



# Easterseals Iowa

## Bridge Day Camp 2020 Checklist

**\*\*\*\*\* Please allow up to 2 weeks of processing of application once ALL paper work from checklist below has been received to the Program and Support Specialist. Please send all items together, in one shipment, in order to begin the process of the application. Sending partial applications does not hold or reserve a spot for your camper.** Bridge Camp is for ages 6-12. Hours are Monday through Friday, 8:00 am-5:00 pm. Extended hours are available. This program is private pay only. \$150 per week if Extended Hours are needed there will be an additional \$50 added. \*\*\*\*\*

As you complete the application, please check off the items from this list:

- 2019 Application
- Health History Form
- All Release Forms (*Notice of Privacy Practices, Waiver of Liability, Photo Consent Form*)
- Physical Form (*valid for 2 years*) + immunization records
- Physical with signature (*we do not accept electronic signatures*)
- Financial Information Form/Bridge Day Camp Registration Form
- \$50 non-refundable deposit

You may send them to our Program and Support Specialist, by the following methods:

Email: [campandrespit@eastersealsia.org](mailto:campandrespit@eastersealsia.org)  
Mail or Drop Off: Easterseals Iowa  
Attn: Camp and Respite  
401 NE 66<sup>th</sup> Ave  
Des Moines, IA 50313

Once we have registered you for camp, you will receive a letter via mail confirming the week(s) you are registered for. Please contact the Program and Support Specialist 515-309-2375 or [campandrespit@eastersealsia.org](mailto:campandrespit@eastersealsia.org) if you have any questions. Thank you for choosing Easterseals Iowa!



# Easterseals Iowa Camp Sunnyside

# -BRIDGE CAMP

## Application 2020

Office use only:

**Bridge Camp is designated for campers who can be independent with personal cares and maintain a 1:8 staff to camper ratio at all times.**

If your camper needs more support, please fill out the application for Supported Day Camp.

Ages 6-12      \$150 per week, \$50 non-refundable deposit required

**Client Information (Please Print Legibly)**

Last Name:	First Name:	Middle Name:
Address:		
City/State:	County:	Zip Code:
Phone:	Cell Phone:	Gender:
Email:		Birthdate:    /    /

**Primary Language:**  English     Spanish     Other: \_\_\_\_\_      **Ethnicity:** \_\_\_\_\_

**Camper Height:** \_\_\_\_\_      **Camper Weight:** \_\_\_\_\_      **Camper Age:** \_\_\_\_\_

**Are you new to camp Sunnyside?**     Yes     No

**Does your camper receive additional support in school?**     Yes     No    If Yes, Please Explain: \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_ **Reaction:** \_\_\_\_\_

**Other Non-Food Allergies:** \_\_\_\_\_ **Reaction:** \_\_\_\_\_

**Does the camper need assistance in the event of a fire, tornado, flood or bomb threat?**     Yes     No

**Guardian 1**

First Name:	Last Name:	Relationship:
Address:		
City:	County:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email:		Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Language:	Preferred Method of Contact:	

**Guardian 2**

First Name:	Last Name:	Relationship:
Address:		
City:	County:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email:		Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Language:	Preferred Method of Contact:	

*By signing here, you give our healthcare staff the permission to provide routine healthcare, dispense medications, and seek emergency treatments.*

**Application Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Print)

**Relationship:** \_\_\_\_\_

**Signature of Legal Guardian:** \_\_\_\_\_  
(Must have guardian signature)

## PHOTO CONSENT

I hereby consent that any narratives, depictions, pictures, film, photographs, audio-visual or sound recordings or testimonials of me made by Easterseals may be used by Easterseals, and those acting with its permission, for the purpose of illustration, broadcast, or testimonial in connection with any work of Easterseals and that these materials may be released to the general public. I assign to Easterseals all of my rights to these materials. All photographs and other media which include your image are the sole property of Easterseals Iowa. Such photos may be used at various times unless you revoke this photo consent in writing. Any revocation is valid from the date it is received by Easterseals Iowa and will not apply to photos that have been used prior to the revocation in any publication or other media.

I understand that these materials may be published on Easterseals' network of Web sites and this may disclose my personal and protected health information. To ensure the privacy of any person under age 18, Easterseals will use only the first name and the location of the Easterseals organization where a minor receives services. Easterseals does not need to submit these materials to me for further approval. I understand that these materials may be modified and that Easterseals may decide not to use them.

