

Easterseals Western & Central PA

Therapeutic Recreation Department



Camp Application Packet - 2018

Easterseals Western & Central PA is excited to offer quality programming to our service area and we hope you have as much fun at camp as we do. You will find all of our camp opportunities on page 2 of the packet. In order to best prepare for you at camp, we ask that you complete this page and return it to us while you take your time to complete the rest of the packet. This allows us to hold a spot for you at camp and communicate any important information to you. Camp registration will close 2 weeks before the start of the camp. Any last minute additions must be approved by the Camp Coordinator. Please don't hesitate to contact us if you have any questions. Thank you!

Camp Coordinator: **Allie Scott**
Phone: 717-741-3891 x4102
E-Mail: ascott@eastersealswcpenna.org

TO REGISTER:

1. Complete this page and mail, e-mail, or fax it to Easterseals to reserve a spot.
Mail: 2550 Kingston Road, Suite 219, York, PA 17402
Email: ascott@eastersealswcpenna.org
Fax: 717-741-5359
2. Complete the Application for Camp and send it to us via method above.

PRE-REGISTRATION FORM

Camper Information: Please Print

First Name: _____ **Last Name:** _____ **Age:** _____ **Sex:** (circle one) **Male** **Female**

Address (street, city, state, zip): _____

Residence is: Independent With Parent/Guardian Group Home Other: _____

Disability: _____ **Parent/Guardian(s):** _____

Home Phone:(____) _____ **Cell Phone:**(____) _____ **Email:** _____

What camp(s) are you registering for? _____

Will an organization be paying for all or part of the camp fees? NO YES If yes, please complete the following information:

Organization: _____ **Contact Person:** _____

Contact Phone: (____) _____ **Contact Email:** _____



Therapeutic Recreation Department

OFFICE USE ONLY
Medical form: _____
TSS/Aid: [] _____
Notes:

Application for Camp Programs - 2018

Please complete all questions on this application thoroughly. The more information you provide, the better we are able to care for your camper while at camp. If you have any questions, please contact Allie Scott at ascott@eastersealswcpenna.org or call 717-741-3891, ext. 4102. Thank you!

Please send completed camper application packet via fax, e-mail, or mail to:

FAX: 717-741-5359 E-MAIL: ascott@eastersealswcpenna.org MAIL: ESWCPA, 2550 Kingston Road, Suite 219, York, PA 17402

CAMP(S) ATTENDING: (1) _____ (2) _____

CAMPER INFORMATION
Camper's Name: _____ Date of Birth ____/____/____ Age: _____ Sex: _____
Address: _____ Phone Number: (____) _____
City, State Zip: _____ Email: _____
County: _____ Township: _____ Race : _____ T-Shirt Size: _____
Camper's residence is: Parent/Guardian's Home Independent Group Home Foster Care Other _____
How did you find out about camp? _____

PARENT/GUARDIAN INFORMATION
Name(s): _____
Address (street, city, state, zip): _____
Home Phone: (____) _____ E-mail: _____
Mother's Cell Phone: (____) _____ Father's Cell Phone: (____) _____
Mother's Work Phone (____) _____ Father's Work Phone: (____) _____

GROUP HOME INFORMATION Please complete this section if the camper resides in a group home.
Group Home Name: _____ Phone: (____) _____
Address (street, city, state, zip): _____
Business Manager: _____ E-mail: _____
Phone: (____) _____ Caseworker: _____
E-mail: _____ Phone: (____) _____
Who should be the primary contact? (circle one) GH Business Manager Caseworker Parent/Guardian

FOSTER CARE INFORMATION Please complete this section if the camper is in foster care .
Agency Name: _____ Phone: (____) _____
Address (street, city, state, zip): _____
Caseworker: _____ Email: _____
Phone: (____) _____
Who should be the primary contact? (circle one) Foster Parent Caseworker Agency

MILITARY SERVICE -
Are you/ immediate family member a current service member/veteran? (circle) YES NO
If yes, please list branch: _____ Service member's relation to camper: _____
Please circle one: ACTIVE DUTY NATIONAL GUARD RESERVES VETERAN

PROGRAM SELECTION 2018:

(PLACE A CHECK MARK IN FRONT OF THE CAMP YOU WANT TO ATTEND)

Club Lily (adults with disabilities ages 18+)

