Barber National Institute

ESO™

Expanding Social Opportunities

Dear Parent/Guardian:

Attached is the 2017 ESO Summer Camp Application Packet. **WE WILL BE SCHEDULING CAMPERS FOR WEEK SESSIONS ONLY.** The camp is staffed and designed on a 5 day week. Activities are based on your camper attending each day of the week. If there are extenuating circumstances prohibiting your camper from attending full weeks, please call me @ 878-4088 to discuss the situation. Please indicate which week(s) you are interested in for your camper. **Spaces will be granted on a first come, first serve basis.** Please complete the following registration forms and return as soon as possible to lock in your campers spot. **The deadline is May 12, 2017.**

Camp will run June 26 thru August 4, 2017. The hours of operation are 9:00 am to 2:00 pm. However, due to transportation arrangements, your camper may arrive later than 9:00 am and return home earlier than 2:00 pm. Unfortunately, transportation arrangements vary from camper to camper. If your camper has been approved for the Extended School Year Program, your individual school district may provide the transportation to camp. Some campers may also be able to be transported if they are set up with the EMTA Lift. **If your camper is riding the lift, we ask that you please have them arrive on the earlier lift rather than the later lift. Some campers miss an hour of camp if they ride the later lift.**

BROWN BAG LUNCHES MUST BE BROUGHT FROM HOME ON A DAILY BASIS.

The cost of camp is $300/week.

ESO Summer Camp is staffed by trained Recreation Aides, Certified Pool Instructors, and Professional Supervisors. We look forward to the second year of ESO Summer Camp! Should you have any questions, please feel free to contact myself at 814-878-4088.

Sincerely,

Jaclyn Zacherl, M.A.
ESO Coordinator

Enclosures

Barber National Institute
FAMILY SUPPORT SERVICES – ESO SUMMER CAMP
100 Barber Place
Erie, Pennsylvania 16507

Camper Name: _____

Parent(s)/Guardian Name: _____

Phone Number: _____

Please indicate which week(s) you prefer and number the weeks in order of preference 1-6. First choice should be marked with a "1". If there is a week your camper will only be attending a few days, please make a note next to that week.

Week #1	June 26 – June 30, 2017	5 days	_____
Week #2	July 3- July 7, 2017	4 days (Holiday)	_____
Week #3	July 10 - July 14 2017	5 days	_____
Week #4	July 17 – July 21, 2017	5 days	_____
Week #5	July 24 – July 28, 2017	5 days	_____
Week #6	July 31- August 4, 2017	5 days	_____

Total number of weeks requested: _____

Please indicate your method of payment. Remember cost of camp is $300/week. Scholarships may be awarded to qualifying campers. Contact Jackie Zacherl for more information 814-878-4088.

FSS Annual Allocation _____
Family _____
BNI Agency with Choice (Waiver) _____
Other (Specify name & billing address) _____
_____
_____

Please indicate other summer services received:
Extended School Year _____
Other, please specify _____
_____

Barber National Institute
ESO™
Expanding Social Opportunities

2017 ESO SUMMER CAMP APPLICATION

Please respond to every question. Incomplete forms will be returned for completion.

Camper's Name: _____**Date of Birth:** _____
Address: _____
City, State, Zip: _____
Parents/Guardians Name: _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
Sex: _____ **Race:** _____ **Hair Color:** _____ **Eye Color:** _____
Height: _____ **Weight:** _____ **Other identifying marks:** _____
T-Shirt size: adult sm adult med adult lg adult xlg adult xxlg other size: _____
Diagnosis: _____
Walks Independently: Yes or No **Utilizes wheelchair:** Yes or No
Utilizes any adaptive devices to assist with walking: Yes or No If Yes, please list:_____
Name of Emergency Contact (not the parent/guardian): _____
Phone: _____ **Relationship to camper:** _____

Medical Records:
Medications: It is imperative that you send all medications in original pharmacy containers. The label must read: pharmacy name, address & phone number; the camper's name for whom the prescription was issued; date filled; name of medication; strength and count of medication; physician's name; number of refills and/or expiration date. Please list all medications currently being taken and include any special instructions for administration. If none taken, write "None".

Medication Name	Dosage	Administration Times	Reason

Allergies: Please include medications (prescription & non-prescription), food or other and the reactions involved. _____
_____
_____
_____

Physician's Name: _____

Address: _____

Phone: _____ **Date of last Tetanus Shot:** _____

Recent Hospitalization (dates & reason): _____

_____

Seizure Disorder (type & frequency). Please describe any predicators or warning signs and what to do if one should occur.

_____

_____

General information relating to behavior & self-help skills: Describe degree of independence or areas needing assistance. Please be specific.

