



Creating opportunities, celebrating success

Mary Pat Harris, President  
Kevin M. Smith, Executive Director

[www.arcofsenecacayuga.org](http://www.arcofsenecacayuga.org)

March 1, 2017

Dear Camp Columbus Camper,

Arc of Seneca Cayuga is offering five weeks of day camp from July 10th to August 11, 2017. Camp is open to adults and children with developmental disabilities age 5 years and older. Our fifth week, August 7 to August 11, 2017, is a special week reserved for those children who need a little more help because of medical, mobility or supervisory needs.

The application for Camp Columbus can be found on our agency web site [www.arcofsenecacayuga.org](http://www.arcofsenecacayuga.org). If you cannot locate it, please ask your service coordinator for assistance. You can also call Joanne at (315) 856-8123 and she can put you on our mailing list. Hard copy applications will only be mailed to people who request them. **Application forms need to be filled out completely and returned before June 1, 2017. Do not send the application by fax or e-mail.** It will be returned to you to be sent as a hard copy. We are required to have original signatures on all documents.

Our attendance is limited to 50 campers per week. We have a wait-list each year, so be sure to get your application in as early as possible. A letter confirming the camper's acceptance will be sent to you after receipt of all portions of the application including physical and payment. There is a checklist with the application form so you can double-check to make sure everything is there before sending it in.

The camper fee is \$140 per week. An additional fee of \$20.00 per week will be charged for anyone requiring transportation from Arc of Seneca Cayuga. **For people who live in a Residential Program/IRA, Residential staff is responsible for providing transportation to and from camp.** Financial Assistance for up to two weeks of camp and transportation may be available for eligible campers who live with family in Seneca and Cayuga Counties. Your application for this assistance can also be found on our web site and should be submitted with your application.

Transportation availability and times will vary depending on where you live. You should be notified by our transportation department of pick-up and drop-off times by the end of the week prior to the first day you attend camp. Questions regarding transportation should be directed to Rich Margensey in Cayuga County (315) 612-0120 or Randy Perkins in Seneca County at (315) 856-8212.

The hours of camp are from 9:00 am to 2:00 pm each day, Monday through Friday. The weeks you are enrolled in camp will be based on the information you provide in your application. You may not be able to attend your "first choice" week. We must be sure our enrollment of campers over the five weeks allows us to maintain safe and quality service. Late applications will be processed after enrollment of campers who have sent their completed applications on time.

If you have any questions regarding camp or Family Reimbursement please call the Coordinator of Community Supports at (315) 612-0164. We are looking forward to seeing you at camp this summer.

Sincerely,

Coordinator of Community Supports



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## **Camp Columbus Applications Frequently Asked Questions**

**Where can I get an application?** Applications can be downloaded from our agency website [www.arcofsenecacayuga.org](http://www.arcofsenecacayuga.org). Go to Camp Columbus and scroll down to the link for the application.

**When does camp start?** Camp dates are July 10 through August 11, 2017.

**How much does camp cost?** \$140 per camper per week. \$20.00 per week additional charge for any camper requiring transportation by Arc of Seneca Cayuga.

**What if I cannot pay?** If you live with a family in Seneca or Cayuga County, you can submit an application for Family Reimbursement to pay for up to two weeks of camp and transportation. Send it with your Camp Application. You can also use Family Reimbursement to pay for the first two weeks and you pay for any additional weeks you plan to attend. At the end of the year if there are Family Reimbursement funds still available, you can apply for reimbursement for those out-of-pocket fees.

**When are the applications due?** Completed applications with payment must be in before June 1, 2017. No faxed or emailed applications will be accepted. Original signatures on documents are required for our files.

**What if my application is late?** On-time applications are processed first. Late applications will only be processed after those who were on time are able to choose their preferred dates to attend. If we have room, your application will be considered. You will be notified if there is an opening.

**Can I email or fax my application?** NO. If you email an application, it will not be printed and will not be accepted. We require original signatures on all documents so email and fax is unacceptable. **DO NOT EMAIL OR FAX APPLICATIONS.**

**Do I have to have a physical?** This year the Department of Health requires all campers have a physical on file that was completed in 2016 or 2017. You cannot attend camp without a physical **and** the camp Medical Information Form signed by your physician in 2017.

**If I had a physical last year, why do I have to have a doctor sign a form this year?** The doctor's form tells us if you have any conditions, allergies or diseases we should be aware of and if you require any medication. It also gives our nurse permission to give you medication when you need it. It must be completed for you to attend camp.

