claims, or losses following any loss of personal property, physical injury, permanent disability, dismemberment or death to myself and/or family member(s), including any minor children. Certify that myself and/or family member(s), including any minor children, are fully capable of participating in camp activities. Hereby forever release, waive, discharge, and covenant not to sue Camp Courageous & The Arc of NW Ohio, Inc., its employees, volunteers, staff, agents, successors, assigns, trustees, and/or members, its affiliated clubs, their representative administrators, directors, coaches, other participants, sponsoring agencies, sponsors, advertisers, heirs, and if applicable, owners, and lessors of premises used to conduct the event, all of whom are hereinafter referred to as "release's", from demands, losses, claims or damages arising from injury to the above mentioned camper or his/her property caused or allegedly caused, in whole or in part, by the negligence of release's or otherwise, that occurs during camping sessions or activities, in transit to or from the camp, or during any activity approved by release's.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN, IT VOLUNTARILY.

Participant's Name:

Camper's Signature

Date

If participant is a minor and/or has a legal guardian, parent(s), and/or guardian(s), signature below is required:

Parent/Guardian/Direct Care Staff Signature

Date

Second Parent/Guardian/Direct Care Staff Signature

Date

Note: If second parent signature is not possible, first parent/guardian certifies that the second parent/guardian has authorized to pursue this activity and second parent/guardian agrees to all items stipulated above.

**Campers will not be admitted without a signed
Insurance Waiver and Release of Information on file.**

Camp Courageous and the Arc of Northwest Ohio, Inc. Release Form

I grant permission to Camp Courageous and the Arc of Northwest Ohio, Inc. to use my name and photo and likeness in all forms, including printed, electronic, digital, web, video, audio, and/or other media, for publication, display or other uses as deemed appropriate.

For Individuals 18 Years of Age and Older

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Name (**print**) _____ Signature _____

Date _____

For Individuals that have a guardian or are under the Age of 18

As this individual has a guardian or is not 18 years of age or older, I am giving my permission as parent, legal guardian, or custodian for the above information for the purposes stated. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Name of parent, legal guardian, or custodian (**print**) _____

Name of consumer you are signing for: _____

Signature of parent, legal guardian, or custodian _____

Date _____

I do not grant permission to Camp Courageous and the Arc of NW Ohio, Inc. to use my name and photo and likeness in all forms, including printed, electronic, digital, web, video, audio, and/or other media, for publication, display or other uses as deemed appropriate.

Name (**print**) _____ Signature _____

Name of parent, legal guardian, or custodian (**if individual is under 18**) _____

Signature of parent, legal guardian, or custodian _____

Date _____

Camp Courageous & The Arc of N.W. Ohio, Inc. Fee Form
In order for us to process your camp reservation, you **MUST** complete and return.

CAMP FEES (Does Not Include Non-Refundable Application Fee)

Residential Week Camp

- Waiver- \$749.65
- Private Pay- \$1400 (County Boards paying for attendance must pay private pay rate)

Residential Weekend Camp

- Waiver- \$299.86
- Private Pay- \$350 (County Boards paying for attendance must pay private pay rate)

Children's Day Camp

- Waiver- \$229.50
- Private Pay- \$750 (County Boards paying for attendance must pay private pay rate)

Non-Refundable Application Fee

Residential Camp Fee - \$175.00 Weekend Fee - \$100.00 Day Camp- \$75.00
Additional Week - \$50 Additional Weekend- \$25 Addn'l Day Camp - \$25
(must be included with application and is a non-waiver fee)

Camper Name: _____

PAYMENT PLAN A- PARENT/GUARDIAN/CAMPER

Parents/Guardian/Camper will pay the fee of \$ _____

This will be paid as checked: _____ Payment in full enclosed Check #: _____ Date: _____
OR

Charge Payment to: Master Card Visa Discover
Amt. of Charge: \$ _____ Credit Card #: _____ Exp Date: ____/____

3 Digit Card Security Code: _____

Name as it appears on Credit Card: _____

Signature on account: _____

Payments will be made as follows...

Date _____	Amount\$ _____
Date _____	Amount\$ _____
Date _____	Amount\$ _____

Private payments are due by the end of the camp session.
Late payments will be assessed a 5% late penalty for each 30 day period past due.