I acknowledge that the rights described above are granted to Easterseals on an unlimited basis without any compensation or payment being made for any current or future use. I understand that this authorization is voluntary and that Easterseals will not condition any treatment or funding to me on the completion of this authorization. I also understand that I may revoke my consent to allow Easterseals to release my protected health information if the information has not already been disclosed. To revoke my consent, I must notify Easterseals in writing by sending my revocation to Easterseals Intake/Marketing Coordinator. I understand and agree that once Easterseals, and those acting with its permission, disclose my protected health information as contemplated by this release, this information is subject to re-disclosure and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996.

**Yes** - please take and/or use my picture.

**No** - please do not take and/or use my picture.

**I fully understand the contents of this release and authorization.**

\_\_\_\_\_  
Signature of Guardian/Representative  
(Must have signature and box chosen above)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Client



# -Bridge Camp-

Client Name: \_\_\_\_\_

## WAIVER OF LIABILITY

With the understanding that Easterseals Iowa (hereafter known as ESI) will make reasonable efforts to prevent accidents, injuries, or other mishaps, I acknowledge the following:

- The undersigned, individually or as a parent or natural guardian, in partial recognition of services rendered claims, demands, or actions, causes of action or suits of whatsoever kind or nature for damages sustained by the normal client or accruing to the undersigned in consequence of any accident or occurrence resulting from the use of durable medical equipment and/or participation in any activity or program of ESI and regardless of whether the named client is not on the premises of said ESI, and is engaged in any venture or solely on his or her own behalf.
- I give permission for the applicant to attend ESI sponsored programs and to ride in vehicles operated or leased by ESI.
- I agree to not send this applicant to an ESI program if he or she has been exposed to contagious disease within three weeks of the starting date of the program and to notify Easterseals Camping, Recreation, and Respite services immediately if this situation arises.
- The applicant has permission to engage in all prescribed activities except those noted by an examining physician or physician assistant and me. In the case of an emergency or ill health, I hereby give permission to the physician selected by ESI to order x-rays, routine test, and treatments. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by ESI to hospitalize, secure proper treatment for, to order injections and/or anesthesia and/or surgery for the named participant.
- I understand that the participant is responsible for his/her own medical coverage and associated cost.
- This release may be revoked in writing except to the extent action has been taken in reliance upon the release.

**I understand and agree to the above section.**

Signature of legally responsible person (parent, guardian, or applicant):

\_\_\_\_\_  
Signature of Guardian/Representative  
(Must have guardian signature)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Client

## ACKNOWLEDGEMENT OF RECEIPT OF THE EASTERSEALS IOWA INCORPORATED NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_, acknowledge that I have received a copy of The Easterseals Iowa Incorporated's Notice of Privacy Practices which summarizes the ways my identifiable health information may be used and disclosed by Easterseals and states my rights with respect to my health information. I understand Easterseals has the right to revise these information practices and to amend the Notice of Privacy Practices. I have been informed that in the event Easterseals revises its information practices, a revised Notice will be posted at each Easterseals location and that I may obtain a current Notice of Privacy Practices at any time from the Easterseals State Office or the website at [www.eastersealsia.org](http://www.eastersealsia.org).

\_\_\_\_\_  
Signature of Guardian/Representative  
(Must have guardian signature)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Client



Easterseals Iowa

# -Health History Form-

Client Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

*\*please complete all fields and return this form\**

In the event of an emergency, I give permission for Easterseals Iowa to contact the following **three** individuals: (Please list contacts in the order you would like them to be contacted). In the event of an early discharge please have a plan in place within an hour.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Regular Physician: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Please List all allergies and reactions: \_\_\_\_\_

Do you carry an Epi Pen?  Yes  No ***\*If so, please bring your Epi Pen with you to your sessions\****

Any recent surgery or illness? \_\_\_\_\_

Any Chronic or recurring illness? \_\_\_\_\_

Any other information? \_\_\_\_\_

Does this person have a seizure disorder?  Yes  No Date of last Seizure: \_\_\_\_\_

Scheduled, PRN (as needed) and Non-Prescription Medications:

Dosage:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_



## -Physical Examination Form-

**Client Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

This form is to be completed by a licensed physician or by a physician's assistant.