**If I have parts of my application can I send it?** Keep all of the pieces together. There is a checklist in the application packet. Once you have all of the pieces together send it in or deliver it to the address given. If you send it in piece by piece, important parts may get lost and you may not get to go to camp.

**What do you do with the photo authorization?** The camp director makes a scrapbook of photos each year and your picture might be in it. Also, some of the campers or counselors exchange pictures of each other. No one uses the pictures for anything else without specific and special written permission from you first. You may also decline permission to have photos taken of your camper.

**How will I know when I will be going to camp?** We are asking you to tell us both when you want to go to camp and when you know you will be busy and cannot go to camp. This way, we will be able to find weeks when we have staff to best suit your needs. We will let you know as soon as possible what weeks have been chosen so you can tell us if there is a problem. Give us as much information on your application as you can, such as who you do or do not want to be at camp with if you have a preference. If you will be at another camp any specific weeks, be sure to let us know that too.

**Arc of Seneca Cayuga  
CAMP COLUMBUS SUMMER DAY CAMP  
2017 CAMPER APPLICATION**

**Applications are due by June 1, 2017.**

Late applications will be put on a waitlist. Sending part of your application now will not hold a place at camp for you. Please use the checklist to ensure you have all of the parts of your application before submitting. Applications without physicals, authorizations or payment information will not be processed.

**The fee for summer day camp is \$140 per week.**

**Fee for transportation by Arc of Seneca Cayuga is \$20.00 per week  
Transportation is not available for people living in an IRA**

Financial assistance may be available to qualified campers for a maximum of two weeks of camp and transportation. A Family Reimbursement Application or a commitment letter from another agency must be submitted with every application.

***Important: All pages must be single sided only, do not print or copy double sided.***

**Please make checks or money orders payable to Arc of Seneca Cayuga with camper's name in the memo section.**

Person completing app: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Please put the camper's name and birth date on the top right corner of every page.*

NAME OF CAMPER: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
Street City State Zip Code

MAILING ADDRESS if different: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_ Have you been to Camp Columbus before? \_\_\_ Yes \_\_\_ No

**Emergency Contacts in the order you wish to be called.**

	NAME	RELATIONSHIP	DAY PHONE NUMBER	ALTERNATE PHONE
1		<i>Parent</i>		
2				
3				
4				

SCHOOL DISTRICT: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

SERVICE COORDINATOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

AGENCY: \_\_\_\_\_ ALTERNATE PHONE #: \_\_\_\_\_

HOUSE MANAGER: \_\_\_\_\_ PHONE: \_\_\_\_\_

AGENCY: \_\_\_\_\_ ALTERNATE PHONE #: \_\_\_\_\_

CURRENTLY ATTENDING AN ARC OF SENECA CAYUGA DAY SERVICES PROGRAM \_\_\_ Yes \_\_\_ No

ALLERGIES: \_\_\_\_\_

**ENROLLMENT WILL NOT OCCUR WITHOUT ALL PORTIONS OF THIS APPLICATION, PHYSICAL EXAM AND PAYMENT OR PROOF OF COMMITMENT TO PAY ON LETTERHEAD FROM AN AGENCY.**

**Do not Fax or E-Mail applications. Original signatures on documents are required.**

**PLEASE CIRCLE HOW MANY WEEKS THE CAMPER WOULD LIKE TO ATTEND**

**1                      2                      3                      4                      5**

**STEP 1: Mark NO for any weeks that you know you will not be able to go to camp.** For instance, if you will be on a family vacation or at another camp or summer school during the second week, be sure to check NO in the box for that week.

**STEP 2: Mark YES for the weeks when you are available to attend camp.**

**STEP 3:** If you have a preference for a particular week or weeks, circle 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc. to indicate your preferences. We will try to accommodate the best time for each camper while considering the mix of campers/staff to ensure camper safety.