- ___ March Retreat Weekend - March 9-11 (Columbia Co.) - \$375
- ___ April Retreat Weekend - April 13-15 (Columbia Co.) - \$375
- ___ May Retreat Weekend - May 11-13 (Franklin Co.) - \$375
- ___ Summer Residential Camp 1- June 3-7 (Columbia Co.) - \$850
- ___ Summer Residential Camp 2- August 19-23 (Columbia Co.) - \$850
- ___ October Retreat Weekend - October 12-14 (Columbia Co.) - \$375
- ___ November Retreat Weekend- November 15-18 (Columbia Co.)- \$375

Camp Amp (children with disabilities ages 7-17)

- ___ Residential Camp- August 5-9 (Franklin Co.) - \$850

Adams County Day Camp - Call for pricing

- ___ Week 1 - June 11-15
- ___ Week 2 - June 18-22

Cumberland County Day Camp - \$350 per week

- ___ Week 1 - June 25-29
- ___ Week 2 - July 2-6
- ___ Week 3 - July 9-13
- ___ Week 4 - July 23-27
- ___ Week 5 - July 30- August 3
- ___ Week 6 - Aug 6-10

York County Day Camp - \$350 per week

- ___ Week 1 - June 18-22
- ___ Week 2 - June 25-29
- ___ Week 3 - July 2-6
- ___ Week 4 - July 9-13
- ___ Week 5 - July 23-27
- ___ Week 6 - July 30- August 3
- ___ Week 7 - August 6-10

For Office Use:

PAYMENT INFORMATION:

Camp fees for each program must be paid upon the start of the camp unless prior arrangements have been made with Easterseals. We understand that if another agency is paying for camp, they might not remit payment until after the camp is complete. If this is the case we ask that you verify with a case manager or the payer source that the funds are available. If you attend camp and the payer does not have sufficient funds you will be personally responsible for the camp fees. Please see our Camp Policies for our complete policies on payment.

WHO WILL BE PAYING?

___ **Self/Parent/Guardian**

- ___ Check
- ___ Cash or Money Order
- ___ Credit Card

___ **Waiver Funds** (see below)

___ **Family Driven Funds** (see below)

___ **Other** (see below)

Is financial assistance being requested from Easterseals? (Please circle)

Yes No

(If yes, contact us for an application form.)

OUTSIDE AGENCY PAYMENT INFO:

Organization: _____

Contact Person: _____

Title: _____

Phone: _____

E-mail: _____

Address: _____

Amount being paid \$ _____

RATIO OF CARE that will best suit the camper (Circle) 1:1 2:1 3:1 4:1 or higher
 Campers who require a 1:1 or 2:1 ratio must be accompanied by a non parental caregiver provided by the camper's family at all times. Please call to learn more if camper will need a 1:1 or 1:2 ratio. Final determination for staff/child ratios is up to the ESWCPA staff. There is an extra charge for an aid to attend camp to help cover the food and lodging costs.

CAMPER PROFILE: This information will be used to ensure the camper's needs are adequately met. Please answer openly and completely. All information is confidential. Use extra paper if necessary. PLEASE answer all questions.

CONDITION/DIAGNOSIS

1) Camper's primary diagnosis _____
 Please note the camper's level of mental retardation/intellectual disability (if applicable) Mild Moderate Severe Profound

2) List any other disabilities/illnesses _____

3) Does this camper use: (Circle any that apply)

Crutches	Never	Sometimes	Often	Always		
Walker	Never	Sometimes	Often	Always		
Manual Wheelchair	Never	Sometimes	Often	Always-----	Independent	or Needs Assistance
Electric Wheelchair	Never	Sometimes	Often	Always-----	Independent	or Needs Assistance
Other _____	Never	Sometimes	Often	Always		

SPEECH AND LANGUAGE

1) Does the camper understand verbal communication ? YES NO
 If YES, please describe _____
 If NO, please describe the methods of communication that work best _____

2) The camper express his/her needs by: (please check all that apply, and describe below)
 Talking Clearly Talks with difficulty Gestures ASL/Signed English PECS/Communication Device Other
 Please describe _____

BEHAVIOR/ PERSONALITY/ SOCIALIZATION

1) Please rate the camper's behavior in the area described by each of the following words/phrases using the scale
 1= ALWAYS 2 = FREQUENTLY 3 = SOMETIMES 4 = SELDOM 5 = NEVER