Toileting (If needs assistance, please list how): _____

_____

_____

Dressing/Undressing (If needs assistance, please list how): _____

_____

_____

Eating/Feeding (If needs assistance, please list how): _____

_____

_____

Verbal skills/Communication (If needs assistance, please list how):_____

_____

_____

Please list any Behavior Concerns:_____

_____

_____

Please list any Sensory Concerns: _____

_____

_____

Please list any Sensitivities (If Any): _____

_____

_____

Pool information: We would like to know more about your camper while they are swimming. Such as: are they able to be in the deep end, do they feel more comfortable with a flotation device, do they need help changing for the pool, etc:_____

_____

_____

Barber National Institute
ESO™
Expanding Social Opportunities

FAMILY SUPPORT SERVICES

PERMISSIONS/CONSENTS

I hereby give permission for my son/daughter _____ to receive emergency treatment by a doctor or emergency room personnel while he/she is under the supervision of the Barber National Institute/ESO Summer Camp program.

Signature: _____ **Date:** _____

I give permission for the following over-the–counter medications to be given, by the camp nurse, to my son/daughter should the need arise.

Pepto-Bismol: Yes ___ No ___ **Tylenol:** Yes ___ No ___

Signature: _____ **Date:** _____

I give permission for nursing staff to administer the following: First Aid treatments, medications prescribed by consulting physicians, baths when recommended.

Signature: _____ **Date:** _____

I relieve the Barber National Institute/Family Support Services program of responsibility for any injuries which may occur while my son/daughter is at ESO Summer Camp.

Signature: _____ **Date:** _____

I give permission for my son/daughter to engage in all camp activities. If there are any exceptions, please list.

_____

Signature: _____ **Date:** _____

I give permission for my son/daughter to attend **ALL ESO SUMMER CAMP FIELD TRIPS.**
Some <u>possible</u> destinations include but are not limited to: Erie Zoo, Claytopia, Erie Parks, Blasco Library, Presque Isle, Jerry Uht Ball Park, Asbury Woods, Bowling, Sarah's, Duck Pond, Tom Ridge Environmental Center, Putt-Putt Golf, and Millcreek Mall. **If there are any exceptions, please list:**

_____

Signature: _____ **Date:** _____

AUTHORIZATION FOR PUBLICITY RELEASE

There are occasions when the Barber National Institute is given opportunities for coverage by the media. We also have occasions for our clients to participate in our own marketing activities. These media and marketing activities may involve newspapers, magazines, television, advertisements, internal publications, videos and DVD promotional pieces, as well as our own web site. We refer to these media and marketing outlets as "Media and Publicity Outlets" and include members of the media, advertising agencies and our own staff.

We are proud to share information about our accomplishments with the community, but we are also sensitive to the possibility that our clients or their personal representatives may not want to participate in activities involving Media and Publicity Outlets. Therefore, we are requesting that you make your wishes known on this subject by completing this form and returning it to us.

If you consent to participate in activities involving Media and Publicity Outlets, you may revoke this authorization at any time by notifying us in writing, except to the extent that action has already been taken in reliance on this authorization. This authorization expires when revoked in writing by you. You may refuse to sign this authorization and your refusal will not affect the ability to obtain treatment or payment or eligibility for benefits. Any information about you released in connection with your participation in Media and Publicity Outlets can be republished by the recipient and is no longer protected by federal or state law. Some of our marketing activities may result in our receipt of direct or indirect remuneration.

Name of Individual: _____

___ I give my permission to be photographed and/or videotaped for purposes of participation in Media and Publicity Outlets described above.

___ I give my permission to be interviewed for purposes of participation in Media and Publicity Outlets described above.

Signature: _____ **Signature:** _____ **Date:** _____
(Individual) **(Parent/Guardian/Advocate)**

_____OR_____

___ I do NOT wish to participate in the Media and Publicity Outlets described above.

Signature: _____ **Signature:** _____ **Date:** _____
(Individual) **(Parent/Guardian/Advocate)**

Barber National Institute
ESO™
Expanding Social Opportunities

BARBER NATIONAL INSTITUTE
AQUATIC PROGRAMS
MEDICAL CLEARANCE AND PARENTAL APPROVAL FORM
ESO SUMMER CAMP

PLEASE NOTE: SIGNATURES OF BOTH PHYSICAN AND PARENT/GUARDIAN ARE REQUIRED.

Name of Camper: _____ Age: _____
Address: _____
Parent/Guardian: _____
Phone: _____

TO THE PHYSICIAN:
The above-named Adult is planning to participate in the Institute's recreational swimming program. To provide proper precautionary measures to the individual, it is necessary to have certain facts concerning this individual's health. It will be appreciated if you would complete the following information. Thank You.

SEIZURE DISORDER: Yes _____ No _____
Controlled by Medication Yes _____ No _____
Seizure within the last year Yes _____ No _____

Specific Precautions: If the above mentioned person has chronic condition in any of the following areas, please explain briefly.

TUBES IN EARS: _____

EYE INFECTIONS: _____

SKIN IRRITATIONS: _____

POOR BALANCE: _____

OTHER: _____

Physician Signature: _____ Date: _____

I hereby give my permission for my camper to attend the recreational swim.

Parent/Guardian Signature: _____

Please send a bathing suit and towel for your camper on Tuesdays and Thursdays. Also, please send any of the following if necessary for your camper: bathing cap, ear plugs, and goggles.