<b>July 10 – July 14</b>	<b>July 17 – July 21</b>	<b>July 24 – July 28</b>	<b>July 31 – August 4</b>	<b>August 7–August 11</b>
Available to attend <input type="checkbox"/> Yes <input type="checkbox"/> No  Preference: <i>(circle one)</i> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>	Available to attend <input type="checkbox"/> Yes <input type="checkbox"/> No  Preference: <i>(circle one)</i> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>	Available to attend <input type="checkbox"/> Yes <input type="checkbox"/> No  Preference: <i>(circle one)</i> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>	Available to attend <input type="checkbox"/> Yes <input type="checkbox"/> No  Preference: <i>(circle one)</i> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>	Available to attend <input type="checkbox"/> Yes <input type="checkbox"/> No  Preference: <i>(circle one)</i> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>

The Camp Columbus summer day camp program reserves the right to dismiss any camper from participation if, after a trial period, the Camp Director determines it is not in the camper's best interest to continue. In the event of such an occurrence, the parent or guardian would be notified prior to such dismissal.

Camp applications are considered without regard to race, color, religion, sex, national origin.

Arc of Seneca Cayuga is required to obtain a permit to operate Camp Columbus from the Cayuga County Department of Health. New York State Department of Health regulations require that the camp be inspected twice yearly. Copies of Inspection reports are filed at the Arc of Seneca Cayuga Administrative Offices, 1521 Clark St. Rd., Auburn NY 13021.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CAMPER SIGNATURE

\_\_\_\_\_  
DATE

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**CAMPERS NEEDS and ABILITIES**

Please describe camper's special needs in the following areas:

Communication: \_\_\_ Verbal      \_\_\_ Non-Verbal      \_\_\_ Sign Language      \_\_\_ Electronic Assist  
 Dressing:      \_\_\_ Independent      \_\_\_ Needs help with clothing      \_\_\_ Needs help with shoes  
 Toileting:      \_\_\_ Independent      \_\_\_ Needs \_\_\_\_\_  
 Feeding:      \_\_\_ Independent      \_\_\_ Needs hands-on help      \_\_\_ Needs close monitoring for \_\_\_\_\_  
 Drinking:      \_\_\_ Independent      \_\_\_ Needs hands-on help      \_\_\_ Needs close monitoring for \_\_\_\_\_  
 SpecialDiet/FeedingInstructions/Allergies: \_\_\_\_\_

Does the camper demonstrate any of the following? (If there is a behavior plan in place, please send with application.)

	YES	NO	EXPLAIN
Fear of water			
Fear of animals			
Difficulty with loud noise			
Difficulty with groups of people			
Fear of heights			
Self-injurious behavior			
Aggression toward others			
Eating non-food items			
Difficulty calming down			
Other			

Ambulation:      \_\_\_ Independent      \_\_\_ Needs constant hands-on help      \_\_\_ Help only on rough terrain  
 Uses a Wheelchair:       Yes       No  
 If Yes:      \_\_\_ Independently      \_\_\_ With constant hands-on help      \_\_\_ With help only on rough terrain  
 Wheelchair Transfer:      \_\_\_ Transfers independently      \_\_\_ Needs hands-on help to transfer  
 Sit to Stand:      \_\_\_ Independent      \_\_\_ Needs hands-on help to transition

**Check all other adaptive equipment the camper will use at camp:**

\_\_\_ Walker    \_\_\_ Cane    \_\_\_ Leg braces    \_\_\_ Glasses    \_\_\_ Contact lenses    \_\_\_ Hearing aid:  R     L

ALLERGIES: \_\_\_\_\_  
 \_\_\_\_\_

Please note on the back of this page any additional issues we should be aware of or any tips we need to know to help the camper be successful.

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**TO BE SIGNED BY ALL CAMPERS OR PARENT/GUARDIAN**

Arc of Seneca Cayuga does not provide primary health insurance for individuals enrolled in our programs, including Camp Columbus. Payment for services of other third party providers of emergency medical or other primary health care services outside the scope of agency programs are the financial responsibility of the individual.

I have read and understand the above information.

**X** \_\_\_\_\_  
Signature of Camper or Parent/Guardian Date

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**PERMISSIONS**

*If camper is between the ages of 5 and 21 or has a legal guardian, all permissions must be signed.*

**ATTENDANCE**

I hereby give my permission for \_\_\_\_\_ to attend the Camp Columbus summer  
*Camper's name*  
day camp program for the number of weeks checked on the second page of this application.

**X** \_\_\_\_\_  
Signature of Parent/Guardian Date

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**SWIMMING**

I hereby  GIVE  DO NOT GIVE my permission for \_\_\_\_\_ to  
*Please check one and sign below* *Camper's name*  
swim in Owasco Lake during their Camp Columbus experience.