PAYMENT PLAN B- FAMILY RESOURCE SERVICES

Important! **Complete this section, indicating how much each sponsor will provide and when the payment will be made. It is your responsibility to contact a FRS representative prior to completing application. If you have a FRS Co-Pay it must be paid prior to the camping season!**

Billing to FRS will be completed after attendance at camp.
Be aware of the amount for camp that we will be charging against your account!

NAME OF AGENCY: _____
CONTACT PERSON: _____
ADDRESS: _____ CITY: _____ STATE: _____
ZIP: _____ PHONE: _____ FAX: _____
AMOUNT TO BE PAID BY Agency \$ _____ PAYMENT DATE: _____

If the sponsor listed below is only paying part of the camp fee, indicate who is paying the balance:

NAME OF SPONSOR: _____
ADDRESS: _____
CITY: _____ STATE _____ ZIP _____ PHONE _____
AMOUNT TO BE PAID BY SPONSOR \$ _____ PAYMENT DATE: _____

PAYMENT PLAN C- I/O and MEDICAID WAIVERS

Residential Camper Billing – Billing will be based on the time the camper is dropped off/picked up with the anticipated times being: Sunday at 4:00 pm until Friday at 1:00 pm

- **Level 1 and I/O Waiver** – (5) days of Community Respite will be billed at the daily rate of 149.93 for a total cost of 749.65. **Note this is a change from prior years due to new ODMRDD Rule 5123:2-9-34

Weekend Camps – Billing will be based on the time the camper is dropped off/picked up with the anticipated times being: Friday at 5:00 pm until noon on Sunday.

- **Level 1 and I/O Waiver** – (2) days of Community Respite will be billed at the daily rate of 149.93 for a total cost of 299.86 **Note this is a change from prior years due to new ODMRDD Rule 5123:2-9-34

SASS Name, Phone and email: _____

Please contact Chelsea Banas
to verify that the paperwork and information is complete and accurate.
emilyf@campcourageous.com or call 419 875-6828

**** Please note: Campers may require changes in ratios due to personal limitations (e.g. use of wheelchair) Adjustments to the ratios will be made accordingly, and the price of camp will need to reflect those adjustments. Please keep this in mind. In this case, you will be contacted with rates for service.**

Medical/Physical History

To Be Completed By A Medical Physician only!

Date of Exam: _____ Male: _____ Female: _____

Camper's Name: _____ D.O.B. _____

Medical Diagnosis: _____

Weight: _____ B/P: _____ Pulse: _____ Resp: _____

Please indicate if camper has/had a history of the following secondary problems by checking yes or no. If YES, please include COMPLETE information pertaining to the problem.

PROBLEM	YES	NO	IF YES PLEASE DESCRIBE
Learning/Mental Impairment	___	___	_____
Psychological Impairment	___	___	_____
Auditory Impairment	___	___	_____
Hearing Aids:	___	___	_____
Speech Impairment	___	___	_____
Heart Defect/Disease	___	___	_____
Hypertension	___	___	_____
Postural Hypertension	___	___	_____
PVD	___	___	_____
Asthma/COPD	___	___	_____
Diabetes	___	___	_____
Insulin Dependent	___	___	_____
Kidney Disease/Impairment	___	___	_____
Bleeding/Clotting Disorders	___	___	_____
Hemophilia	___	___	_____
HIV+	___	___	_____
Hepatitis	___	___	_____
Gastrointestinal Disorder	___	___	_____
Pain	___	___	_____
Controlled	___	___	_____
Affected Areas	___	___	_____
Arthritis	___	___	_____
Contractures	___	___	_____
Fractures	___	___	_____
Location	___	___	_____
Healed	___	___	_____
Spinal Column Injury	___	___	_____
Date/Type _____	___	___	_____
Head Injury	___	___	_____
Date/Type _____	___	___	_____
Joint Disease/Deformity	___	___	_____
Scoliosis	___	___	_____
Degree/Type _____	___	___	_____
Hydrocephalus	___	___	_____

Seizures: YES__NO__ Type:_____ Controlled: YES__NO__
 How Often? _____
 Does Respiratory Difficulty occur? YES__NO__ Describe _____
 Camper's behavior before and after a seizure _____

Skin Care: Any existing open areas? YES__NO__

If yes, please describe size, location and care: _____

Recent Illness/Injury: YES__NO__ Type: _____

Surgery: YES__NO__ Type: _____

Additional Information: Please use this space to tell us any other medical information or recommendations pertinent to this individual's participation in Camp Courageous programs:

Please circle item(s) that pertain to this camper. Write dates where indicated.

