

Oceanwood

Junior OceanBay Adventure 2018 Application

Dear Parent or Guardian,

We are excited to know that your child is interested in joining us for summer camp. To expedite the process, please read the following recommendations.

- Please **complete the entire 6 page application** before sending it in. Make sure to **include a physical from your Physician** with the application. **No** application will be accepted that is **incomplete**. Failure to provide full and accurate information to us could result in safety issues for your child and our staff. Please provide a picture of your child with your completed application.
- We encourage anyone that has not yet been to Oceanwood to schedule a visit. You will have the opportunity to meet the unit leader, explore the property, and get to know more about the program.
- Once we receive the completed application, our camp staff will call you to finalize acceptance into the program or discuss any questions we may have. We may request to set up a meet and greet to help ensure Junior OceanBay Adventure will be a good fit for your child, where we want all our campers to be able to get the most out of the experience. Confirmation booklets with information about your camp week will be mailed to you and your child after acceptance into the program.
- **The program is first come, first serve, so apply early!**
Please know that it could be several weeks after the application is submitted and the process is complete before you are notified of acceptance. We understand that waiting is hard, but please be patient as we want to make sure that we have everything we need. If you have additional questions about camp, please contact us at (207) 934-9655 or email the office at: office@oceanwood.org.

Thank you for applying to the Junior OceanBay Adventure camp session!

**Please Mail Completed Applications to:
Oceanwood - Jr. OceanBay Applications
PO Box 7338
Ocean Park, ME 04063**

FOR OFFICE USE ONLY

Date Received _____ Amount Received _____

Check Number _____ Approved By _____

Junior OceanBay Adventure Camper Application & Medical Record

July 8th - July 14th, 2018

In order for an application to be considered complete, the Physician Papers and an Application Deposit of \$250.00 is required. If accepted, the Application Deposit will be credited toward the Campers Tuition. If we are unable to accept the applicant for any reason, the Application Deposit will be returned in full.

CAMPER INFORMATION

Camper's Name: _____ Nickname: _____ Date of Birth: _____

() Male () Female Developmental Age: _____ Height: _____ Weight: _____

Phone Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Type of Residence: () Private Home () Group/Assisted Living Home () Institution () Other

Has the Camper ever attended Oceanwood or Grotonwood? () No () Yes - When? _____

Has the Camper ever been away from home before? () No () Yes - Homesickness? _____

CONTACT INFORMATION (While at Camp & During the Year)

Parent/Guardian #1: _____ Day Phone: _____ Alt: _____

Relationship to Camper: _____ Email: _____

If Not Available, Please Call:

Parent/Guardian #2: _____ Day Phone: _____ Alt: _____

Relationship to Camper: _____ Email: _____

Person/Agency Responsible for Transportation

Name: _____ Phone: _____ Alt: _____

INSURANCE INFORMATION & REQUEST FOR YEARLY PHYSICAL*

Insurance coverage for accidents or illness while participating at Oceanwood are the responsibility of the Camper and/or their family. **Please include a copy of your current insurance card.**

Carrier: _____ Policy or Group No. _____

Medicare / Medicaid No. _____ Policy Holder Name: _____

Address of Carrier: _____ City: _____ State: _____ Zip: _____

A CURRENT PHYSICAL (WITHIN THE PAST 12 MONTHS OF THE CAMP START DATE) IS REQUIRED FOR PARTICIPATION AND ACCEPTANCE INTO OCEANWOOD PROGRAMMING

ABILITY CHECKLIST

Please review and check the following

- has the ability to communicate - please choose all that apply
() Verbally () Sign Language () Augmentative Communication Device
- understands and responds effectively
- can walk unassisted
- has the ability to travel throughout the day with camp group
- () Little or no rest between activities () Some rest between activities () A lot of rest between activities
- can traverse long distances over rough/uneven terrain at a steady pace
- needs **no** assistance eating
- is independent in terms of personal care (with minimal prompting)
- needs **no** assistance in the bathroom
- is **not** physically aggressive towards others

If you are unable to check any of the above statements, please review the program description. If you have any questions please call the office.