**SWIMMING ABILITY**

Cannot swim       Beginner       Average       Advanced

**X** \_\_\_\_\_  
Signature of Parent/Guardian Date

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**SUNSCREEN**

I hereby give my permission for Camp Columbus unlicensed (non-nursing) staff to assist \_\_\_\_\_  
*Camper's name*  
in applying sunscreen provided from my home or supplied by Camp.

**X** \_\_\_\_\_  
Signature of Parent/Guardian Date

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**Request for Transport by Arc of Seneca Cayuga  
TRANSFER OF RESPONSIBILITY**

Camper Name: \_\_\_\_\_

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

Program Site Address: Camp Columbus, 4999 Rockefeller Road, Auburn NY

ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

**Please check one:**

\_\_\_\_\_ Is an independent transfer, no one needs to accept the individual at home or at program site. Is able to enter home or program site independently.

\_\_\_\_\_ Must have an exchange of responsibility. Verbal or visual contact must be made between the transportation staff and residence/program staff or family. Is able to move from place to place with only safety cues offered by staff.

\_\_\_\_\_ Must have an actual physical change of responsibility. Transportation staff will assist individual from vehicle and physically hand the responsibility to the program, residential staff or family member. Is not able to move from place to place without physical assistance.

**Primary emergency phone contact between 7:00 am and 8:30 pm**

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

Phone number with area code: \_\_\_\_\_

**Secondary emergency phone contact between 7:00 am and 8:30 pm**

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

Phone number with area code: \_\_\_\_\_

\*\*\*\*\*

Large vans and buses are used for transportation to and from camp. Please answer the following questions with the understanding that these vehicles have steps up and wheelchair lifts.

Does the camper use: Wheelchair	Manual /Electric	YES	NO
	Walker / Braces/ Crutches	YES	NO
Can the camper board and disembark the vehicle independently?		YES	NO
Can the camper board and disembark the vehicle with minimal assistance?		YES	NO
Does the camper need full hands-on assistance to board and disembark the vehicle?		YES	NO

\*\*\*\*\*

\_\_\_\_\_  
Signature of Parent/Guardian/Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Camper, or Staff Title

\_\_\_\_\_  
Transportation Coordinator Signature

\_\_\_\_\_  
Date

## **CAMP COLUMBUS PAYMENT FORM**

# Weeks of Camp \_\_\_\_\_ x \$140 = \_\_\_\_\_  
# Weeks of Transport \_\_\_\_\_ x \$20 = + \_\_\_\_\_

**Total Amount Due** \_\_\_\_\_

**Please sign here if you will NOT be using Arc transport** \_\_\_\_\_

AMOUNT	METHOD OF PAYMENT	OFFICE USE ONLY
	<b>Check or Money Order payable to Arc of Seneca Cayuga enclosed</b>	
	<b>Family Reimbursement Application attached (\$320 max)</b>	
	<b>Commitment Letter on letterhead from an agency attached</b>	
	<b>Documentation of Transfer of Funds attached (Arc IRAs only)</b>	

- ❖ Make checks or money orders payable to Arc of Seneca Cayuga
- ❖ Write the camper's name and the word Camp on the Memo line of the check.
- ❖ Family Reimbursement Forms can be found on the agency website [www.arcofsenecacayuga.org](http://www.arcofsenecacayuga.org)
- ❖ Up to 2 weeks of funding can be requested through Family Reimbursement for people who live with family in Cayuga or Seneca Counties. Anyone living in another county must contact their county's Family Reimbursement provider.
- ❖ Types of payment can be combined. If you are applying for Family Reimbursement and want to go to camp for more than two weeks, payment for the additional weeks must accompany the camp application.

Send payment and/or forms with your completed application to:

Camp Columbus  
c/o Arc of Seneca Cayuga  
1083 Waterloo-Geneva Road  
Waterloo NY 13165

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Camp Columbus  
Arc of Seneca Cayuga  
1521 Clark Street Road  
Auburn, New York 13021

Authorization for the Use and/or Disclosure of Protected Health Information (Images)

Camper Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*Please initial one and sign below:*

\_\_\_\_\_ I consent to the use and/or disclosure of images of the person named above. Please list limitations (for example, no bathing suit photos, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I do not want any photos or other images to be made of the camper named above.

