

FOR CAMPERS REQUESTING REGIONAL CENTER SUPPORT

Outdoor Education Camp

Vendor# HA0611 Camp Dates – June 21-23, 2009

Regional Center Cost: \$400.00

- Camper will not be accepted for registration for camp until this form authorizing payment from ACRC is received
- Once form is completed and authorization is approved, submit this form to Access Leisure, 3291 Truxel Rd.#26 Sacramento, CA 95833
Attn: Jenny Yarrow

PART A- To be completed and signed by Parent/Guardian/Camper

Campers Name _____

Parents Name _____

- I am requesting Regional Center support for my son/daughter/self to attend this camp program.
- I understand that this program must be a part of her/his/my ITP/IPP.
- I understand that each day paid of camp paid for by the Regional Center, will be deducted from my "Out of Home" Respite Funds.

Parent/Guardian/Camper Signature

Date

PART B- To be completed and returned to Access Leisure 3291 Truxel Rd. #26 Sacramento, CA 95833 ATT: Jenny Yarrow by Regional Center Service Coordinator

Service Coordinator's Name _____

Regional Center Name _____

Address of Regional Center: _____

City: _____ State: _____ Zip: _____

Service Coordinator's direct phone line (____) _____

PLEASE NOTE: Out of Home Respite Days will be used for payment for Outdoor Education Camp at Camp Sacramento for this individual

If you have further questions, clarifications, or concerns, please call Paula Black, Camp Registrar at 916-808-1205

Regional Center Case Manager Signature

Date

DATE: _____

Outdoor Education Camp

Health History Form

To be completed by campers parent or guardian. Access Leisure camps respect your right to privacy, therefore, all information provided will be strictly confidential.

Please print clearly or type.

1. Camper's Name: _____
Gender F [] M [] Age: _____ Birthdate: _____
Disability: _____
Parent/Guardian: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Email: _____ Cell Number: _____

2. EMERGENCY CONTACT

Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Relationship to Camper: _____

3. Describe in Detail Camper's Disability: _____

4. Describe Any Significant Illnesses and/or Operations of the Camper and Indicate Month and Year:

5. Specify Camper's Assistive Devices (i.e. crutches, walker, glasses, etc.):

7. Is the Camper Prone to Seizures: YES NO If Yes, Controlled By medication? YES NO
Type: _____ Frequency: _____ Date of Last Seizure: _____
Symptoms Camper Experiences Prior To and After A Seizure: _____

Health History Form Continued...

8. Are there any activity limitations we should be aware of?

9. List Allergies and Nature of Reaction: _____

10. Explain In Detail Camper's Bowel/Bladder Program: _____

11. Explain In Detail Camper's Hygienic Needs: _____

12. Special Instructions or Additional Information: _____

13. List Any Sport/Leisure Interests of the Camper: _____

Health History Form Continued...

14. Does the camper have any problems at bedtime? (Homesickness, sleepwalking, bed wetting, night screams, etc...) _____

15. Swimming ability _____ Special equipment required (ear plugs, life vest, etc...): _____

16. Other behavioral information we should know? _____

17. Does camper have any dietary concerns, please note if (Vegetarian, diabetic, etc...)

Health History Form Continued...

If the camper needs to be taken to the hospital, he/she will be taken to an appropriate medical facility depending on the severity of the injury.

I, _____, give permission for my son/daughter,
_____ to participate in Access Leisure activities.

Should it be necessary for the athlete to seek emergency medical attention, I hereby give Access Leisure employees permission to use their best judgment to obtain needed medical services. I authorize the emergency physician/hospital to render emergency treatment to the client. I understand that the medical costs incurred by the camper are the responsibility of the camper/parents/guardians.

All campers/parents/guardians participating in Access Leisure Camp activities are deemed to have waived all claims against Access Leisure, its owner, employees, or volunteers for injury, accident, illness, or death occurring during any Camp excursion or activity.

The recreation activities that campers will be participating in are: Hiking, aerobic conditioning, outdoor education skills, dance, and some team building activities. Campers/parents/guardians hereby acknowledge the events are recreational activities that are inherently dangerous and can result in injury. Nevertheless the campers/parents/guardians hereby waive any and all claims against City of Sacramento, Access Leisure, and any employees, volunteers, and agents that may arise out of injuries incurred while a camper is participating in any of the recreational activities described above.

Signature of parent/guardian

Date

Talent Release and Photo Consent

I, _____, give my permission to have my son/daughter,
_____ to be photographed and videotaped for Camp promotional and fund-raising purposes.

