Dear Parent/Guardian:

We are so glad you are interested in attending Camp Shamrock at the Barber National Institute. Attached is the 2020 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 @ 874-5686 to discuss the situation.

- **THERE ARE A LIMITED AMOUNT OF SPOTS 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 8, 2020.**

- **NOTICE:** 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.

The 2020 Camp season will run June 22nd through July 31st (We will be closed July 3rd). 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 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 CAMPER TRANSPORTATION.**

**CAMPERS MUST BRING THEIR LUNCH FROM HOME ON A DAILY BASIS.**

Camp Shamrock is staffed with a team that consists of a site supervisor, recreation leader, 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 us at 814-874-5686 or 814-878-4088.

Sincerely,

Sara Kimmy,           Jackie Zacherl,
Camp Shamrock Supervisor   Associate Director of Family Focused Services & Camps
2020 Camp Shamrock Camper Checklist

Camper Name:__________________________________

Please answer the following questions and return with your 2020 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, behaviors, 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
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.**

<table>
<thead>
<tr>
<th>Week #</th>
<th>Dates</th>
<th>Days</th>
<th>Number</th>
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<tbody>
<tr>
<td>1</td>
<td>June 22 - June 26</td>
<td>5</td>
<td>_____</td>
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<td>2</td>
<td>June 29 - July 3</td>
<td>4 (Holiday)</td>
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<td>3</td>
<td>July 6 - July 10</td>
<td>5</td>
<td>_____</td>
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<td>4</td>
<td>July 13 - July 17</td>
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<td>_____</td>
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<td>5</td>
<td>July 20 - July 24</td>
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<td>_____</td>
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<tr>
<td>6</td>
<td>July 27- July 31</td>
<td>5</td>
<td>_____</td>
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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 Jackie for more information 814-878-4088.

| 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:_________
2020 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 (If Any): ____________________________________________________

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 if the camper is not able to self-administer. 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; and physician’s name. Please list all medications currently being taken and include any special instructions for administration. If none taken, write “None”.

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dosage</th>
<th>Administration Times</th>
<th>Reason</th>
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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 or speech: 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:______________________________________________
____________________________________________________________________________
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____________________________________________________________________________

Please list any Sensory Concerns or Sensitivities (If Any):___________________________________________
____________________________________________________________________________
____________________________________________________________________________
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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)
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. Please label your campers items as we have many that look alike.