*We will only accept a physical on this form.*

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**BP:** \_\_\_\_\_ **Pulse:** \_\_\_\_\_

State the most recent date of occurrence:

Chicken pox \_\_\_\_\_

Measles \_\_\_\_\_

German Measles \_\_\_\_\_

Mumps \_\_\_\_\_

	Normal	Abnormal
EENT		
Heart		
Lungs		
Resp.		
GI		
Abdomen		

Known allergies and reaction: \_\_\_\_\_

Epi-Pen?  Yes  No

	Yes	No	Please Explain
<b>The applicant is under the care of a physician for a medical diagnosis/disability.</b>			
<b>The applicant can participate in the following adapted activities:</b> Swimming, horseback riding, zip-line, rock wall, adventure tree climbing, and other outdoor activities			
<b>The applicant has received a Tetanus Booster within the last ten years.</b>			
<b>Date of most recent Tetanus Booster:</b> _____ <i>*please attach all immunization records*</i>			

I have examined the person herein described and reviewed his/her health history. It is my opinion that he/she is physically able to engage in any required activities, except as may be noted above, and is free of communicable or contagious disease.

\_\_\_\_\_  
Signature of examining physician or physician's assistant

\_\_\_\_\_  
Please print name

Fax: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Date of Exam:** \_\_\_\_\_

**Date Form Completed:** \_\_\_\_\_



# Bridge Camp -Registration 2020-

Client Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

**Where would you like us to send the invoice?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

I prefer electronic billing statements      Email Address for billing: \_\_\_\_\_

**Method of Payment:**

**Check**

Amount Enclosed: \$ \_\_\_\_\_

*(make payable to Easterseals Iowa)*

**Credit Card**

Visa     MasterCard     Discover

Amount Authorized: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_\_    3 Digit Code *(on back of card)*: \_\_\_\_\_

Would you like us to charge your card for the remaining balance the Wednesday before the session?     Yes     No

**Bridge Camp is for ages 6-12.**

Check-in is weekdays 8-9 am.

Check-out is weekdays 4-5 pm.

\*please mark all sessions you would like to attend\*

- |   |  |   |  |  |
|---|--|---|--|--|
| <input type="radio"/> <b>B1 June 15-19</b><br>Renaissance | <input type="radio"/> <b>B2 June 22-26</b><br>Western Week | <input type="radio"/> <b>B3 June 29- July 3</b><br>Star and Stripes | <input type="radio"/> <b>B4 July 6-10</b><br>Rock and Roll | <input type="radio"/> <b>B5 July 13-17</b><br>Under the Sea    |
| <input type="radio"/> <b>B6 July 20-24</b><br>Mad Science | <input type="radio"/> <b>B7 July 27-31</b><br>Superheroes  | <input type="radio"/> <b>B8 August 3-7</b><br>Challenge Week        | <input type="radio"/> <b>B9 Aug 10-14</b><br>Disney        | <input type="radio"/> <b>B10 Aug 17-21</b><br>Nature Unleashed |

**EXTENDED HOURS**

*Please check each week and at what time you will be using extended hours.*

**(if you will not need to use extended hours, please ignore this section)**

Extended hours run from  
7:00 am - 8:00 am and  
5:00 pm - 6:00 pm.

*They are available for an additional fee of \$50 per week. This payment must be paid in full before the session starts.*

	Between 7-8 AM	Between 5-6 PM	Both AM & PM
1- June 15-June 19			
2- June 22-June 26			
3- June 29-July 3			
4- July 6-July 10			
5- July 13-July 17			
6- July 20-July 24			
7- July 27-31			
8- Aug 3-Aug 7			
9- Aug 10-Aug 14			
10- Aug 17-Aug 21			

## Thank you for choosing Easterseals Iowa Camp Sunnyside!

Once you have completed this application, please send it with the \$50 non-refundable deposit to Camp Sunnyside by one of the following methods:

Email: [campandrespice@eastersealsia.org](mailto:campandrespice@eastersealsia.org)

Fax: 515-289-1281

Mail or Drop Off: Easterseals Iowa  
Attn: Camp and Respite  
401 NE 66th Ave  
Des Moines, IA 50313