Allergies

Food	Yes	No
Environment	Yes	No
Drugs	Yes	No
Other: _____		

Females Only

Has this person Menstruated?	Yes	No
If no, is she aware of Menstruation?	Yes	No
If yes, is her menstrual history normal?	Yes	No

IMMUNIZATION

Diphtheria, Pertussis, Tetanus
 Tetanus, Diphtheria, Tetanus
 Oral Polio, (sabin) TOPV
 Injectable polio (Salk)
 Measles (hard, red Rubella)
 Tuberculin Test Given
 Chicken Pox (varicella)

DATES

BOOSTER

Physicians Standing Orders

The following nonprescription medications are used on an as- needed basis by the Camp Courageous nursing staff and unlicensed staff that has been certified by the Ohio Department of Developmental Disabilities to administer medications. Please select any item the individual **SHOULD NOT BE GIVEN**:

Acetaminophen (Tylenol)	Do Not Give	Aloe	Do Not Give
Ibuprofen (Advil, Motrin)	Do Not Give	Topical Antibiotic Cream	Do Not Give
Chloraseptic (Sore Throat Spray)	Do Not Give	Pseudoephedrine (Sudafed)	Do Not Give
Hydrocortisone 1% Cream	Do Not Give	Diphenhydramine (Benadryl)	Do Not Give
Diphenhydramine Cream	Do Not Give	Maalox	Do Not Give
		Bismuth Subsalicylate (Pepto)	Do Not Give

Physician's Name _____

Signature: _____

Telephone Number: _____ Date: _____

Fax Number: _____

MEDICATIONS (attach additional sheets if necessary)

Please complete only if the camper lives with a parent or guardian. Those who live in a group home must submit the most recent MAR **at time of application submission**. If there are any changes within those 2 weeks, physician orders must be completed and brought with the camper at check in.

Please fill in the following and remember to bring all medications in their original prescription bottle.

Medication: _____
Dosage Amount _____ Time of Day _____ Purpose _____
Other Directions _____

Medication: _____
Dosage Amount _____ Time of Day _____ Purpose _____
Other Directions _____

Medication: _____
Dosage Amount _____ Time of Day _____ Purpose _____
Other Directions _____

Medication: _____
Dosage Amount _____ Time of Day _____ Purpose _____
Other Directions _____

Camper's will be participating in outdoor recreation and leisure programs while at camp, please list any medical, or limiting conditions we should be aware of:

PLEASE remember to send extra supplies, clothes, sleeping bag and bedding, absorbent pads, diapers, depends, glasses, hearing aid batteries, etc. Camp Courageous and The Arc of N.W. Ohio, Inc. will only supply these items on an emergency basis.

SIGNATURE OF PERSON COMPLETING FORMS

Adult Camper, Parent/Guardian, Direct Care Staff

Date

Camper Application Checklist

Please use this checklist as a guide in filing out the attached application.

DID YOU?	Yes/No (if no, please indicate expected submission date)
1. Signed Policy Acknowledgement Letter	
2. Provide <u>ACCURATE</u> Emergency Contact Information	
3. Complete all Campers Vital Information (name, address, DOB, age, sex, phone number)	
4. Include a recent photo of the camper	
5. Select all sessions wishing to attend	
6. Sign the Emergency Authorization Permission Form	
7. Include the Medical/Physical History Forms	
8. Complete the Profile and Communication sections	
9. Complete the Health History Form and Medications Form	
10. Complete the Activities of Daily Living section	
11. Thoroughly Read and Sign the Insurance Waiver Form	
12. Complete and Sign the FEE FORM	
13. Include the Non-Refundable Application Fee	

NOTE: ANY INCOMPLETE APPLICATION MAY NOT BE PROCESSED. THIS COULD RESULT IN EITHER BEING PLACED ON OUR WAITING LIST OR THE LOSS OF A RESERVED PLACE IN YOUR PREFERRED CAMP SESSION(S).

Please keep a copy of this checklist and application for your records, particularly if you are sending in a partial application.

If you have any questions, please call the office at 419-875-6828 or email emilyf@campcourageous.com.

Thank you for your attention on all aspects of the camper application. We can't wait to see your camper this summer!!