

## **2010 Dodge Pond Summer Vacations**

Thank you for your interest in Dodge Pond's 2010 Vacation Season. Please fill out all portions of the following application and send the completed application with full payment to the address below by May 29<sup>th</sup>. Please note, if your application is sent after the May 29<sup>th</sup> deadline, you may not be able to register for the week or weeks you prefer.

Staff would like to ask that all applications have legible names, addresses, and phone numbers of campers and their guardians/parents/case managers. Each camper must have an updated physical and a 24 hour contact person and number are vital in case of an emergency.

This year, staff are asking that a copy of the campers' MAR be sent prior to attending camp. This will help expedite the process and cut down on Monday afternoon confusion.

Because of our population and the special accommodations needed by some, all efforts will be made to satisfy everyone's preferred sleeping arrangement.

**Please send the completed application and full payment to:**  
**St. Lawrence NYSARC, 6 Commerce Lane, Canton, N.Y. 13617**  
**If you have any questions, please call Joe Montgomery at**  
**(315) 848-2336.**

Thank you for your cooperation and look forward to serving you this year!

Sincerely,

Joe Montgomery  
Camp Administrator

**Dodge Pond Summer Vacations  
Part B -Page 1**

CAMPER'S NAME: \_\_\_\_\_

**Please answer all questions.** If a question does not apply to your camper, please indicate with NA.  
**Please do not leave any section blank.** The quality of care we provide depends on this input. Use extra sheets if needed to provide complete information. Thank you.

<b>Communication:</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
Verbal	[ ]	[ ]	[ ]
Sign Language	[ ]	[ ]	[ ]
Read	[ ]	[ ]	[ ]
Write	[ ]	[ ]	[ ]

How else does the camper make needs known? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Behaviors:**

Will the camper need **special staffing or 1:1 assistance** because of behavioral or medical concerns? For example: emotional outbursts, difficulty sleeping and/or staying in bed throughout the night, seizures, hitting, wandering, etc.?

YES [ ] NO [ ]

Describe in detail any problematic behavior and the best way to handle the behavior while at camp:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Activities of Daily Living:**

**A. Bathroom Activities**

Toileting supervision required? YES [ ] NO [ ]

Explain type of supervision: \_\_\_\_\_

Shower and wash self? [ ] [ ]

Special equipment required? (list) \_\_\_\_\_

(If equipment is needed, please send to camp)

Personal hygiene (i.e., tooth brushing, face washing, shaving, hand washing, etc.)

**What kind of supervision for each? (i.e., verbal prompts visual supervision, hands-on, etc. If need to be shaven, how often (times), can shave self, disposable or electric razor, etc.) Please be specific.**

\_\_\_\_\_

\_\_\_\_\_

**B. Mobility**

	<b>YES</b>	<b>NO</b>	<b>NA</b>
Does camper walk unassisted?	[ ]	[ ]	[ ]
What adaptive equipment or staff support is needed? _____			
Does camper use a wheelchair? manual or electric? _____	[ ]	[ ]	[ ]
Long or short distances with wheelchair? _____			
Can camper transfer independently?	[ ]	[ ]	[ ]
Does camper use a lift? _____ Yes _____ No			
Are one or two people needed to transfer? _____			
<b>Comments regarding mobility. Please be specific.</b> _____			
_____			
_____			

**C. Sleeping Activities**

What are camper's usual sleeping hours? \_\_\_\_\_

Camp bedtime (lights out) is 9 pm - 7 am; do you think this will present any difficulties?  
\_\_\_\_\_

**Is camper known to wander during hours of rest? If so, please explain.** \_\_\_\_\_

	<b>YES</b>	<b>NO</b>	<b>NA</b>
Has camper been known to sleepwalk?	[ ]	[ ]	[ ]
Is camper incontinent at night?	[ ]	[ ]	[ ]
Has camper been known to roll out of bed?	[ ]	[ ]	[ ]
Would the camper enjoy sleeping outside in a tent?	[ ]	[ ]	[ ]
Is the camper capable of sleeping on an upper bunk?	[ ]	[ ]	[ ]