### IMPORTANT!

- Bridge Camp is for ages 6-12. Check in is weekdays 8-9 am and check out is weekdays 4-5 pm. Bridge Camp is designated for campers who can maintain a 1:8 staff to camper ratio at all times and be independent with personal cares.
- Once a camper is fully registered, a letter will be sent to the camper's residence confirming the week (s) they are registered for.
- A non-refundable \$50 deposit is required to register a camper. Please send the deposit with the application, as the camper cannot be registered until we receive it. We do not reserve or hold spots. The \$50 deposit will be applied to the first camp session.
- Full payment is \$150 and due three weeks before the client attends his/her camp session. Failure to pay in advance may result a loss of registration for that session. If the remaining balance is sent separately from the deposit and application, please send it to our Accounting Department at:  
Easterseals Iowa  
Attn: Accounting  
401 NE 66<sup>th</sup> Ave  
Des Moines, IA 50014
- The full \$150 is required even if the camper will not attend the entire camp session.
- Any application turned in after July 1<sup>st</sup>, 2019 will require the camp payment to be made in full before the camper can be registered.
- If the camper can no longer attend the registered camp sessions, please contact the Program and Support Specialist at 515-309-2375. Failure to cancel the camp session at least one week before the camp session begins may result in the billing contact identified on the Registration Form being charged for the full camp session .
- Failure to call in to cancel registration could lead to cancellation of future registered weeks.
- If you are using extended hours, please remember the Day Camp Programs will maintain a strict adherence to the 6:00 p.m. closure time. There will be a late charge of \$10 due at the time of pick-up if a parent comes for a client between 6:00 pm – 6:10 pm. After 6:10 pm, there is an additional charge of \$1 per minute.

If you have any questions, please contact our Program and Support Specialist, at

515-309-2375 or [campandrespice@eastersealsia.org](mailto:campandrespice@eastersealsia.org).



# 2020 Bridge Camp Themes

**B1 Renaissance**—This week we are going back in time to the renaissance era! Join us for juggling classes, magic shows, sword fighting, archery, jousting, belly dancing and try not to get placed in the stockade.

**B2 Western Week** —Yeehaw! It's back again for another time around the barrel! Enjoy a rodeo, horseback riding, and lots of Country Western Music during this honky-tonk week. We will also turn camp into the Wild West with demonstrations from the Pony Express Riders of Iowa. Costumes and Western wear are encouraged!

**B3 Stars and Stripes**—Celebrate our great Nation this week with our Fourth of July celebration! This week will be filled with many fun, patriotic activities – including a Parade! Come wearing your red, white, and blue.

**B4 Rock and Roll**—If you like to rock and roll, this camp is for you! With music blaring all week long on the patio and a live performance by a cover band, this week totally ROCKS! We also encourage our campers' creativity by making music and instruments of our own.

**B5 Under the Sea #2**—Mermaids, Sharks, and Sea Creatures OH MY! This week is all about fun filled water activities! Get ready to spend countless hours at Lake Cheerio, search for the Lochness monster, and get wet and wild as we go on an adventure under the sea.

**B6 Mad Science**—Whaahaahaahaa! Do you like science experiments? Do you like exploding things? How about rocket ships, and bubbles, and mixing ingredients? Then this week is for you! Come and take part in science experiments and activities, explode watermelons and make magnetic slime!

**B7 Superheroes**—This week you will get to experience being a crime-fighting superhero in this fun filled week so bring your superhero costumes. You will get to design your own superheroes logos, draw comics, do the hulk smash and so much more!

**B8 Challenge Week**—This week is all about overcoming obstacles and trying new things. Can your cabin succeed? Color Wars, Olympics, Team Initiatives, Capture the Flag, and many more activities will challenge you to push past your limits and achieve greatness.

**B9 Disney**—This week you will get to enjoy the magic of Disney while at the Happiest Camp on Earth. You will get to eat lunch with Mickey, make your own flubber, have a Lion King karaoke, play Captain Hook toss, pin the carrot on Olaf, and use your fairy dust to make magic happen.

**B10 Nature Unleashed**—This Do you like outdoors? Come learn about the wilderness, wildlife, shelter building, and cooking food over a campfire. This week is dedicated to all thing nature! Come join us and embrace the elements as we learn about nature, wildlife, and survival techniques.



# Consent to Leave Phone Messages/Release of Information

By completing the consent below you authorize us to release information or leave a detailed message on voicemail or with a specific individual.

A. I give my consent to Easterseals to release and/or leave messages regarding services as necessary in the following situations:

1. On cell phone via voicemail
2. On cell phone via text message
3. On answering machine at home
4. On voicemail at work
5. With \_\_\_\_\_ (relationship) \_\_\_\_\_

Client Signature

Date

Guardian Signature (if applicable)

Date

B. I do not consent to messages being left. Please contact directly.

Client Signature

Date

Guardian Signature (if applicable)

Date