

**2017 Dodge Pond Summer Recreation
ROTARY CAMP**

Due to the quantity of applications received by Dodge Pond staff each year, we would like to stress the importance of sending a **complete** application. Staff would like to ask that all applications have legible names, addresses, and phone numbers of campers and their guardians/parents/case managers. A 24 hour contact person and number are vital in case of an emergency. Please be sure to include all information on the medical portion of the application and remember too much information is never enough! Please be sure a physical has been done within 1 year of the child attending camp. **A Doctor must sign all medical information and immunization information is necessary!**

This year we are giving people the option to choose which week would suit them in an effort to increase enrollment. July 31st through August 5th is traditionally the week Jefferson County campers attend Dodge Pond. August 7th through August 12th is the traditional St. Lawrence County week. Please check the week below you would like your child to attend. Because we are only able to serve fifty children per week, it may be necessary because of numbers to move children from one week to the other.

- * **Because of renovations, Dodge Pond is only able to provide indoor accommodations for ten campers. Beds indoors will be given to individuals with medical needs first.**
- * **Please remember, Dodge Pond does not offer overnight staff. This means Dodge Pond will not be able to follow any program which consists of waking campers during the night.**
- * **Also, if your camper arrives at camp ill or becomes ill anytime during their stay, they will immediately be sent home.**
- * **There is a limited number of spots for children needing 1:1 services. Reservations cannot be made over the phone. Only a complete application can reserve a slot.**

* **Please check the week you prefer.**

July 31st – August 5th: _____ **August 7th – August 12th:** _____

We would like to ask for the **complete** application sent back to Dodge Pond no later than June 31st. ***If for any reason the application is sent back incomplete, it will not be accepted!***

Thank you for your cooperation and look forward to serving you and your children this year!

Sincerely,

Joe Montgomery
Camp Administrator
(315) 848-2336
jmontgomery@slnysarc.org

**Dodge Pond Summer Recreation Program
Reservation Form
Rotary Camp July 31st – Aug 5th or Aug 7th – Aug 12th 2017**

THIS APPLICATION IS NON-TRANSFERABLE. CAMPERS MUST BE PRE-APPROVED.

Name: _____ **Age:** _____

Address: _____ **SS#:** _____

_____ **Telephone #:** _____

E-mail: _____

Current Residence: (Please check one)

Home IRA Family Care CR-Residence Name: _____

Contact Numbers:

Service Coor./Case Manager: _____ **Phone:W:** _____ **H:** _____

Residential Manager: _____ **Phone:W:** _____ **H:** _____

Parent/Guardian: _____ **Phone:W:** _____ **H:** _____

Who is available for 24 hour contact?: _____ **Phone:W:** _____ **H:** _____

T-Shirt Size (check one)

(Small) (Medium) (Large) (X-Large) (2X-Large) (Other)

TO MAKE RESERVATIONS, COMPLETE AND RETURN By June 30th to:

St. Lawrence NYSARC, 6 Commerce Lane, Canton, N.Y. 13617 Attn. Joe Montgomery

If you have any questions, please call Joe Montgomery at (315) 848-2336.

Please check if 1:1 staffing is required. _____

Is camper able to stay/sleep in tent? _____ YES _____ NO

Accommodations Preferred: _____ Lodge _____ Tent Site _____ Lean-to _____ Cabin

Has camper attended Dodge Pond before? _____ **How many years?** _____

Dodge Pond Summer Recreation Program
PART A – PAGE 1
MEDICAL FORM

Please provide the following information and the most current physical.*

***Physical MUST be current (within 1 year of camp attendance) and returned by the deadline date.**

The quality of care provided depends on this information; therefore, it is MANDATORY.

Camper: _____ Age: _____ DOB: ____/____/____ Sex: M F

Complete Diagnosis: _____

1. Health History

Past Illnesses: _____

Surgeries: _____

Injuries: _____

2. Seizure History

Does camper have a seizure disorder? _____ Yes _____ No

If so, how often? _____ Last known seizure _____

Please describe a typical seizure: _____

3. Immunizations

Please give dates of immunizations. *Tetanus should be dated after 6/04 and PPD administered within 1 year of camp attendance.

