



Easterseals Iowa

Bright Side 2021 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 client.** Bright Side is for ages 6-12. Hours are Monday through Friday, 8:00 am-5:00 pm. The program is 1:8 staff to client ratio. This program is private pay only. \$160 per week

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

- 2021 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
- Financial Information Form/Bright Side Registration Form
- \$50 non-refundable deposit

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

Email: campandrespite@eastersealsia.org
Mail or Drop-off: Easterseals Iowa
Attn: Camp and Respite
401 NE 66th Ave
Des Moines, IA 50313

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



Bright Side

Application 2021

Office use only:

Bright Side is designated for participants who can be independent with personal cares and maintain a 1:8 staff to client ratio at all times.
If your client needs more support, please fill out the application for Sunny Days.

Ages 6-12 \$160 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:** _____
Height: _____ **Weight:** _____ **Age:** _____

Are you new to Easterseals? Yes No
Does your client receive additional support in school? Yes No **If Yes, Please Explain:** _____

Food Allergies: _____ **Reaction:** _____
Other Non-Food Allergies: _____ **Reaction:** _____

Does the client 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



-Bright Side-

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.

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.
Other exam forms will not be accepted.

Height: _____

Weight: _____

BP: _____

Pulse: _____

State the most recent date of occurrence:

Chicken pox _____

Measles _____

German Measles _____

Mumps _____

Hepatitis carrier _____

Rheumatic Fever _____

	Normal	Abnormal
EENT		
Heart		
Lungs		
Resp.		
GI		
Abdomen		

Known allergies and reaction: _____

Epi-Pen? Yes No

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



Bright Side -Registration 2021-

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: \$ _____
<i>(make payable to Easterseals Iowa)</i>

Credit Card
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
Amount Authorized: \$ _____
Card Number: _____
Name on Card: _____
Signature: _____
Expiration Date: _____ 3 Digit Code <i>(on back of card)</i> : _____
Would you like us to charge your card for the remaining balance the Wednesday before the session? <input type="checkbox"/> Yes <input type="checkbox"/> No

Bright Side 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"/> BR1 June 14-18
Animal Planet | <input type="radio"/> BR2 June 21-25
Western Week | <input type="radio"/> BR3 June 28-July 2
Star and Stripes | <input type="radio"/> BR4 July 6-9
(Closed Monday)
Rock and Roll | <input type="radio"/> BR5 July 12-16
Under the Sea |
| <input type="radio"/> BR6 July 19-23
Mad Science | <input type="radio"/> BR7 July 26-30
Superheroes | <input type="radio"/> BR8 August 2-6
Challenge Week | <input type="radio"/> BR9 Aug 9-13
Disney | <input type="radio"/> BR10 Aug 16-20
Nature Unleashed |

Thank you for choosing Easterseals Iowa!

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

Email: campandrespites@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!

- Bright Side is for ages 6-12. Check in is weekdays 8-9 am and check out is weekdays 4-5 pm. Bright Side is designated for clients who can maintain a 1:8 staff to client ratio at all times and be independent with personal cares.
- Once a client is fully registered, a letter will be sent to the client's residence confirming the week(s) they are registered for.
- A non-refundable \$50 deposit is required to register a client. Please send the deposit with the application, as the client cannot be registered until we receive it. We do not reserve or hold spots. The \$50 deposit will be applied to the first session.
- Full payment is \$160 and due three weeks before the client attends his/her 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 66th Ave
Des Moines, IA 50313

- The full \$160 is required even if the client will not attend the entire session.
- Any application turned in after July 1st, 2021 will require the session payment to be made in full before the participant can be registered.
- If the client can no longer attend the registered sessions, please contact the Program and Support Specialist at 515-309-2375. Failure to cancel the session at least one week before the session begins may result in the billing contact identified on the Registration Form being charged for the full session.
- Failure to call in to cancel registration could lead to cancellation of future registered weeks.
- Please remember the Summer Programs will maintain a strict adherence to the 5:00 pm 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 5:00 pm – 5:10 pm. After 5:10 pm, there is an additional charge of \$1 per minute.

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

515-309-2375 or campandrespites@eastersealsia.org.

2021 Bright Side Themes

BR1 Animal Planet—Join us for some zoo-tastic fun exploring the amazing animal kingdom. We will watch animals in their natural habitat via livestreams, search the nature trail for evidence of local creatures, and we may even get a visit from some furry friends! Wear your cheetah print and zebra striped clothing!

BR2 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 ESI into the Wild West with demonstrations from the Pony Express Riders of Iowa. Costumes and Western wear are encouraged!

BR3 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.

BR4 Rock and Roll—If you like to rock and roll, this session 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 clients' creativity by making music and instruments of our own.

BR5 Under the Sea—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.

BR6 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!

BR7 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!

BR8 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.

BR9 Disney—This week you will get to enjoy the magic of Disney while at the Happiest Place 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.

BR10 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