**Comments regarding sleep activities. Please be specific when mentioning any sleep problems.**

\_\_\_\_\_

\_\_\_\_\_

**D. Dining Skills**

	<b>YES</b>	<b>NO</b>	<b>NA</b>
Does the camper dine independently?	[ ]	[ ]	[ ]
Is the camper able to carry a tray?	[ ]	[ ]	[ ]
Does the camper require special feeding considerations?	[ ]	[ ]	[ ]
Does the camper use adaptive equipment?	[ ]	[ ]	[ ]
List Equipment: _____			

(Equipment must to be sent with the camper)

**Comments regarding dining skills. Please be specific.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part B - Page 3**

**E. Camp and Leisure Activities**

Does the camper enjoy the water?

**YES**

**NO**

**NA**

[ ]

[ ]

[ ]

Does the camper swim?

[ ]

[ ]

[ ]

Does the camper like to go for walks?

[ ]

[ ]

[ ]

Does the camper enjoy sports?

[ ]

[ ]

[ ]

Does the camper enjoy arts and crafts?

[ ]

[ ]

[ ]

What other leisure activities does the camper enjoy? \_\_\_\_\_

\_\_\_\_\_

**Comments regarding Camp and Leisure Activities. Please be specific.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dodge Pond Summer Vacations

PART A – PAGE 1

**MEDICAL FORM**

Please provide the following information and the most current physical.\*

**\*Physical MUST be current (within 1 year of camp attendance) and returned by the deadline date. The quality of care provided depends on this information; therefore, it is MANDATORY.**

Camper: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: M F

Complete Diagnosis:

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1. Health History

Past Illnesses:

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Surgeries:

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Injuries:

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2. Seizure History

Does camper have a seizure disorder? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, how often? \_\_\_\_\_ Last known seizure \_\_\_\_\_

Please describe a typical seizure:

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3. Immunizations

**Please give dates of immunizations. \*Tetanus should be dated after 6/2000 and PPD administered within 1 year of camp attendance.**

\*Tetanus \_\_\_\_/\_\_\_\_/\_\_\_\_ DPT \_\_\_\_/\_\_\_\_/\_\_\_\_ Measles \_\_\_\_/\_\_\_\_/\_\_\_\_

Mumps \_\_\_\_/\_\_\_\_/\_\_\_\_ Polio \_\_\_\_/\_\_\_\_/\_\_\_\_ Rubella \_\_\_\_/\_\_\_\_/\_\_\_\_

\*PPD \_\_\_\_/\_\_\_\_/\_\_\_\_ or Chest X-Ray Report Results: \_\_\_\_\_ Pos \_\_\_\_\_ Neg

\_\_\_\_\_ mm of induration

4. Other Medical Concerns:

A. Assistive devices: *Please circle (if applicable)* Cane, walker, wheelchair, leg and or arm brace(s), eyeglasses, hearing aid(s), dentures, partial plates. Other

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Dodge Pond Summer Vacations

PART A – PAGE 2

MEDICAL FORM

Camper: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sex: M F

B. Sensitivities/Restrictions: *Please circle (if applicable) and describe in the space provided below.*  
Frequent ear infections, auditory impairment, speech impairment, visual impairment,  
stomach sensitivities, sun sensitivity, feet sensitivity, skin disorders. Other:

\_\_\_\_\_  
\_\_\_\_\_

5. Nutrition:

Current Diet:

\_\_\_\_\_

6. Allergies: *Please include medications, environmental, seasonal and food allergies, if any. Otherwise, please write NONE.*

Allergy	Reaction	Treatment
_____	_____	_____
_____	_____	_____

\* If more space is need, please attach a separate sheet.

