

**St. Lawrence NYSARC
The Lodge at Dodge Pond
Vacationer Profile**

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Vacationer's name: _____ D.O.B. ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Vacation Title: _____ Date: _____

Emergency contact: _____ Cellphone number: _____

Homephone number: _____

MEDICAL INFORMATION

Vacationer's diagnosis: _____

Insurance provider: _____ Policy number: _____

Medication administration: _____ Independent _____ Supervision _____ Assistance

Allergies: _____

	MEDICATION NAME	MEDICATION DOSE	MEDICATION TIME(S)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

A medication administration record (MAR) may be supplemented.

Is the vacationer on a special diet or have any restrictions:

Does the vacationer need a wheelchair or walker: _____

Does the vacationer smoke: _____

Are there any medical issues staff at the Lodge at Dodge Pond should be aware of:

Does the vacationer have a history of seizures: _____

SOCIAL/BEHAVIORAL

Is the vacationer allowed to swim: _____

How would you rate the vacationers swimming skills: _____

SELF-CARE SKILLS

1. Does the vacationer need assistance dressing?

2. Does the vacationer need assistance bathing?

3. Does the vacationer need assistance toileting?

4. Does the vacationer need assistance dining?

MONEY MANAGEMENT

1. Does the vacationer handle their own money?

2. Does the vacationer need supervision when purchasing?

Our staff are prepared to lead a safe and enjoyable vacation. Individuals applying for the trip do so at their own risk, and release the Lodge at Dodge Pond and its staff from liability for any harm to person or property that may occur. Vacationers are advised to carry their own medical insurance card. If a person has to leave the vacation for any reason, no refund will be given. The Lodge at Dodge Pond is granted permission to use any vacation photo for promotional purposes. Completion of the application below implies understanding and agreement to these conditions.

Signature: _____

Name: _____

Date: _____

* Please mail completed application to:

Dodge Pond
521 County Route 27
Oswegatchie, NY 13670
Attn: Joe Montgomery