_____ Friendly towards others	_____ Excessive motor activity
_____ Enjoys helping others	_____ Acts without thought of consequences to self or others
_____ Shares or cooperates with others	_____ Inappropriate sexual behavior
_____ Willing to try new things	_____ Avoids social contact with adults and peers
_____ Easily becomes involved in activities	_____ Wanders from group situations
_____ Accepts rules easily; complies with requests	_____ Aggression without apparent cause
_____ Focuses attention long enough to enjoy recreational and leisure activities	_____ Talks about something that is strange, frightening or disgusting
_____ Goes along with change in daily routines	_____ Behavior puts self or others in danger of injury
_____ Participates in large group activities without demanding attention or being disruptive	_____ Temper outburst
_____ Accepts correction and can be redirected towards more appropriate behavior	_____ Seems unhappy or sad
_____ Behaves rudely/inappropriately towards others	

Please attach additional sheet(s) if needed

2) Describe any unusual behaviors or behavior issues that we might expect to see and describe ways to handle them:

CAMPER PROFILE CONTINUED

BEHAVIOR/ PERSONALITY/ SOCIALIZATION CONTINUED

3) Describe how the camper responds when away from home or in a new environment: _____

4) What can we do to help the camper feel comfortable in this setting? _____

TOILETING:

1) What is the camper's independence level during toileting? (Please circle)

Independent Needs Reminders Only Needs Some Assistance Needs Total Assistance

If camper needs reminders or some assistance with toileting, please indicate in what areas:

___ Getting on/off toilet ___ Clothing
___ Wiping ___ Hand washing
___ Needs Reminders—Please specify _____

2) Does the camper use/wear: Depends/Diapers during the night Depends/Diapers throughout the day N/A

**Please note - the camper is responsible for bringing their own depends/diapers for camp. Please provide extras too.

3) Does the camper: Need Assistance during Catheterization Perform Self Catheterization N/A

Type of Catheterization used: _____

4) Does the applicant have any behavior-related or disruptive toilet habits? YES NO

If yes, please describe: _____

EATING:

1) What is the camper's level of independence during eating?

Independent Needs Some Assistance Needs Total Assistance

If the camper needs assistance please indicate in what areas:

___ Selecting foods to eat/portion size ___ Cutting foods
___ Getting drinks/drinking ___ Foods need to be ground/mashed
___ Eats too fast ___ Feeding himself/herself
___ Reminders, please specify ___ Other, please specify

Please explain all selections _____

2) The camper tends to: (please circle) Over Eat Under Eat Eat Appropriate Amounts

3) Does the camper use any adaptive equipment during meals? YES NO (**must bring own equipment to camp)

If Yes, describe: _____

4) Does the camper have any dietary restrictions or food allergies? YES NO

If Yes, describe: _____

(If the camper has very specific dietary restrictions, please use addition paper to describe in detail)

CAMPER PROFILE CONTINUED

GROOMING & BATHING: (For Residential Camps ONLY)

1) Please check any personal care areas where the camper needs assistance and describe typical patterns and level of assistance needed:

- _____ Dressing - describe: _____
- _____ Undressing - describe: _____
- _____ Showering - describe: _____
- _____ Washing Body - describe: _____
- _____ Washing Hair - describe: _____
- _____ Menstrual Period - describe: _____
- _____ Bushing Teeth- describe: _____
- _____ Eyewear - describe: _____
- _____ Shaving - describe: _____
- _____ Other - describe: _____

SLEEP: (For Residential Camps ONLY)

1) Does the camper have trouble sleeping? YES NO

Please describe patterns: _____

2) Does the camper wet the bed? YES NO

3) Is the camper able to use the top bunk? YES NO

4) Does the camper have:

- _____ Bad Dreams _____ Snoring _____ Sleep Walking _____ Talking in Sleep
- _____ Fear of dark _____ Fear of storms _____ Other Fears _____ Wandering at Night

Describe: _____

5) Does the camper need special positioning to sleep? YES NO

If Yes, describe _____

ACTIVITY RESTRICTIONS:

1) Are there any physical conditions, past operations or injuries which might restrict his/her camp activities? YES NO

If yes, explain: _____

2) Please circle any restricted program areas:

Swimming Athletics Supervised Horseback Riding Boating Adventure Activities (Climbing, zip line, etc.)

