



ESO Summer Camp
2018

Dear Parent/Guardian:

We are so glad you are interested in attending ESO Summer Camp at the Barber National Institute. Attached is the 2018 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. Campers can attend the program for any part of the session, but must attend at least one full 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. **SPACES WILL BE GRANTED ON A FIRST COME, FIRST SERVE BASIS.** Please complete the following registration forms completely and return as soon as possible to lock in your campers spot. Applications will be returned if not fully completed.

THE DEADLINE FOR APPLICATIONS IS MAY 15, 2018.

Please note that if your camper needs additional assistance to support medical and/or behavioral needs, an aid, TSS, or nurse must be present at all times with your camper. Applications will be accepted based on whether the camp is an appropriate match for the camper. You will be notified of your camper's acceptance. As always, our main priority is the safety of the campers.

Camp will run June 25 through August 3, 2018. 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. YOU MUST SCHEDULE AND CONFIRM YOUR CAMPERS TRANSPORTATION.**

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

THE COST OF CAMP IS \$300/WEEK.

ESO summer camp is staffed with a team that consists of a camp director, recreation leaders, recreation aides, and certified pool instructors. We look forward to another great year of ESO summer camp! Should you have any questions, please feel free to contact me at 814-878-4088.

Sincerely

Jaclyn Zacherl, M.A.
ESO Summer Camp Supervisor

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 25 – June 29, 2018	5 days	_____
Week #2	July 2 - July 6, 2018	4 days (Holiday)	_____
Week #3	July 9 - July 13, 2018	5 days	_____
Week #4	July 16 – July 20, 2018	5 days	_____
Week #5	July 23 – July 27, 2018	5 days	_____
Week #6	July 30- August 3, 2018	5 days	_____

Total number of weeks requested: _____

Please indicate your method of payment. Please note the cost of camp is \$300 per week. Scholarships may be awarded to qualifying campers if available. Contact Jaclyn 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 _____

2018 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(s): _____

1: Home Phone: _____ Work Phone: _____ Cell Phone: _____

2: Home Phone: _____ Work Phone: _____ Cell Phone: _____

Sex: _____ Race: _____ Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____ Other identifying marks: _____

T-Shirt size: Adult SM Adult M Adult L Adult XL Adult XXL

Diagnosis: _____

School Attends (if applicable): _____

Name of 1st Emergency Contact (not the parent/guardian): _____

Phone: _____ Cellphone: _____ Relationship to camper: _____

Name of 2nd Emergency Contact (not the parent/guardian): _____

Phone: _____ Cellphone: _____ 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".

Can your camper self-administer medications? Yes ___ No ___

Medication Name	Dosage	Administration Times	Reason

Allergies: Please include any and all allergies or allergic reactions your camper currently has or has had in the past.

Physician's Name: _____

Address: _____

Phone: _____ Date of last Tetanus Shot: _____

Recent Hospitalization (dates & reason): _____

Seizure Disorder (type & frequency). Please describe any predictors 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.

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: _____

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 or a communication device, please list how): _____

Please list any Behavior Concerns: _____

Please list any Sensory Concerns or Sensitivities (If Any): _____

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: _____



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 or camp staff, to my son/daughter should the need arise.

Pepto-Bismol: Yes ___ No ___

Tylenol: Yes ___ No ___

Bug Spray: Yes ___ No ___

Allergy Relief (such as Benadryl): Yes ___ No ___

Sunscreen: Yes ___ No ___

Signature: _____

Date: _____

I give permission for nursing staff and camp staff to administer the following: First Aid treatments, medications prescribed by consulting physicians, baths if needed.

Signature: _____

Date: _____

I relieve the Barber National Institute/Family Support Services program and staff 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 and participate in **ALL ESO SUMMER CAMP FIELD TRIPS**. Some possible destinations include but are not limited to: Erie Zoo, 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
AQUATIC PROGRAMS
MEDICAL CLEARANCE AND PARENTAL APPROVAL FORM
ESO SUMMER CAMP**

PLEASE NOTE: SIGNATURES OF BOTH PHYSICIAN 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.