*Tetanus ____/____/____ DPT ____/____/____ Measles ____/____/____

Mumps ____/____/____ Polio ____/____/____ Rubella ____/____/____

*PPD ____/____/____ or Chest X-Ray Report Results: ____ Pos ____ Neg ____ mm of induration

4. Other Medical Concerns:

A. Assistive devices: *Please circle (if applicable)* Cane, walker, wheelchair, leg and or arm brace(s), eyeglasses, hearing aid(s), dentures, partial plates. Other: _____

Dodge Pond Summer Recreation Program
PART A – PAGE 2
MEDICAL FORM

Camper: _____ Age: _____ DOB: ____/____/____ Sex: M F

B. Sensitivities/Restrictions: *Please circle (if applicable) and describe in the space provided below.* Frequent ear infections, auditory impairment, speech impairment, visual impairment, stomach sensitivities, sun sensitivity, feet sensitivity, skin disorders. Other: _____

5. Nutrition:

Current Diet: _____

6. Allergies: *Please include medications, environmental, seasonal and food allergies, if any. Otherwise please write NONE.*

Allergy	Reaction	Treatment
_____	_____	_____
_____	_____	_____
_____	_____	_____

* If more space is need, please attach a separate sheet.

7. Present Medications: **Please complete page 4 and have signed by the camper’s health care provider. MAR’s are not a substitute but are helpful.**

***ALL MEDICATIONS MUST BE SENT TO CAMP IN THE ORIGINAL BOTTLE WITH A CURRENT PHARMACY LABEL ATTACHED. NO EXCEPTIONS!**

If you have any questions, please contact the nurse at (315) 848-2336.

How are medication taken? (*Please circle*) Whole Crushed Other: _____

What are medications taken with? (*Please circle*) Liquids Applesauce/Pudding Other: _____

8. Health Care Provider Information: (Please print clearly)

Name of HealthCare Provider and Title: _____

Address: _____

Phone: (_____) _____ - _____

9. Health Insurance Information: (A copy of the medical card(s) front & back is also acceptable.)

Medicaid Number: _____ Seq # _____

Medicare Number: _____

Insurance Carrier: _____ Policy Number: _____

Dodge Pond Summer Recreation Program

PART A – PAGE 3

MEDICAL FORM

Standing Medication Orders

Camper: _____ Age: _____ DOB: ____/____/____ Sex: M F

The following is a list of PRN medication available at camp. Please check which medications you wish to be given if needed. **If the form is not signed by the camper’s health care provider, none of the medication below can be administered.**

<input checked="" type="checkbox"/>	Medication	Dose	Route	Frequency	Directions/indications
	Acetaminophen	325mg, 2 tabs	PO	Q4H, PRN	For fever above 101F, H/A, discomfort, or menstrual pain.
	Robitussin DM	5ml	PO	Q4H, PRN	For cough with cold symptoms.
	Pepto Bismol	30ml	PO	Q4H, PRN	For c/o nausea and /or diarrhea. (Maximum Daily Dose- 6 in 24 Hour period)
	Tums	1-2 tabs	PO	PRN	For indigestion, heartburn and/or sour stomach.
	Milk of Magnesia	30ml	PO	QHS, PRN	For constipation.
	Kaopectate	30ml	PO	PRN	After loose stool, starting with stool #3. May repeat X 2.
	Benadryl	25mg tab	PO	PRN	For rash or persistent itch.
	Calamine Lotion		Topically	TID, PRN	Apply sparingly to affected are of insect bite, rash or minor skin irritation.
	Antibiotic Ointment		Topically	PRN	For infection prevention on minor cuts and abrasions
	Hydrogen Peroxide		Topically	PRN	For infection prevention on minor cuts and abrasions
	Sunscreen	SPF 30, PABA Free	Topically	PRN	Apply to all exposed skin surfaces prior to sun exposure.
	Solarcaine		Topically	PRN	Apply to affected area for incidental sunburn
	OFF! Insect Repellent		Topically	PRN	Apply to all exposed skin surfaces prior to being outdoors.

Medications may be used for 48 hours and/or one episode X 5 doses, then consult MD for further orders. **This form MUST be signed and a check mark placed by the approved medications by the camper’s health care provider.**

_____ / _____ / _____

Dodge Pond Summer Recreation Program
Part B -Page 1

CAMPER'S NAME: _____

Please answer all questions. If a question does not apply to your camper, please indicate with NA. **Please do not leave any section blank.** The quality of care we provide depends on this input.

Use extra sheets if needed to provide complete information. Thank you.

Communication:

	YES	NO	NA
Verbal	[]	[]	[]
Sign Language	[]	[]	[]
Read	[]	[]	[]
Write	[]	[]	[]

How else does the camper make needs known? _____

Behaviors:

Will the camper need **1:1 assistance** because of behavioral or medical concerns? For example: emotional outbursts, seizures, hitting, wandering, etc.?

YES [] NO []

Describe in detail any problematic behavior and the best way to handle the behavior while at camp:

Activities of Daily Living:

A. Bathroom Activities

Toileting supervision required? YES [] NO []

Explain type of supervision: _____

Shower and wash self? [] []

Special equipment required? (list) _____

(If equipment is needed, please send to camp)

Personal hygiene (i.e., tooth brushing, face washing, shaving, hand washing, etc.)

