

Camp Shamrock 2019

Dear Parent/Guardian:

We are so glad you are interested in attending Camp Shamrock at the Barber National Institute. Attached is the 2019 Camp Shamrock Application Packet. Below is some information pertaining to this year's recreation camp. **Please read through as there have been some changes for this year.**

- **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 @ 874-5556 to discuss the situation.
- **THERE ARE A LIMITED AMOUNT OF SPACES AVAILABLE. Certain weeks may not be available that you select due to the week being full.** Please complete the following registration forms accurately and completely and return them as soon as possible. The quicker an application is received, the sooner it can be reviewed. **Applications will be returned if not fully completed.**
- **THE DEADLINE FOR APPLICATIONS IS MAY 3, 2019.**
- **NEW THIS YEAR-** Please note that if your camper needs additional assistance to support physical, medical, and/or behavioral needs, an aid, TSS, or nurse must be present at all times with your camper. We are a recreational camp. *If your camper needs one on one staffing and you are unable to provide that staff, they will not be able to attend camp. This has been put into place to ensure the safety of your camper, as well as all of the other campers. We apologize for any inconvenience this may cause.*
- **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 24 through August 2, 2019. 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.

Camp Shamrock is staffed with a team that consists of a site supervisor, 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 814-874-5556.

Sincerely

Alexus Butler
Camp Shamrock Supervisor

2018 Camp Shamrock Camper Checklist

Camper Name: _____

Please answer the following questions and return with your 2019 camp application. If you are unsure of a response or our camper needs assistance in an area of the question, please respond **No** and you may explain underneath or on the back if you'd like.

1. Can your camper independently use the restroom? Yes No
2. Can your camper independently eat lunches and snacks (not including the opening of items)? Yes No
3. Does your camper need one on one assistance (Tss, other staff, etc.) for certain tasks throughout the day (such as eating, walking, toileting, swimming, etc)? Yes No
4. Can your camper verbalize wants and needs clearly to staff? Yes No
5. Does your camper have behaviors that we will need to be aware of? Yes No
6. Does your camper have difficulties with new people or situations? Yes No
7. Has your camper attended a camp before? Yes No
8. Does your camper like to participate in group activities? Yes No
9. Does your camper adjust well to a change in schedule? Yes No
10. Can your camper follow directions with prompting? Yes No

I attest that the above information is accurate to the best of my knowledge.

Parent/Guardian Signature & Date

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. **Please note that some weeks may be full and are not guaranteed. You will receive a confirmation letter with the weeks and days that your camper is signed up for.**

Week #1	June 24 - June 28, 2019	5 days	_____
Week #2	July 1 - July 5, 2019	4 days (Holiday)	_____
Week #3	July 8 - July 12, 2019	5 days	_____
Week #4	July 15 - July 19, 2019	5 days	_____
Week #5	July 22 - July 26, 2019	5 days	_____
Week #6	July 29- August 2, 2019	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 Alexis Butler for more information 814-874-5556.

FSS Annual Allocation _____

Family _____

BNI Agency with Choice (Waiver) _____

(Must be enrolled in Agency with Choice in order for camp to be paid through it)

Other (Specify name & billing address) _____

Please indicate other summer services received:

Extended School Year _____

Other, please specify _____

How will your camper be transported to and from camp? School Bus Lift Parent Other: _____

2019 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 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:

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

Please note that the nurse at the main center must administer any medications. Campers are not always at the main center, which may cause a delay in the time a medication is administered.

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; name of medication; count of medication; dosage; and physician's name. 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 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): _____

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, UPMC Ball Park, Asbury Woods, Bowling, Sarah's, 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 child 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.