UNDERSTANDING THE CAMPER

Primary Diagnosis: _____ Degree of Developmental Delay: _____

Physical Disability: _____

Does the Camper have: () Autism () Cerebral Palsy () Epilepsy () Diabetes () Seizure Disorder
() ADHD/ADD () Visual Impairment () Mobility Impairment () Hearing Impairment () Other: _____

Please provide any treatment, protocols followed, or any other information on checked items:

Please check if the Camper is subject to any of the following:

- () Sunburn () Urinary Infections () Bedwetting () Constipation () Diarrhea () Vaginal Infections
- () Sinus Infection () Bronchitis () Pneumonia () Frequent Colds () Ear Infection () Sore Throat
- () Asthma () Dizziness/Fainting () Nausea/Vomiting () Anxiety () Panic Attacks () Skin Rash
- () Back Problems () Joint Problems () Hernia () Frequent Headaches () High Blood Pressure
- () Chest pain during/after exercise () **Medication Allergies:** _____
- () **Food Allergies:** _____ () **Other Allergies:** _____

Reaction to any listed allergens: _____

* **Is Camper required to carry an EPI pen?** () No () Yes - **Please pack & Provide Dr. Note**

* **Is Camper required to carry an inhaler?** () No () Yes - **Please pack & Provide Dr. Note**

Camper **must:** () **Not** get water in ears () Stay **out** of water () Wear ear plugs when swimming

Has the Camper: () Been hospitalized () Ever had surgery () Ever had a head injury

Please comment on the above checked items & pack anything required for treatment/management:

ADAPTIVE DEVICES

Please check off and **send** any adaptive devices the Camper uses on a regular basis:

- () None () Helmet () Hearing/Communication Aids () AFO's or Braces () Glasses/Contacts () Chucks
 () Utensils () Catheter () Nebulizer () Pacemaker () Compression Socks () Prothesis
 () Wound Management Materials () Protective Undergarments () Other: _____

Please provide any specific instructions on use and care of any adaptive devices:

RESTRICTIONS & RECOMMENDATIONS WHILE AT CAMP

List any Dietary Restrictions, Medically-Prescribed Meal Plans, or any Special Diets (gluten-free, low salt, etc):

Camper **does not** eat: () Beef () Seafood () Eggs () Pork () Dairy Products () Other: _____

Please list any assistance, *special utensils or supplements required, & difficulties with eating: ***please bring**

ACTIVITIES

| ACTIVITIES | GOOD TO PARTICIPATE | CANNOT PARTICIPATE | SOME ASSISTANCE REQ | MODERATE ASSISTANCE REQ |
|------------------|---------------------|--------------------|---------------------|-------------------------|
| SWIMMING | | | | |
| BEACH ACTIVITIES | | | | |
| HIKING | | | | |
| HORSEBACK RIDING | | | | |
| ARCHERY | | | | |
| TEAM SPORTS | | | | |

List any **restricted** activities: _____

List any activities the Camper **enjoys**: _____

List any activities the Camper **dislikes**: _____

Please provide any other information you feel staff should know about the Camper:

BEHAVIOR & PEER RELATING

Check the behaviors that apply to the Camper

- No unusual behavior Physically aggressive towards others Verbally aggressive
 Shy/Withdrawn Stubbornness Self-Injurious Emotional Outbursts Wanders/Runs Off
 Attaches to **male** staff Attaches to **female** staff Outbursts Unwilling to Participate
 Repetitive Behaviors - What? _____ Other: _____

Explain any checked behaviors, their frequency, & method/interventions of dealing with the behaviors:

Is the Camper on a behavior management plan? No Yes - Please attach a copy of the program

Is the Camper mainstreamed into the classroom? No Yes Yes w/ an IEP (please include IEP)

Does the Camper have a 1 on 1 in school? No Yes

Will the Camper need a 1 on 1 at camp? No Yes - For? _____

List any strong fears for the Camper and method to deal with the fear (animals, thunder, water, etc.):

Please list any other information you feel would be helpful in providing the best experience for this Camper:

PERSONAL CARE

Campers sleeping patterns: Normal Restless Hard to wake Talks in sleep Sleepwalks

Does the Camper need bedrails? No Yes Does the Camper need a nightlight? No Yes

Please provide average hours of sleep time for the Camper & any bedtime rituals:

Does the Camper need assistance with Grooming & Dressing? No Yes - How much & with what?

How independent is the Camper with showering? Very Independent Little Assistance Total Help

Is bathroom assistance needed? No Very little assistance Total Help

Is Camper on any bathroom schedule? No Yes - Describe: _____

Please provide any further information on Campers personal care for the staff to know:

Enclosed is my Application Deposit (\$250.00 Required) of \$_____. **(Deposit goes toward tuition of \$675.00)**

An additional \$_____ is included as a donation to help provide scholarship & resources to Oceanwood Programming

Please make checks payable to OCEANWOOD

Credit cards may also be taken over the phone, please call the office

If the Camper's Tuition is being paid for by an agency please provide the following:

Agency Name: _____ Contact Person: _____

Phone: _____ Email: _____ Amount Contributed: _____

I understand that the Application Deposit is non-refundable, non-transferable; and that the tuition costs for campers that leave prior to the end of their camp session will be pro-rated and refunded only in the case of illness or injury.