7. Present Medications: **Please complete page 4 and have signed by the camper's health care provider. MAR's are not a substitute but are helpful.**

**\*ALL MEDICATIONS MUST BE SENT TO CAMP IN THE ORIGINAL BOTTLE WITH A CURRENT PHARMACY LABEL ATTACHED. NO EXCEPTIONS!**

**If you have any questions, please contact the camp RN at (315) 848-2336.**

How are medication taken? (*Please circle*)      Whole      Crushed      Other:

\_\_\_\_\_

What are medications taken with? (*Please circle*)      Liquids      Applesauce/Pudding      Other:

\_\_\_\_\_

8. Health Care Provider Information: (Please print clearly)

Name of HealthCare Provider and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

9. Health Insurance Information: (A copy of the medical card(s) front & back is also acceptable.)

Medicaid Number: \_\_\_\_\_ Seq # \_\_\_\_\_

Medicare Number: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

Dodge Pond Summer Vacations  
PART A – PAGE 3  
**MEDICAL FORM**  
**Standing Medication Orders**

Camper: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sex: M F

The following is a list of PRN medication available at camp. Please check which medications you wish to be given if needed. **If the form is not signed by the camper's health care provider, none of the medication below can be administered.**

<input checked="" type="checkbox"/>	Medication	Dose	Route	Frequency	Directions/indications
	Acetaminophen	325mg, 2 tabs	PO	Q4H, PRN	For fever above 101F, H/A, discomfort, or menstrual pain.
	Robitussin DM	5ml	PO	Q4H, PRN	For cough with cold symptoms.
	Pepto Bismol	30ml	PO	Q4H, PRN	For c/o nausea and /or diarrhea. (MaximumDailyDose- 6 in 24 Hour period)
	Tums	1-2 tabs	PO	PRN	For indigestion, heartburn and/or sour stomach.
	Milk of Magnesia	30ml	PO	QHS, PRN	For constipation.
	Kaopectate	30ml	PO	PRN	After loose stool, starting with stool #3. May repeat X 2.
	Benadryl	25mg tab	PO	PRN	For rash or persistent itch.
	Calamine Lotion		Topically	TID, PRN	Apply sparingly to affected are of insect bite, rash or minor skin irritation.
	Antibiotic Ointment		Topically	PRN	For infection prevention on minor cuts and abrasions
	Hydrogen Peroxide		Topically	PRN	For infection prevention on minor cuts and abrasions
	Sunscreen	SPF 30, PABA Free	Topically	PRN	Apply to all exposed skin surfaces prior to sun exposure.
	Solarcaine		Topically	PRN	Apply to affected area for incidental sunburn
	OFF! Insect Repellent		Topically	PRN	Apply to all exposed skin surfaces prior to being outdoors.

Medications may be used for 48 hours and/or one episode X 5 doses, then consult MD for further orders. **This form MUST be signed and a check mark placed by the approved medications by the camper's health care provider.**

\_\_\_\_\_  
Health Care Provider Signature and Title

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



**2010 DODGE POND SUMMER Vacations  
BOX 521 CO HWY 27  
Oswegatchie, N.Y. 13670**

**RECREATION/LEISURE INTEREST SHEET**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

In order to ensure your satisfaction this year, please check below all the activities you would like to participate in. Please remember, if vacation to you means relaxation, check visiting.

**GAMES AND SPORTS**

- CROQUET \_\_\_\_\_
- BASKETBALL \_\_\_\_\_
- BADMINTON \_\_\_\_\_
- BEAN BAG TOSS \_\_\_\_\_
- CARDS \_\_\_\_\_
- DANCING \_\_\_\_\_
- EXERCISING \_\_\_\_\_
- FRISBEE \_\_\_\_\_
- HORSESHOES \_\_\_\_\_
- KICKBALL \_\_\_\_\_
- SOFTBALL \_\_\_\_\_
- WHIFFLEBALL \_\_\_\_\_
- SPECIAL OLYMPICS \_\_\_\_\_
- SWIMMING \_\_\_\_\_
- TABLE GAMES \_\_\_\_\_
- VOLLEYBALL \_\_\_\_\_
- WALKING \_\_\_\_\_
- BOCHEE BALL \_\_\_\_\_

**MUSIC**

- LISTENING \_\_\_\_\_
- SINGING \_\_\_\_\_
- INSTRUMENTS \_\_\_\_\_

**OUTDOOR RECREATION**

- BOATING \_\_\_\_\_
- FISHING \_\_\_\_\_
- PICNICS \_\_\_\_\_
- HIKING \_\_\_\_\_

**ARTS AND CRAFTS**

- CLAYWORKING (PUTTY) \_\_\_\_\_
- DECOUPAGE \_\_\_\_\_
- DRAWING/COLORING \_\_\_\_\_
- PAINTING \_\_\_\_\_
- SCRAPBOOK \_\_\_\_\_
- DECORATING \_\_\_\_\_
- OBJECT MANIPULATION \_\_\_\_\_
- PUZZLES \_\_\_\_\_
- JEWELRY MAKING \_\_\_\_\_
- ETCHING \_\_\_\_\_
- PAPER MACHE \_\_\_\_\_
- SAND ART \_\_\_\_\_