Other (list) _____

**Please keep in mind that all camp activities will be supervised and adapted as necessary based on the campers' needs.

3) Does the camper know how to swim? YES NO

4) Please describe what the camper can/likes to do in the water (i.e. swim, splash feet on edge, play in shallow end, etc.)

PAST EXPERIENCE:

1) Has the camper attended camp before? YES- Residential or Day Camp or Both? NO

2) Was the applicant ever sent home early or denied admission to camp? YES NO

If yes, please explain: _____

ISP (Individual Support Plan)

1) Does the camper have an ISP? YES NO

If YES, please send us the ISP so that we can better meet the camper's needs.

Parent/Guardian or Applicant Agreement, Consent, and Release:

PLEASE READ THIS SECTION CAREFULLY BEFORE SIGNING. and be aware that in signing up and participating in this program, and using the facilities and equipment, you will be waiving and releasing all claims for injuries or loss or property damage that you (or your child) might sustain arising in any manner out of this program or the use of the facilities or equipment. This section must be filled out and signed by each participant (or their parent/guardian) or they will not be allowed to participate or use the facilities or equipment.

Acknowledgement of Risk or Injury Clause- As a participant in the program, I recognize the risk and acknowledge that there are certain risks of physical injuries, including death, damages, property damage, or loss which I (or my child) may sustain as a result of participating in any and all activities connected with such program or the use of the facilities or equipment.

Permission to Treat - I hereby give permission for my child/ward to receive first aid from program staff. I hereby give permission to the medical personnel selected by Easterseals Western and Central Pennsylvania to order x-rays, routine tests, treatment and necessary transportation for me/or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Easterseals Western and Central Pennsylvania to secure and administer treatment, including, but not limited to x-rays, hospitalization and surgical interventions. I also give permission to Easter Seals Western and Central Pennsylvania to obtain related transportation. I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation.

Waiver of Claim for Injury Clause- I agree to waive and relinquish all claims that I (or my child) may have for injuries or damages, as a result of participating in the program or using the facilities or equipment, against Easterseals Western and Central Pennsylvania, Inc. and Easterseals Inc., and their officers, agents, servants, employees, and affiliates.

Policy Verification- I have received and reviewed Easterseals ' Camp Policies and agree to abide by the policies as they are stated.

Release from Liability Clause-I do hereby fully release and discharge National Easterseals and Easterseals Western and Central Pennsylvania Inc., and their officers, agents, servants, employees, and affiliates from any and all claims for injuries, including death, damages, property damage, or loss which may have or which may in the future accrue to me (or my child) on account of participation in the program or use of the facilities or equipment.

Indemnity and Defense Clause- I further agree to indemnify and hold harmless and pay defense costs and defend National Easterseals, Easterseals Western and Central Pennsylvania Inc., and their officers, agents, servants, employees, and affiliates, from any and all claims resulting from injuries, including death, damages, property damage, or loss sustained by me (or my child) and arising out of, connected with, or in any way associated with the activities of the program or the use of facilities or equipment. The undersigned, in case of emergency and in the event the undersigned cannot be reached by telephone, does hereby give permission for medical treatment by a physician or hospital selected by the Camp Director. Such permission shall include any and all medical treatment which is necessary or desirable in the absolute discretion of any such physician or hospital. The undersigned recognizes the right of the Camp Director, in his/her absolute discretion, to terminate a camper's stay at any time due to disciplinary or medial actions which might jeopardize the camper's or others' health, safety, or well being at camp.

Signature: _____ **Date:** _____
(Signature of Parent/Guardian if participant is under the age of 18)

Photographic/Media Release:

_____ I hereby authorize and give my consent to Easterseals Western and Central Pennsylvania to photograph/video me or my child/ward, and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of Easterseals Western and Central Pennsylvania without consideration of any kind. I understand that photos and/or video usage could include Easterseals Western and Central Pennsylvania's website, Facebook, and/or other social media outlets.

_____ I DO NOT authorize the use of photography/video of me or my child/ward by Easterseals Western and Central PA.

Signature: _____ **Date:** _____
(Signature of Parent/Guardian if participant is under the age of 18)

Payment Policy Agreement:

Camp fees must be paid in full prior to camp attendance, unless prior arrangements have been made and agreed upon. If the camper is using a 3rd party payer source and that payer source does not pay the bill, parents/guardians or camper will be responsible for the camp fee.