**This authorization permits Arc of Seneca Cayuga to use or disclose still photographs or multimedia presentations with images of the person named above for the annual Camp Columbus photo album or to share with other campers.**

**This does not allow for the use of these images for publicity, education, fund-raising or any other purpose. Additional releases would be required for such uses.**

You have the right to revoke this authorization in writing at any time by contacting this agency. However, items produced or distributed prior to your revocation will remain in circulation. Your signature below also indicates that you understand and agree that revocation of this authorization does not apply to pictures or images which have already been released.

This authorization will only remain in effect for one year from the date of signature.

\_\_\_\_\_  
Signature of Adult Camper

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian for Non-Consenting Camper

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Title

\_\_\_\_\_  
Date

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**All campers must submit this Medical Information Form AND  
a physical exam signed by their doctor's office dated between January 1, 2016 and July 7, 2017.**

This Medical Information Form must be completed and signed by the parent/guardian/IRA nurse.

If medications are to be taken by the camper while at camp or administered by the camp nurse, the Medication Form must also be completed and signed as instructed.

**Medical Information Form**

Camper's Name: \_\_\_\_\_ Birthdate.: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Camper's Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Other Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_

Seizure Disorder? YES NO Type? \_\_\_\_\_ Controlled? YES NO Medication? YES NO

Other Conditions: \_\_\_\_\_

Any restrictions on activities? YES NO Explain: \_\_\_\_\_

Special Diet? YES NO Explain: \_\_\_\_\_

**Allergies:** (insects, foods, medications, etc.) \_\_\_\_\_

**List immunizations or attach an immunization record with annual physical**

<b>Immunization Dates:</b> Last TB Test _____ Tetanus Booster _____ Hepatitis B _____ Vericella _____ DTP _____ OPV _____ MMR _____ Haemophilus Influenza Type B (Bacterial Meningitis) _____
--

Any existing communicable diseases? YES NO If yes, indicate date last treated by Doctor. \_\_\_\_\_

Any special measures related to this condition to be taken at camp? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian/IRA Nurse

\_\_\_\_\_  
Date

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## Medication Form

1. Does the camper take medications?      YES      NO
2. Can the camper self-medicate?          YES      NO
3. Will any medications need to be administered by the camp nurse?    YES      NO

Please indicate all medications the camper is prescribed or attach a medication list with the information requested. Continue on back if needed.

Medication Name	Dosage	Time(s) taken (e.g. 9am)	To be administered at camp
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

### PERMISSION TO DISPENSE MEDICATION AT CAMP COLUMBUS

- In order to have medication dispensed at camp, **the nurse must have a signed prescription from the camper's physician.**
- Parent/Guardian must also sign below giving permission for the camp nurse to dispense medication to the camper.
- Medications must be in original packaging with pharmaceutical labels.
- Provide enough medication for the full week of camp on the first day of each week attending.
- Medications can be delivered directly to the camp nurse. Arrangements for medication drop off can be made during the week before the camper is to arrive by calling the camp nurse at (315) 253-3194.
- Medication must be in a lock box to be transported by Arc. Arrangements should be made in advance to ensure that there is one key for the lock box that stays at home and one that stays in the possession of the nurse at camp. No keys or unsecured medication can be transported by Arc.

Parent/Guardian Signature: \_\_\_\_\_

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

Physician/PA/NP/RN Signature: \_\_\_\_\_

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

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If your child needs medical, dental, health or hospital services, you as parent must give permission. It's the law.

What about times when you cannot be reached for permission? A child may be treated without parental consent when a physician determines a true emergency exists. That means the doctor determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for unexpected care your children might need when you are away from home. To do this, make sure babysitters or other caregiver

know how to reach you at all times. And when you know you will be hard to reach, you can give permission to other adults. They can then act for you by permitting your child to be treated if unexpected care is needed.

This is a legal document. With it you may appoint relatives, friends, teachers, clergy, neighbors - anyone who is over 18 years of age - to be responsible for your children when you are away from them. It is especially important to prepare this form on the occasions when you know it will be hard to contact you.

Fill out this form carefully. Have your signature witnessed by an adult different from the person you are making responsible for your children.

After you complete this form, give it to the adult(s) you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult(s) should present this document to the appropriate person - physician, dentist, or hospital representative.

