

## 2017 Dodge Pond Summer Vacations For Adults

Thank you for your interest in Dodge Pond's 2017 Vacation Season. Please fill out all portions of the following application and send the completed application with full payment to the address below by June 9<sup>th</sup>. Please note, registration is first come, first serve.

Staff would like to ask that all applications have legible names, addresses, and phone numbers of vacationer and their guardians/parents/case managers. **Each vacationer must have an updated physical and a 24 hour contact person and number.** This information is vital in case of an emergency.

This year, staff ask that a copy of the vacationer's MAR be sent prior to arriving at Dodge Pond. This will help expedite the process and cut down on Monday afternoon confusion.

Because of the special accommodations needed by some, all efforts will be made to satisfy everyone's preferred sleeping arrangement. **Please note, reservations can only be made when a complete application has been received along with payment. Reservations can not be made by phone.**

**New this year. If the vacationer chooses indoor accommodations, they will not need linen. These means they will not need blankets, pillows, or bathing towels. Those items will be provided by Dodge Pond. The vacationer would need to bring a beach towel if they plan on swimming.**

***Please send the completed application and full payment to:***  
**St. Lawrence NYSARC, 6 Commerce Lane, Canton, N.Y. 13617**

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

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

Sincerely,

Joe Montgomery  
Director of Dodge Pond  
jmontgomery@slnysarc.org

**Dodge Pond Summer Vacations  
Part B -Page 1**

VACATIONERS'S NAME: \_\_\_\_\_

**Please answer all questions.** If a question does not apply to your vacationer, 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.

<b>Communication:</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
Verbal	[ ]	[ ]	[ ]
Sign Language	[ ]	[ ]	[ ]
Read	[ ]	[ ]	[ ]
Write	[ ]	[ ]	[ ]

How else does the vacationer make needs known? \_\_\_\_\_

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**Behaviors:**

Will the vacationer 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:

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**Activities of Daily Living:**

<b>A. Bathroom Activities</b>	<b>YES</b>	<b>NO</b>
Toileting supervision required?	[ ]	[ ]

Explain type of supervision: \_\_\_\_\_

Shower and wash self? [ ] [ ]

Special equipment required? (list) \_\_\_\_\_

(If equipment is needed, please send to Dodge Pond)

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.**

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**B. Mobility**

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

**Comments regarding mobility. Please be specific.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. Sleeping Activities**

What are vacationer's usual sleeping hours? \_\_\_\_\_  
 Bedtime (lights out) is 9 pm - 7 am; do you think this will present any difficulties? \_\_\_\_\_

Does your vacationer need to sleep indoors for medical reasons? Yes or No  
 Is your vacationer afraid of the dark? Yes or No  
 Does your vacationer need a vinyl mattress? Yes or No  
**Is vacationer known to wander during hours of rest? If so, please explain.** \_\_\_\_\_

	<b>YES</b>	<b>NO</b>	<b>NA</b>
Has vacationer been known to sleepwalk?	[ ]	[ ]	[ ]
Is vacationer incontinent at night?	[ ]	[ ]	[ ]
Has vacationer been known to roll out of bed?	[ ]	[ ]	[ ]
Would the vacationer enjoy sleeping outside in a tent?	[ ]	[ ]	[ ]
Does the vacationer use a CPAP machine?	[ ]	[ ]	[ ]

**Comments regarding sleep activities. Please be specific when mentioning any sleep problems.** \_\_\_\_\_  
 \_\_\_\_\_

**D. Dining Skills**

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

(Equipment must to be sent with the vacationer)

**Comments regarding dining skills. Please be specific.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part B - Page 3**

**E. Leisure Activities**

	<b>YES</b>	<b>NO</b>	<b>NA</b>
Does the vacationer enjoy the water?	[ ]	[ ]	[ ]
Does the vacationer swim?	[ ]	[ ]	[ ]
Does the vacationer like to go for walks?	[ ]	[ ]	[ ]
Does the vacationer enjoy sports?	[ ]	[ ]	[ ]
Does the vacationer enjoy arts and crafts?	[ ]	[ ]	[ ]
What other leisure activities does the vacationer enjoy?			

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**Comments regarding leisure activities. Please be specific.** \_\_\_\_\_

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Dodge Pond Summer Vacations

PART A – PAGE 1

**MEDICAL FORM**

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

**\*Physical MUST be current (within 1 year of attendance) and returned by the deadline date. The quality of care provided depends on this information; therefore, it is MANDATORY.**

Vacationer: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sex: M F

Complete Diagnosis:

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1. Health History

Past Illnesses:

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Surgeries:

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Injuries:

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2. Seizure History

Does vacationer have a seizure disorder? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, how often? \_\_\_\_\_ Last known seizure \_\_\_\_\_

Please describe a typical seizure:

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3. Immunizations

**Please give dates of immunizations. \*Tetanus should be dated after 7/2007**

\*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.

Dodge Pond Summer Vacations

PART A – PAGE 2

MEDICAL FORM

Vacationer: \_\_\_\_\_ 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: (example) 1 inch bites, ½ inch bites, etc...

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 vacationer’s health care provider. MAR’s are not a substitute but are helpful.**

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

**If you have any questions, please contact the RN 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 Vacations  
PART A – PAGE 3  
**MEDICAL FORM**  
**Standing Medication Orders**

Vacationer: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sex: M F

The following is a list of PRN medication available at Dodge Pond. Please check which medications you wish to be given if needed. **If the form is not signed by the vacationer'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 vacationer's health care provider.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Health Care Provider Signature and Title Date





2017 DODGE POND SUMMER VACATIONS  
BOX 521 CO HWY 27  
Oswegatchie, N.Y. 13670

RECREATION/LEISURE INTEREST SHEET

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In order to ensure your satisfaction this year, please check below all the activities you would like to participate in. Please remember, if vacation to you means relaxation, check visiting.