Signature: _____ **Date:** _____
(Signature of Parent/Guardian if participant is under the age of 18)

Easterseals Camp Health Forms—Health History



All campers must have the health history form completed, signed and returned before the start of the camp program.

Camper Name: _____ Date of Birth: ____/____/____ Age: ____ Sex: M or F

Who should be contacted in the event of a health concern or emergency? _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Alternate Emergency Contact—(in the event that a parent/guardian cannot be reached, please list an alternate contact)

Name: _____ Relationship to Applicant: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Care Providers

Name of Primary Physician _____ Phone (____) _____

Name of Dentist/Orthodontist _____ Phone (____) _____

Insurance Carrier _____ Policy or Group # _____

****PLEASE ATTACH A COPY OF INSURANCE CARD (BOTH SIDES)****

Health History

- 1) How would you assess the camper's current health? (circle) GOOD FAIR POOR
- 2) List any chronic health problems and treatments that the camp health staff should be aware of (i.e. asthma, pressure sores, cough, constipation): _____
- 3) Has there been any recent exposure to a contagious disease? YES NO If yes, please explain: _____
- 4) Is the applicant a carrier of any infectious condition? YES NO If yes, please explain: _____
- 5) Does the camper have any known allergies? YES NO
If yes, describe the allergy and the reactions: _____
- 6) Does the camper have (or a history of) seizures? YES NO If yes, please answer the following questions:
Type: _____ Frequency: _____
Duration: _____ Date of last Seizure: _____ Current Status (i.e. active, controlled): _____
Describe typical recreations before, during and after seizures: _____
Steps of action by health staff: _____
- 7) Does the camper have diabetes? YES NO If Yes, how it is managed? _____
- 8) Has the camper been hospitalized or treated in the emergency room during the last year? YES NO
If yes, explain: _____
- 9) Are there any physical conditions, past operations or injuries which might restrict his/her camp activities? YES NO

Over The Counter Medications

Please indicate (checking Yes or No) for each of the following medications which can be used for the camper in a first-aid situation.

YES	NO	MEDICATION	YES	NO	MEDICATION	YES	NO	MEDICATION
		Triple Antibiotic Ointment			Laxative Pills			Visine Eye Drops
		Bacitracin Ointment			Tums			Petroleum Jelly
		Hydrocortisone Cream			Calamine Lotion			Sunscreen
		Ibuprofen/Advil Tablets			Allergy Medication			Aloe
		Tylenol (Acetaminophen) Tablets			Petpto Bismol (childrens/adult)			Insect Repellent
		Anti-diarrhea			Tums			After Bite

Has your camper ever had an allergic reaction to any insect sting/bite? ____YES ____NO

If Yes, what was the reaction? _____

Easterseals Camp Health Forms—Physical Examination

All campers must have the Physical Examination completed & signed by a licensed physician, PA or CRNP OR attach an equivalent form that was completed within 12 months of the camp date.



The form must be returned 2 weeks before the start of camp.

Camper Name: _____ Date of Birth: ____/____/____ Sex: M or F

Immunization History - Please record the most recent date (month and year) of the following immunizations or attached an immunization record for the camper.

- | | |
|---------------|------------------|
| _____ DTP | _____ Mumps |
| _____ DTP/Hib | _____ Rubella |
| _____ DTaP | _____ HIB |
| _____ DT/Td | _____ Hep B |
| _____ OPV | _____ Varicella |
| _____ IPV | _____ PCV |
| _____ MMR | _____ Meningitis |
| _____ Measles | |

Health History - (check all that apply)

- | | |
|---------------------------------|--------------|
| ___ Bleeding/clotting disorders | ___ Asthma |
| ___ Frequent Ear Infections | ___ Diabetes |
| ___ Heart defects/disease | ___ Fainting |
| ___ Seizures (type/frequency) | |

Please describe all that are checked: _____

Height: _____ Weight: _____ Blood Pressure: _____

The camper is under the care of a physician for the following condition(s): _____

Current treatment (including medications): _____

Any treatments to be continued at camp? _____

Surgeries or serious injuries (date): _____

Allergies (food, drug, plant, animal, etc.): _____

Any recommended restrictions while at camp?: _____

Additional Health Information: _____

Physician Consent and Signature: I have examined the person listed above and have reviewed the health history. It is my opinion that this camper is capable of engaging in camp activities, except as noted above.