**\* VISITING WITH  
OTHERS ONSITE** \_\_\_\_\_

**COMMENTS:**

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*Please keep this page for your information*

## **Dodge Pond Summer Vacations**

### **WHAT TO BRING TO DODGE POND**

*Please keep this page for your own information!*

- 1 Bathing Suit
- 1 Beach Towel
- 2 Pair of Sneakers or Shoes
- Underwear and Socks for each day
- 2 pairs of Heavy Pajamas
- 1 Heavy Jacket
- 1 Sweatshirt
- 1 Raincoat, Hat, Rubbers or Boots (weather can be unpredictable)
- Shirts, Shorts, Jeans
- Soap, Toothpaste, Shampoo, Toothbrush, Comb and/or Brush
- Razor, if necessary
- 2 Washcloths and 2 Towels
- 1 Pillow, 2 Pillowcases
- 1 Sleeping Bag OR 2 Sheets and 3 Blankets
- 1 Large Laundry Bag OR Plastic Bag for Soiled Laundry
- Sanitary Napkins, if possibly needed
- Flashlight
- Insect Repellent
- Adaptive Equipment
- Sunscreen

**NOTE: It is mandatory that camper's first and last name be written on luggage and clothing/personal belongings (not initials).**

### **THERE WILL BE NO LAUNDRY FACILITIES AT CAMP!!**

Please be sure the CAMPER'S NAME is clearly marked on ALL ARTICLES of clothing that they bring to camp. This is to ensure if they are left behind, they may be returned to the camper. Items left behind, that cannot be identified, will be given to a charitable organization. If camper needs toiletries and they are not brought with them, we will purchase and provide them, however you will be billed at a later date for those items used. Thank you.



**Dodge Pond Summer Recreation Program  
Reservation Form**

**THIS APPLICATION IS NON-TRANSFERABLE. CAMPERS MUST BE PRE-APPROVED.**

**2010 Summer Recreation Application for:**

*Please write address below*

Age: \_\_\_\_\_

SS#: \_\_\_\_\_

**Current Residence: (Please check one)**

Home     IRA     Family Care     CR-Residence Name: \_\_\_\_\_

**Contact Numbers:**

Service Coor. /Case Manager: \_\_\_\_\_ Phone:W: \_\_\_\_\_ H: \_\_\_\_\_

Residential Manager: \_\_\_\_\_ Phone:W: \_\_\_\_\_ H: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone:W: \_\_\_\_\_ H: \_\_\_\_\_

Who is available for 24 hour contact? \_\_\_\_\_ Phone:W: \_\_\_\_\_ H: \_\_\_\_\_

**Please send completed application along with full payment to:**

**St. Lawrence NYSARC, 6 Commerce Lane, Canton, NY 13617**

**If you have any questions, please call Joe Montgomery at (315) 848-2336.**

Please check the week(s) you wish to attend camp.

<input type="checkbox"/> Leisure Week	June 28, 2010 – July 2, 2010	Monday – Friday
<input type="checkbox"/> Creative Discoveries	July 5, 2010 – July 10, 2010	Monday – Saturday
<input type="checkbox"/> Survivor Week	July 12, 2010 - July 16, 2010	Monday - Friday
<input type="checkbox"/> Mardi Gras Madness	July 19, 2010 - July 24, 2010	Monday – Saturday
<input type="checkbox"/> Adirondack Adventure	July 26, 2010 – July 31, 2010	Monday - Saturday

please check if 1:1 staffing is required.

**Is camper able to stay/sleep in tent?  YES  NO**

**Accommodations Preferred:  Lodge  Tent Site  Lean-to**

Has camper attended Dodge Pond before? \_\_\_\_\_ How many years? \_\_\_\_\_