Waiver & Release

This document **must be signed by either the Camper or parent/legal guardian.**

As a condition to participation in Oceanwood programming, the Camper agrees to the following:

- Camper acknowledges that a wide variety of activities will be conducted.
- Camper acknowledges that some activities may subject them to stresses or hazards not foreseen.
- Camper consents to participate to some degree in all activities unless noted in writing prior to camp.
- Camper assumes all risks involved with activities & agrees that Oceanwood, nor its representatives be held responsible for any damages or injuries to the Camper.
- Camper understands that Oceanwood reserves the right to dismiss any Camper from the program in the event that staff determine the Camper cannot meet the program eligibility requirements.
- Supervision and transportation resulting from dismissal are the responsibility of the Camper.
- Camper understands that **no** refund will be given if dismissed for behavioral reasons.
- Camper understands that Oceanwood or its representatives are not responsible for loss or damage to personal belongings.
- Camper is liable for any damage to Oceanwood property as a result of the Campers actions.
- Camper consents to the use of photographs or video taken during the program for marketing, promotion, or social media use by Oceanwood, unless otherwise indicated in writing prior to the start of camp. Camper waives all claims of compensation for such use of photographs or video.
- Permission is granted for Camper to attend all program field trips upon notification.
- Camper represents that all information provided on this application, including but no limited to health/medical information to be true and accurate. Oceanwood and its representatives can be assured that they can rely on the information contained with in the application.
- Camper further recognizes that Oceanwood and its representatives reserve the right to reject any Camper in the event of the Campers refusal or failure to accurately complete and sign all required documents within any set time frames by Oceanwood or its representatives.

I have read and fully understand the program details, waiver & release.

Signature of Camper 18yrs or older: _____ **Date:** _____

Signature of Parent/Legal Guardian: _____ **Date:** _____

NOTICE OF MEDICATION PACKAGING CHANGE

*Pharmacy Blister Packs - Medications

Effective Summer 2018, Oceanwood Camp will be moving to a pharmacy packaged blister pack medication administration system. Pharmacy blister packs will group all medications for each med pass and all prescriptions are included in the pack. It also ensures safe, accurate and timely administration of your camper's medications. Medications that are excluded from this include liquids, birth control, Coumadin and Prednisone. We understand this is a new system, but we feel confident it is the safest way to give campers their medications. Please contact your current pharmacy to inquire about this service. You can also visit campmeds.com as this company is used by many camps. Please do not send over the counter medications as our health office is stocked with everything your camper needs.

If you have any questions please contact the office at (207)934-9655 or email office@oceanwood.org



PHYSICAL EXAMINATION

Please be accurate & up-to-date within the previous 12 months to the Camper's session date.
Physical examination form must be completed & signed by a LICENSED PHYSICIAN or attach the Physicians Form

Camper Name: _____ Session Dates: _____

| | | | |
|-------------------------------|-------------------|--------------------------|-------------|
| Height: _____ | Weight: _____ | Pulse: _____ | Temp: _____ |
| BP: _____ | Head/Scalp: _____ | Skin: _____ | |
| Lungs: _____ | Cardiac: _____ | Hearing: _____ | |
| Eyes: _____ | Vision: _____ | Mouth/Throat/Nose: _____ | |
| Neck/Thyroid/Lymph Sys: _____ | | Nervous Sys: _____ | |
| Upper Extremities: _____ | | Lower Extremities: _____ | |
| Back/Spine: _____ | Perineum: _____ | Abdomen: _____ | |
| Breast Exam: _____ | PAP Smear: _____ | Testes Exam: _____ | |

| VACCINATIONS | <u>PROBLEMS:</u> | <u>PAST</u> | <u>PRESENT</u> | <u>EXPLAIN:</u> |
|-------------------------------------|------------------|-------------|----------------|-----------------|
| Tetanus/Diphtheria Booster: _____ | Tuberculosis | () | () | _____ |
| Rubella Vaccine: _____ | Hepatitis B | () | () | _____ |
| Mumps (DOB after 1956): _____ | Bleeding | () | () | _____ |
| Measles (DOB after 1956): _____ | Rheumatic Fever | () | () | _____ |
| Date of last TB Mantoux Test: _____ | HIV Positive | () | () | _____ |
| Results: () Positive () Negative | Heart Disease | () | () | _____ |
| | Other: _____ | () | () | _____ |

| ACTIVITY RESTRICTIONS |
|--|
| List any conditions, operations or known serious injury that may effect activity level: _____ _____ |
| Any restrictions to participate in Swimming? () No () Yes - Explain: _____ _____ |
| Any restrictions to participate in Horseback Riding? () No () Yes - Explain: _____ _____ |
| Please list any other activity restrictions: _____ _____ |

| | |
|----------------------------|----------------------|
| Examining Physician: _____ | Date: _____ |
| Signature: _____ | Practice Name: _____ |
| Address: _____ | Phone #: _____ |