Signature: _____ Date: _____
Print Name: _____ Office Phone: _____
Address: _____ Emergency Phone: _____
City, State, Zip _____

Camper Aid Information

Camper Name: _____

Will the camper be bringing an **aid/nurse** to camp with them? YES NO

If **YES**, is the aid/nurse from an agency? YES NO

Agency Name and Phone number: _____

If **NO**, Easterseals will require copies of the aid's/nurse's PA Criminal Background Check and PA Child Abuse Clearance. If you need information on obtaining these clearances please contact us.

Aid/Nurse's Name: _____

How many hours per day/week will the aid/nurse be at camp? _____

Will the camper be receiving **TSS services** while at camp? YES NO

If **YES**, please complete the following:

Agency Name and Phone Number: _____

TSS Worker's Name: _____

Behavior Specialist's Name: _____

Mobile Therapist's Name: _____

How many hours per week of services is the camper expected to receive at camp? _____

CAMP POLICIES

It is the mission of Easterseals Western & Central PA (ESWCPA) to provide exceptional services to ensure that all people with disabilities have equal opportunity to live, learn, work and play. It is our goal for our camp programs to offer quality respite opportunities for parents/caregivers that create a fun and safe environment in which campers can develop friendships, enhance socialization, and foster independence while gaining new experiences. We strive to serve all individuals with disabilities/ special needs who seek to employ our services. In order to ensure our ability to offer quality and safe programs please review our policies.

Application Process/Camp Fees

- All information provided to ESWCPA must be complete and accurate to the best knowledge of the person completing the camper's application. Failure to provide accurate or complete information may result in immediate dismissal from any program.
- Consent and waiver signatures must be signed in order for the camper to be allowed at camp. Campers may deny Permission to Treat due to religious reasons, but a separate form must be signed in order to participate.
- The Camp Health Form Part 2 (Physical Form) must be received by the camp no later than 14 days prior to each camp. It must be completed and signed by an authorized medical professional. The Camp Health Form Part 2/Physical must be completed within 12 months of the camp.
- In order to save your space at camp, a registration form (pre-registration or the camp application) must include a \$100 non-refundable deposit, unless prior arrangements have been made with ESWCPenna (e.g. camp fees being paid by waiver or county funding). The deposit will be applied to the camp fee. This does not apply to Project Beacon.
- Camp Fees must be paid in full prior to camp attendance, unless prior arrangements have been made. Payments are welcome.
- If using a 3rd party payer source and that payer source does not pay the bill, parents/guardians or camper will be responsible for the camp fee.
- Financial Assistance – In order to be considered for financial assistance, applicants must complete the Sliding Fee Scale and submit it along with a current tax return or other proof of income. Financial aid or scholarships will be awarded based on need and available funds.
- Refunds and Cancellations – camp deposits are non-refundable. Camp fees will be refunded if a camper cancels with a minimum 60-day notice; refunds for cancellations of less than a 60-day notice will be considered upon request on a case by case basis. Partial refunds for campers sent home once the session has begun will be considered upon request on a case by case basis. If a camper cancels with less than a 60-day notice and has yet to pay the camp fee, the camper is still responsible for payment.
- Sibling discount - For week long residential camps ONLY - Easterseals offers a \$145 discount for each sibling registered beyond the first child. Siblings must be registered for the same camp. This discount is applied to the balance, not to the deposit. This discount is not applicable for weekend respites or day camp programs.

Staffing Ratio

All campers must be able to function safely in a group setting. Staff to camper ratios for our residential camps will be 1 to 3 during most times of the day (1 to 5 for Project Beacon). Staff to camper ratios for our day camps will be between 1 to 3 and 1 to 4 depending on the needs of the campers. We feel this allows us to give our campers individualized attention while encouraging independence at the same time. Campers who need one-on-one support due to behavior or those with a fragile medical condition will be required to have a one-on-one non parental support person, over the age of 18, at camp. The necessity of a one-on-one assistance will be assessed by ESWCPA Therapeutic Recreation Department Staff and will be handled on a case by case basis.