GAMES AND SPORTS

- CROQUET \_\_\_\_\_
- BASKETBALL \_\_\_\_\_
- BADMINTON \_\_\_\_\_
- BEAN BAG TOSS \_\_\_\_\_
- CARDS \_\_\_\_\_
- DANCING \_\_\_\_\_
- EXERCISING \_\_\_\_\_
- FRISBEE \_\_\_\_\_
- HORSESHOES \_\_\_\_\_
- KICKBALL \_\_\_\_\_
- SOFTBALL \_\_\_\_\_
- WHIFFLEBALL \_\_\_\_\_
- SPECIAL OLYMPICS \_\_\_\_\_
- SWIMMING \_\_\_\_\_
- TABLE GAMES \_\_\_\_\_
- VOLLEYBALL \_\_\_\_\_
- WALKING \_\_\_\_\_
- BOCHEE BALL \_\_\_\_\_

MUSIC

- LISTENING \_\_\_\_\_
- SINGING \_\_\_\_\_
- INSTRUMENTS \_\_\_\_\_

OUTDOOR RECREATION

- BOATING \_\_\_\_\_
- FISHING \_\_\_\_\_
- PICNICS \_\_\_\_\_
- HIKING \_\_\_\_\_

ARTS AND CRAFTS

- CLAYWORKING (PUTTY) \_\_\_\_\_
- DECOUPAGE \_\_\_\_\_
- DRAWING/COLORING \_\_\_\_\_
- PAINTING \_\_\_\_\_
- SCRAPBOOK \_\_\_\_\_
- DECORATING \_\_\_\_\_
- PUZZLES \_\_\_\_\_
- JEWELRY MAKING \_\_\_\_\_
- ETCHING \_\_\_\_\_
- PAPER MACHE \_\_\_\_\_
- SAND ART \_\_\_\_\_

\* VISITING WITH  
OTHERS ONSITE \_\_\_\_\_

COMMENTS:

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**The quality of care we provide depends on this information.**

**Dodge Pond Summer Vacations  
PERMISSION SLIPS**

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

Vacationer: \_\_\_\_\_

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 vacationer (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 vacationer to participate in the waterfront program at Dodge Pond Summer Vacations, Oswegatchie, NY.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

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PERMISSION FOR PHOTOGRAPHS

I hereby give permission for the vacationer to have his/her photograph taken at Dodge Pond. The photographs may be used for promotional matter.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

*Please keep this page for your information*

## **Dodge Pond Summer Vacations**

### **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 vacationer's first and last name be written on luggage and clothing/personal belongings (not initials).**

### **THERE WILL BE NO LAUNDRY FACILITIES AT DODGE POND!!**

Please be sure the **vacationer's name** is clearly marked on **all articles** of clothing that they bring to Dodge Pond. This is to ensure if they are left behind, they may be returned to the vacationer. Items left behind, that cannot be identified, will be given to a charitable organization. If vacationer 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.



**Dodge Pond Summer Vacations Reservation Form**

**THIS APPLICATION IS NON-TRANSFERABLE. VACATIONERS MUST BE PRE-APPROVED.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ SS#: \_\_\_\_\_

\_\_\_\_\_ Telephone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_ (REQUIRED IF ONE AVAILABLE)

**Current Residence: (Please check one)**

\_\_\_\_\_ Home \_\_\_\_\_ IRA \_\_\_\_\_ Family Care \_\_\_\_\_ Residence Name: \_\_\_\_\_

**Contact Numbers:**

Service Coor. /Case Manager: \_\_\_\_\_ Phone W: \_\_\_\_\_ H: \_\_\_\_\_

Residential Manager: \_\_\_\_\_ Phone W: \_\_\_\_\_ H: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone W: \_\_\_\_\_ H: \_\_\_\_\_

24-Hour Emergency Contact? \_\_\_\_\_ Phone W: \_\_\_\_\_ H: \_\_\_\_\_

**Please send payment with complete application to the following address:  
St. Lawrence NYSARC, 6 Commerce Lane, Canton, NY 13617 ATTN: Summer Vacations**

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

Please check which vacation(s) you wish to attend.

_____ Summer Vacation Week 1	July 3 <sup>rd</sup> – July 6 <sup>th</sup>	Monday – Thursday	\$250/\$300/\$500
_____ Summer Vacation Week 2	July 10 <sup>th</sup> – July 13 <sup>th</sup>	Monday – Thursday	\$250/\$300/\$500
_____ Summer Vacation Week 3	July 17 <sup>th</sup> – July 20 <sup>th</sup>	Monday – Thursday	\$250/\$300/\$500
_____ Summer Vacation Week 4	July 24 <sup>th</sup> – July 27 <sup>th</sup>	Monday – Thursday	\$250/\$300/\$500

**If your vacationer needs inside accommodations, the cost for their vacation week is \$300. Linen and bedding would not be needed. If your vacationer prefers outdoor accommodations, the cost of their vacation week is \$250. Linen and bedding would be needed. If your vacationer requires 1:1 supervision, the cost of their week is \$500.**

\_\_\_\_\_ please check if 1:1 staffing is required.

**Is vacationer able to stay/sleep in tent? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**Accommodations Preferred: \_\_\_\_\_ Lodge \_\_\_\_\_ Tent Site \_\_\_\_\_ Lean-to \_\_\_\_\_ Adirondack Cabin**

Has vacationer attended Dodge Pond before? \_\_\_\_\_ How many years? \_\_\_\_\_