What kind of supervision for each? (i.e., verbal prompts, visual supervision, hands-on, etc. If need to be shaven, how often (times), can shave self, disposable or electric razor, etc.) Please be specific.

Part B - Page 2

B. Mobility

	YES	NO	NA
Does camper walk unassisted?	[]	[]	[]
What adaptive equipment or staff support is needed? _____			
Does camper use a wheelchair?	[]	[]	[]
Manual or electric? _____			
Long or short distances with wheelchair? _____			
Can camper transfer independently?	[]	[]	[]
Does camper use a lift? _____ Yes _____ No			
Are one or two people needed to transfer? _____			

Comments regarding Mobility. Please be specific. _____

C. Sleeping Activities

What are camper's usual sleeping hours? _____

Camp bedtime (lights out) is 9 pm - 7 am; do you think this will present any difficulties? _____

Is camper known to wander during hours of rest? If so, please explain. _____

	YES	NO	NA
Has camper been known to sleepwalk?	[]	[]	[]
Is camper incontinent at night?	[]	[]	[]
Has camper been known to roll out of bed?	[]	[]	[]
Would the camper enjoy sleeping outside in a tent?	[]	[]	[]
Is the camper capable of sleeping on an upper bunk?	[]	[]	[]

Comments regarding Sleep Activities. Please be specific when mentioning any sleep problems.

D. Dining Skills

	YES	NO	NA
Does the camper dine independently?	[]	[]	[]
Is the camper able to carry a tray?	[]	[]	[]
Does the camper require special feeding considerations?	[]	[]	[]
Does the camper use adaptive equipment?	[]	[]	[]
List Equipment: _____			

(Equipment must to be sent with the camper)

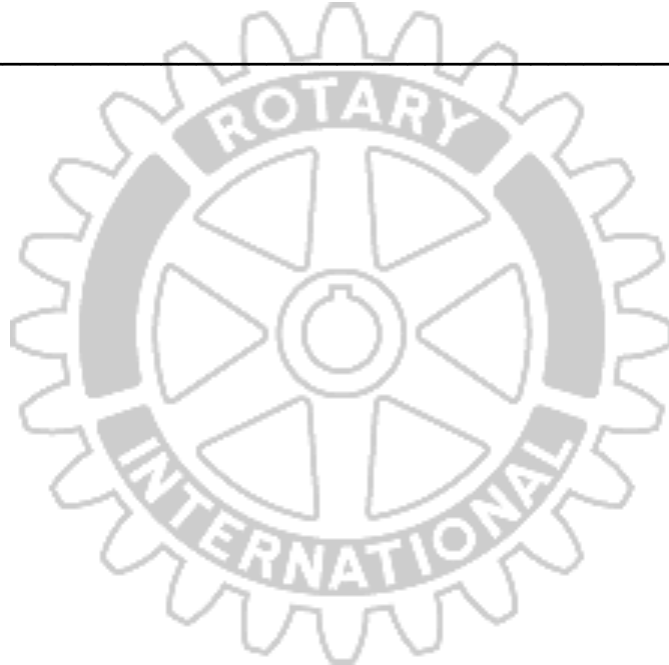
Comments regarding Dining Skills. Please be specific. _____

Part B - Page 3

E. Camp and Leisure Activities

	YES	NO	NA
Does the camper enjoy the water?	[]	[]	[]
Does the camper swim?	[]	[]	[]
Does the camper like to go for walks?	[]	[]	[]
Does the camper enjoy sports?	[]	[]	[]
Does the camper enjoy arts and crafts?	[]	[]	[]
What other leisure activities does the camper enjoy? _____			

Comments regarding Camp and Leisure Activities. Please be specific. _____



St. Lawrence NYSARC
DODGE POND SUMMER RECREATION PROGRAM

TRANSPORTATION REQUEST

CAMPER NAME: _____

Ambulatory Wheelchair Crutches Other: _____

** Camper DOES NOT need transportation: _____

Monday pick-up: (Please circle)