- Residential Camps: Personal Care Givers coming to residential camps will come to camp at an extra cost, meaning the camper will pay the regular rate and their aid will be charged an additional amount to cover food and lodging costs occurred. As stated the one-on-one must be 18 or older and be someone who is familiar with the camper and can properly meet the needs of that camper.
- Day Camp: Campers who require a one-on-one aid/TSS to be with them at camp need to make ESWCPA aware of the person and the agency that the person is coming from. If the camper requires an aid/TSS and that aid is unavailable to come to camp for a day/time it is to the discretion of ESWCPA if the camper is able to attend camp without the aid/TSS. If the regular aid/TSS is unable to make it to camp and a substitute is coming, it is the responsibility of the family and/or the agency to make the Camp Staff

- ESWCPA is not able to provide a one-on-one aid for any of our children's camps or respite opportunities. ESWCPA is not able to provide a one-on-one aid for anyone with a fragile medical condition. We may be able to provide a one-to-one aid at our adult camps and respite opportunities; however this is based on availability of staff and will come at an additional cost. You need to contact ESWCPA if you think you might need a one-on-one or will be bringing an aid with you to camp.

GENERAL POLICIES

Anti-Bullying Policy - Bullying is when one or more people exclude, tease, taunt, gossip, hit, kick, or put down another person with the intent to hurt. At ESWCPA's Camps, bullying is inexcusable, and we have a firm stance against all types of bullying. Our leadership addresses all incidents of bullying seriously and trains staff to promote communication with their campers so both staff and campers will be comfortable alerting us to any problems during their camp experience and between camp seasons. Every person has the right to expect to have the best possible experience at camp, and by working together as a team to identify and manage bullying, we can help ensure that all campers and staff have a great experience at an ESWCPA Camp.

Personal Property Policy - Easterseals' policy on the possession and use of drugs and alcohol, special personal equipment, vehicles and animals is as follows:

- **Drug/Alcohol Policy:** The possession, consumption and/or use of alcohol and/or drugs at ESWCPA camps or programs is strictly prohibited. Staff is informed through ESWCPA Benefit and Policy Manual and trainings. Easter Seals' employees are expected to represent Easter Seals in a safe and professional manner. All prescription drugs brought into camp by campers and staff are kept in the possession of the health care staff (Camp Director for day camps) and locked up. In case of an accident with drugs or alcohol, seek medical help as appropriate. The Camp Director and the Director of Therapeutic Recreation will deal with each case as they and the ESWCPA policies see fit and discipline measures may involve discharge, parental notification, or other appropriate disciplinary procedures as stated in the ESWCPA Policy Manual.
- Easter Seals will make a concerted effort to supply all needed equipment and supplies for the camp program. Campers and staff are encouraged to bring only clothing, toiletries, any personal medical equipment/assistive devices, and a minimum of personal articles.
- All personal items or animals of campers and staff are the responsibility of the owner.
- Easterseals is not liable for damage to any equipment or personal belongings of the campers or staff. Each person is responsible for his or her own property.
- No animals shall be brought to camp by a camper or staff, unless it is a service animal and has received prior approval by the Camp Director. All animals at camp will be the responsibility of the owner.
- Any equipment possessed by a camper or staff that may be hazardous to others is subject to removal from that person's possession and held by the Camp Director until the owner leaves camp. This includes the keys of campers and staff that drive their own cars to camp.
- Personal vehicles are the responsibility of the owner.

Sensitive Issues Policy - It is the goal of ESWCPA to make camp an environment where all individuals, no matter their needs or abilities, have an equal opportunity to live, learn, work and play. During camp there are a number of socially sensitive issues that may come up at camp and can reflect on the image of ESWCPA and its employees. Socially sensitive issues can include topics such as religion, divorce, tattoos, drugs, smoking, dating, sexuality, body piercing and cults. Easter Seals does not encourage conversations of such nature with campers; if you would like to be made more aware of how we train our staff to handle such situations please contact us.

Medications – Medications are stored with and to be dispensed by the Camp Health Care Staff (Camp Director at day camps). It is strongly urged that all medication routines or changes be well established 2 or more weeks before a camper attends camp. Medications must be clearly labeled with the camper's name, type, dosage and time. It is the responsibility of the camper to provide enough of their medication to last the entire camp session.

Sick Camper Policy - To help avoid the spread of illness, campers with a fever, diarrhea, or nausea should not attend camp that day and should not return until they are symptom free for 24 hours. If a camper should become ill while at camp, his/her parent/guardian must pick up their camper immediately upon notification.

Drop Off/Pick Up Policy – Drop off/Pick up policies vary by camp. You will be made aware of the policy with your camp welcome packet. Please note the camp must be made aware of who is picking up the camper each day.