



# Barber National Institute

## Camp Shamrock

2018

Dear Parent/Guardian:

We are so glad you are interested in attending Camp Shamrock at the Barber National Institute. Attached is the 2018 Camp Shamrock 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 @ 878-4117 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 child to child and are available to children who are school-aged and reside within the Erie City School District boundaries. If your child 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.**

Camp Shamrock 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 Camp Shamrock! Should you have any questions, please feel free to contact me at 814-878-4117.

Sincerely

Samantha Gaton, B.S.  
Camp Shamrock Supervisor

Enclosures

**Barber National Institute**  
**FAMILY SUPPORT SERVICES – CAMP SHAMROCK**  
**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 Samantha Gatton for more information 814-878-4117.

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 CAMP SHAMROCK 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: Youth SM Youth M Youth L Adult SM Adult M Adult L Adult XL Adult XXL

Diagnosis: \_\_\_\_\_

School Attends: \_\_\_\_\_

Name of 1<sup>st</sup> Emergency Contact (not the parent/guardian): \_\_\_\_\_

Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Name of 2<sup>nd</sup> 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.

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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/ Camp Shamrock 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 Camp Shamrock.

**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 CAMP SHAMROCK 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  
CAMP SHAMROCK**

**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.**