Signature of parent/guardian

Date

Health Examination Form for Access Leisure Outdoor Education Camp

This form must be completed by parent/guardian AND PHYSICIAN and must be submitted to the Camp Registrar, before start of the camp.

Parent/Guardian Portion of Health Information Form

Participant's Name	Date of Birth	Age
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Is Participant Covered By Medical Insurance? [] Yes [] No Please attach a photocopy of current Medical Card.

Name of Insurance Company: _____ Insurance Policy Number: _____

Disabling Condition(s) _____

Dietary Information: (allergies, limited portions, etc) _____

Physician Portion of Health Information Form

Height: _____ Weight: _____ Blood Pressure: _____

Medical Health History(S) _____

List all medical considerations (asthma, diabetes, uses wheelchair/assisted device(s), seizures, heart condition, all relevant to this individual) _____

Medication: Is Participant currently taking any prescription or OTC medications? () Yes () No
Please list medications, dosage, times to be given, any special instructions, such as with food, on empty stomach, etc.

Participant is required to bring sufficient medications for 4 full days in original prescription bottles/containers on this trip- including all vitamins, OTC medications, etc.) Medications, prescription and OTC, will be administered by a nurse.

Are there any other recommendations or special instructions regarding Participant's activity limitations while at Camp? (Keeping in mind that Camp is located at an average of 5,000 foot + elevation.)

Physician Portion of Health Information Form Continued

I have examined _____ and reviewed his/her Health History. In my opinion, this individual is physically able to participate in all related activities during their camp experience, except as noted. I have included medication information to allow a nurse to administer and monitor medications (both prescribed and OTC) during this trip.

EXAMINING PHYSICIAN -Please type or clearly print name Telephone Number

Address City State Zip Code

Signature of Examining Physician Date

Mail To:

**Access Leisure Camps and Outdoor Education Programs
Attn: Jenny Yarrow**

**3291 Truxel RD, # 26
Sacramento, CA 95833**

**Tel: (916) 808-6017
Fax: (916) 808-6506**

MEDICATION AUTHORIZATION FORM

MEDICATION SCHEDULE INFORMATION

Prescription and over the counter medications should be in clearly marked containers listing name of person receiving medication, name of medication, dosage and time it is to be dispensed. Doctor's name should also be listed on any prescription medications. Please include directions regarding how to administer medications, side affects or restrictions associated with the medication.

<u>Name of Medication</u>	<u>Dosage</u>	<u>Time</u>	<u>Special Information</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby authorize _____ Program staff / RN to administer the indicated medication/s to _____ at the prescribed time and in the prescribed dosage.

Signature _____ Date _____

Parent _____ Guardian _____ Caregiver _____ Conservator _____

med auth

CAMPERS CODE OF CONDUCT

1. Access Leisure Camp campers shall conduct themselves in conformity to City of Sacramento, Access Leisure policies and procedures and with the traditional etiquette of residential camps. This includes, but is not limited to: bringing credit and honor to yourself, your peers, your counselors, volunteers, and the Access Leisure Camp Program.
2. All campers will display proper respect and behavior toward peers, counselors, administrators, volunteers, and the public.
3. All campers will practice appropriate conduct such as but not limited to:
 - Campers will try their best to participate in all camp activities.
 - Campers must strive to be as independent as possible.
 - Maintain a positive attitude.
 - Treat fellow campers and staff as you would like them to treat you.
 - Campers will treat equipment and lodging facility with respect.
 - Camper will follow all rules set forth by transportation personnel both prior to, during trip, and when unloading.
 - Know and follow the rules of the activities/events you are participating in.
 - Campers will not use or consume alcohol, tobacco or illegal drugs or any drugs not prescribed to you.
 - Campers will not purposefully engage in unsafe activities.

Action to be taken if a Camper issue arises as a result of not complying with code of conduct:

1. Camp Director and Camp Program Coordinator will confer to determine the behavior issue and discuss a reasonable solution prior to dismissal.
2. Camp Director and/or Camp Program Coordinator will then discuss the issue with Camper and give the camper an opportunity to rectify the problem.
3. If the behavior persists, the camper will be informed that he or she is to be dismissed from camp.

Exception: If the behavior results in an intentional injury to self, other campers, staff or volunteers, no counseling may occur and the camper may be asked to leave without the opportunity to amend his or her behavior.

The administrators of Access Leisure Camp's are responsible for enforcement of the Code of Conduct.

I, _____ understand that if I **choose** to engage in behaviors or unsafe activities that create a potential hazard to the emotional or physical safety of other campers, staff, and/or volunteers; or am disruptive to the operation of camp, staff may ask me to depart camp.

Signature

Date

Parent Signature if Camper Under 18

Date