

**FOR CAMPERS REQUESTING REGIONAL CENTER SUPPORT**

**Teen Camp**

Vendor# HA0550 Camp Dates – June 28-July 2, 2009

Regional Center Cost: \$550.00

- 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 Teen 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: \_\_\_\_\_

# Teen 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.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. 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...**

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

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8. List Allergies and Nature of Reaction: \_\_\_\_\_

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9. Explain In Detail Camper's Bowel/Bladder Program: \_\_\_\_\_

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10. Explain In Detail Camper's Hygienic Needs: \_\_\_\_\_

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11. Special Instructions or Additional Information: \_\_\_\_\_

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12. List Any Sport/Leisure Interests of the Camper: \_\_\_\_\_

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**Health History Form Continued...**

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

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14. Swimming ability \_\_\_\_\_ Special equipment required (ear plugs, life vest, etc...): \_\_\_\_\_

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15. Other behavioral information we should know? \_\_\_\_\_

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

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## 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 Teen 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

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| Participant's Name | Date of Birth | Age |
|--------------------|---------------|-----|
|--------------------|---------------|-----|

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) \_\_\_\_\_

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### Physician Portion of Health Information Form

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Medical Health History(S) \_\_\_\_\_

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

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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.

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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.)

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**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.

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EXAMINING PHYSICIAN -Please type or clearly print name Telephone Number

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Address City State Zip Code

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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