(10:30 a.m.)
Massena Workshop

(11:00 a.m.)
Canton Day Habilitation

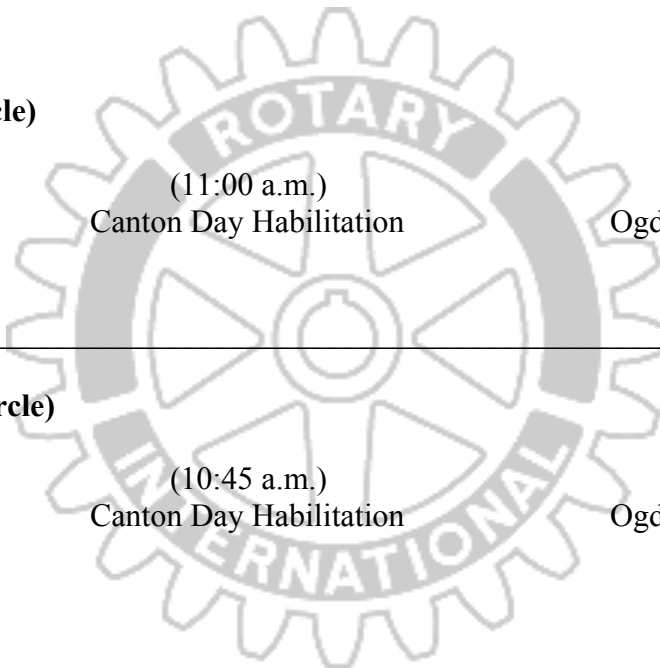
(11:00 a.m.)
Ogdensburg Bottle Redemption

Saturday Drop-off: (Please circle)

(11:15 a.m.)
Massena Workshop

(10:45 a.m.)
Canton Day Habilitation

(11:00 a.m.)
Ogdensburg Bottle Redemption



* Please note, a representative from Dodge Pond will the Thursday or Friday prior to the opening of camp to remind parents of their pick-up/drop-off sites and times, ensure emergency telephone numbers and contact person, and answer any questions you may have.

* If for some reason your child decides not to attend camp, please call at your earliest convenience so that others may have an opportunity to take their spot.

* If you have any questions, please call Stormy Collett or Joe Montgomery at (315) 848-2336.

Dodge Pond Summer Recreation Program
PERMISSION SLIPS

This form **MUST BE COMPLETED** for attendance at Dodge Pond.

CAMPER: _____

I, or parent/guardian hereby agree and give permission for the person or persons chosen by this Agency to examine, diagnose and prescribe for minor ailments without further notice.

I, or parent/guardian further agree, in the event of a surgical emergency, if I, the parent/guardian or person responsible cannot be contacted, that the physician appointed by this Agency and their consultants have permission to carry out necessary procedures.

Signature of camper (if over 18 yrs. old) Date

Signature of Parent/Guardian/Residence Manager 24-Hour Phone Number

Address of Parent or Guardian Date

PERMISSION FOR WATERFRONT ACTIVITIES

I hereby give my permission for the camper to participate in the waterfront program at Dodge Pond Summer Program, Fine, NY.

Signature Date

PERMISSION FOR PHOTOGRAPHS

I hereby give permission for the camper to have his/her photograph taken during camp. The photographs are used for promotional matter and/or Summer Camp Photo Album.

Signature Date

Dodge Pond Summer Recreation Program

WHAT TO BRING TO DODGE POND

Please keep this page for your own information!

- 1 Bathing Suit
- 1 Beach Towel
- 2 Pair of Sneakers or Shoes
- Underwear and Socks for each day
- 2 pairs of Heavy Pajamas
- 1 Heavy Jacket
- 1 Sweatshirt
- 1 Raincoat, Hat, Rubbers or Boots (weather can be unpredictable)
- Shirts, Shorts, Jeans
- Soap, Toothpaste, Shampoo, Toothbrush, Comb and/or Brush
- Razor, if necessary
- 2 Washcloths and 2 Towels
- 1 Pillow, 2 Pillowcases
- 1 Sleeping Bag OR 2 Sheets and 3 Blankets
- 1 Large Laundry Bag OR Plastic Bag for Soiled Laundry
- Sanitary Napkins, if possibly needed
- Flashlight
- Insect Repellent
- Adaptive Equipment
- Sunscreen

NOTE: It is mandatory that camper's first and last name be written on luggage and clothing/persons belongings (not initials).

THERE WILL BE NO LAUNDRY FACILITIES AT CAMP!!

Please be sure the CAMPER'S NAME is clearly marked on ALL ARTICLES of clothing that they bring to camp. This is to ensure if they are left behind, they may be returned to the camper. Items left behind, that cannot be identified, will be given to a charitable organization. If camper needs toiletries and they are not brought with them, we will purchase and provide them, however you will be billed at a later date for those items used. Thank you.

St. Lawrence NYSARC
DODGE POND SUMMER RECREATION PROGRAM

TRANSPORTATION REQUEST
JEFFERSON COUNTY CAMP

CAMPER NAME: _____

Ambulatory Wheelchair Crutches Other: _____

** Camper DOES NOT need transportation: _____

Monday pick-up: Wheelchair Bus: 11:00 AM PROMPTLY
 Camper Bus: 1:00 PM PROMPTLY
 Location: Stateway Plaza, Watertown in front of WWTI Newswatch 50 Building

Saturday Drop-off: All Buses: 10:30 AM PROMPTLY
 Location: Stateway Plaza, Watertown in front of WWTI Newswatch 50 Building

* If you have any questions, please call Joe Montgomery at (315) 848-2336.