# AUTHORIZATION

## for medical treatment

NAMES OF INDIVIDUALS	BIRTHDATES	IDENTIFY ALLERGIES OR SPECIAL CONDITIONS

**I/We, being the parent(s) or legal guardian(s) of the above named individual(s), do hereby appoint:**

NAME	TITLE Nurse, Camp Columbus	PHONE (315) 253-3194
NAME Patricia Ryder	TITLE Director, Camp Columbus	PHONE (315) 253-3194

**to act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named individual(s) during the period of my/our absence, from:**

Month	Day	Year	through	Month	Day	Year
-------	-----	------	---------	-------	-----	------

**This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.**

<b>PARENT/GUARDIAN</b>		<b>PARENT/GUARDIAN</b>	
Signature		Signature	
Address	Date	Address	Date
<b>WITNESS</b>		<b>WITNESS</b>	
Signature		Signature	
Address	Date	Address	Date

**HOSPITALIZATION COVERAGE FOR ABOVE NAMED INDIVIDUAL(S):**

INSURANCE COMPANY OR GOVERNMENT PROGRAM	I.D. OR CONTRACT NUMBER
---	-------------------------

**FAMILY PHYSICIANS:**

NAME AND PHONE NUMBER	NAME AND PHONE NUMBER
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## **APPLICATION CHECKLIST**

**PLEASE DO NOT SEND YOUR APPLICATION IN PIECES. IT WILL NOT BE PROCESSED FOR ENROLLMENT UNLESS SUBMITTED AS A FULL APPLICATION CONTAINING ALL OF THE FOLLOWING:**

- \_\_\_\_\_ PAGE 1 CAMPER CONTACT INFORMATION
- \_\_\_\_\_ PAGE 2 TELL US WHEN YOU CAN COME TO CAMP
- \_\_\_\_\_ PAGE 3 CAMPER NEEDS AND ABILITIES
- \_\_\_\_\_ PAGE 4 SIGNED ACKNOWLEDGEMENT RE: HEALTH INSURANCE NOT PROVIDED BY CAMP
- \_\_\_\_\_ PAGE 4 SIGNED PERMISSION TO ATTEND CAMP
- \_\_\_\_\_ PAGE 4 SIGNED PERMISSION TO SWIM IN THE LAKE
- \_\_\_\_\_ PAGE 4 SIGNED PERMISSION TO ASSIST WITH SUNSCREEN
- \_\_\_\_\_ PAGE 5 REQUEST FOR TRANSPORTATION/TRANSFER OF RESPONSIBILITY
- \_\_\_\_\_ PAGE 6 PAYMENT FORM INCLUDING ONE OR MORE OF THE FOLLOWING:
  - \_\_\_\_\_ PAYMENT
  - \_\_\_\_\_ FAMILY REIMBURSEMENT APPLICATION
  - \_\_\_\_\_ COMMITMENT LETTER FROM AN AGENCY ON LETTERHEAD
  - \_\_\_\_\_ DOCUMENTATION OF TRANSFER OF FUNDS
- \_\_\_\_\_ PAGE 7 PHOTO AUTHORIZATION
- \_\_\_\_\_ PAGE 8 MEDICAL INFORMATION MUST INCLUDE THE FOLLOWING:
  - \_\_\_\_\_ RECORD OF IMMUNIZATIONS
  - \_\_\_\_\_ RECORD OF PPD/TB TESTING
- \_\_\_\_\_ Page 9 MEDICATION INFORMATION MUST INCLUDE THE FOLLOWING:
  - \_\_\_\_\_ COMPLETED MEDICATION LIST
  - \_\_\_\_\_ PERMISSION TO ADMINISTER SIGNED BY DOCTOR/PA/NP/IRA NURSE IN 2017
- \_\_\_\_\_ PHYSICAL EXAM COMPLETED AND SIGNED BY DOCTOR BETWEEN JANUARY 1, 2016 AND JULY 8, 2017
- \_\_\_\_\_ AUTHORIZATION FOR MEDICAL TREATMENT FOR ALL NON-CONSENTING ADULTS AND MINORS

### **IMPORTANT**

**Please return completed application to:**

Camp Columbus  
c/o Arc of Seneca Cayuga  
1521 Clark Street Road  
Auburn, New York 13021

**ENROLLMENT WILL NOT OCCUR WITHOUT ALL PORTIONS OF THIS APPLICATION, PHYSICAL EXAM AND PAYMENT OR PROOF OF COMMITMENT TO PAY ON LETTERHEAD FROM AN AGENCY.**

**Do not Fax or E-Mail applications.  
Original signatures on documents are required.**