

**2018 Dodge Pond Summer Recreation
ROTARY CAMP**

Due to the quantity of applications received each year, it is critical to have a **complete** application with legible names, addresses, and current phone numbers for guardians/parents/case managers.

A 24-hour contact name and number must be provided 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 documentation is necessary!**

This year we are giving people the option to choose which week they would like to attend. July 30th through August 4th is the week most Jefferson County campers attend and August 6th through August 11th is the week most St. Lawrence County campers attend, but your child may attend either week. Requests will be served on a first-come basis, and only fifty children can be accommodated per week.

Please note: Reservations cannot be made over the phone. Only a complete application will be accepted.

Other considerations:

- * **Dodge Pond can provide indoor accommodations for up to ten campers. Indoor accommodations are reserved for individuals with medical needs.**
- * **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.**
- * **If a camper arrives at camp ill or becomes sick during their stay, they must be sent home.**
- * **Space is limited for children needing 1:1 services.**

Please check the week of camp your child wants to attend:

July 30th – August 4th: _____ **August 6th – August 11th:** _____

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

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

**Dodge Pond Summer Recreation Program
Reservation Form
Rotary Camp July 30th – Aug 4th or Aug 6th – Aug 11th 2018**

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 Coord. /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 1st to:

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

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

Please check if 1:1 staffing is required. _____

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

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

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 6/07*

*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),
Eye glasses, 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. Medication Administration Record's (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 PLEASE!**

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

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

What are medications taken with? *(Please circle)* Liquids / Applesauce or 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: _____ Sequence #: _____

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. ***Please note that 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 101°F, 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.

Health Care Provider Signature and Title

____/____/____
Date

Dodge Pond Summer Recreation Program: PART A – PAGE 4
MEDICAL FORM - Current Medication Orders

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

Medication	Dose	Route	Frequency	Scheduled Time(s)	Directions/indications

This form MUST be signed by the camper’s health care provider.

_____ Health Care Provider Signature and Title

____/____/____ Date

CAMPER'S NAME: _____

Please answer all questions completely! If a question does not apply to your camper, please indicate with N/A. **Please do not leave any section blank** and use extra sheets if needed to provide complete information. Thank you!

Communication:

	YES	NO	N/A
Verbal	_____	_____	_____
Sign Language	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____

How else does the camper make needs known? _____

Will the camper need **1:1 assistance** because of social or medical concerns? For example: emotional outbursts, seizures, hitting, wandering, etc.? **YES** [] **NO** []

Describe in detail typical behavior and the best way to handle the situation while at camp:

Activities of Daily Living:

A. Bathroom

Personal care supervision required? **YES** [] **NO** []

Explain type of supervision: _____

Is camper able to bathe independently? [] []

Special equipment required? (Please list) _____

(If equipment is needed, please be sure that this gets sent to camp with camper)

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

What kind of supervision is necessary for each? (i.e., verbal prompting, visual supervision, hands-on, etc. If camper needs to be shaven, how often? Self-shave? Disposable or electric razor?) Please be specific!

B. Mobility

Does camper walk unassisted? **YES** [] **NO** [] **N/A** []

What adaptive equipment or staff support are 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? _____

Please comment regarding mobility and 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	N/A
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 and please be specific. _____

D. Dining Skills

	YES	NO	N/A
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?	[]	[]	[]
If so, please list equipment that will be sent with camper: _____			

Comments regarding dining skills and please be specific. _____

E. Camp and Leisure Activities

	YES	NO	N/A
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 and please be specific: _____

St. Lawrence NYSARC
DODGE POND SUMMER RECREATION PROGRAM

TRANSPORTATION REQUEST

CAMPER NAME: _____

Camper DOES NOT need transportation? _____

Please arrive at least 15 minutes prior to departure time on Monday to allow for registration. Please arrive on time to pick up your child on Saturday. Please call 315-848-2336 if you will be delayed or the bus will leave.

*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.

Circle One: Ambulatory Non-ambulatory (uses wheelchair or crutches) Other: _____

Jefferson County Week

Monday, July 30th Pick-up: (Please circle)

Stateway Plaza, Watertown in front of Newswatch 50 Building

1. Wheelchair Accessible Bus: 11:00 a.m. Departure

2. Camper Bus: 1:00 p.m. Departure

Saturday August 4th Drop-off: (Please circle)

All Buses: 10:30 a.m. PROMPTLY

Location: Stateway Plaza, Watertown in front of Newswatch 50 Building

St. Lawrence County Week

Monday, August 6th Pick-up: (Please circle)

1. Massena Workshop
10:30 a.m.

2. Canton Day Habilitation
11:00 a.m.

3. Ogdensburg Bottle Redemption
11:00 a.m.

Saturday August 11th Drop-off: (Please circle)

1. Massena Workshop
11:15 a.m.

2. Canton Day Habilitation
10:45 a.m.

3. Ogdensburg Bottle Redemption
11:00 a.m.

If you have any questions, please call (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. Photographs may be used for promotional purposes 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 (no initials).

Please note: 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.

