

Summer Camp for Children with Special Needs

July 14 thru 16, 2011

CAMP CARE A LOT



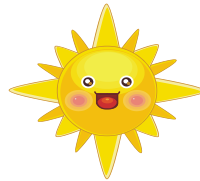
Sponsored by:
The Children's Special Needs Network (CSNN)
and
The Exceptional Family Member Program (EFMP)

About our Summer Camp...

Our summer camp program is primarily for children five (certificate of completion from Kindergarten must be attached to application) to twenty-one years of age who have chronic illnesses and disabilities. The Children with Special Needs Summer Camp provides a haven for growth and maturation for children, plus an opportunity to have fun with their peers. Our goal is to provide an opportunity for children to attend a summer camp. On the 14th and 15th of July Camp Care A Lot will be held at Peaceable Kingdom Retreat for Children (PKRC), a place where these children can celebrate the health-giving benefits of nature. On the 16th of July the campers and Families will have the opportunity to travel to Morgan's Wonderland in San Antonio, Texas, the world's first ultra accessible Family fun park.

Please fill out the attached application and return it to the Exceptional Family Member Program, Rivers Bldg 121, Room 124A, corner of T.J. Mills and 761st Tank Battalion Ave, Fort Hood, Texas 76544 or scan and email to: Hood.DMWR.ACS.EFMP.Distro@conus.army.mil by July 1, 2011. Slots are limited and parents and/or guardian will be notified by email and/or telephone informing you if your child has been selected to participate in the Summer Camp by July 1, 2011. For more information call (254) 618-7813.

Thank you!



CAMPER'S PERSONAL HISTORY

To be completed by parent/guardian. Indicate required assistance or level of involvement. All questions must be answered. Check all that applies in each section. Attach additional pages as needed.

Name _____ Mental Age level _____ Social Age _____

Eating: No assist Partial assist (Explain) _____

Does camper have any difficulty swallowing? No Yes (Explain) _____

List Adaptive feeding equipment used _____

Diet: Normal Chopped food Blended/Pureed

List problem foods or food allergies: _____

Any special diet: _____

If no special diet, camper will eat the meals from the campers' menu.

Hearing: Normal Left Right Mild loss Moderate loss Severe loss Total loss

Speech: Normal Mildly affected Moderately affected Severely affected

Communication: Normal Sign language Communication board Gestures other _____

Vision: Normal Partial Glasses Contacts Legally blind Total loss

Mobility: Able to walk Wheelchair (manual) Wheelchair (electric) Crutches Cane

Walker Walk-by Assist Other _____

Mobility Assist: None Standby Total

Transfers: No assist Transfer type: Independent Standby Stand-pivot Two-person

Adaptive Devices: None Braces Night Braces Prosthesis Helmet Glasses Hearing Aids

Dentures Shunt Other _____

Toileting: No Assist Partial Assist (explain) _____

Bladder Control: Normal Partial Incontinent Needs Reminders

Bowel Control: Normal Partial Incontinent Needs Reminders

Toileting Aids Used: None Urinal Catheter: Indwelling Intermittent External

Toilet Chair Diapers Ostomy Bedpan Laxative Suppositories Enema

Other (explain): _____

Washing: No Assist Partial Assist Total Assist Aids (Explain) _____

Dressing: No Assist Partial Assist Total Assist Aids (Explain) _____

For Female: Has this camper menstruated? _____ If not, has she been told about it? _____

If so, is her menstrual period history normal? _____ Special consideration _____

EACH QUESTION MUST BE ANSWERED

Please list any problems (behavioral, emotional, medical, or otherwise) of which we should be aware. Include methods you have found effective for behavior management and/or therapeutic practices we need to continue at camp.

Please list any personal care issues that we need to know about.

Is your child afraid of anything? (Please explain)

Does your child know how to swim? Yes No

Does your child need to wear a lifejacket? Yes No

Does your child need to wear ear plugs? Yes no

Is your child toilet trained? Yes No

Will your child be taking medication while at camp? Yes No

Camp Care A Lot will only administer routine medication between 9:00 a.m. and 2:00 p.m. and rescue medication if needed.

If yes, list the medication names, dosages, and times your child will need to take each medication:

Emergency Treatment and Hold Harmless Agreement for all Children/Youth Registered

I give consent for all authorized volunteer’s of Camp Care a Lot to include CYSS, CSNN, EFMP, CTC, PKRC, and any other volunteers working with Camp Care A Lot to provide emergency treatment. Volunteers may take my child/youth for care, medical or dental, in an emergency situation where the condition of the child/youth represents a serious or imminent threat to his/her life, health, or well-being. I understand that a conscientious effort will be made to notify me prior to such action, and that the medical treatment expense, if any, will be borne by me.

My permission to participate in Camp Care A Lot extends to and includes transportation in an emergency situation to, during, and from the activity or event by common carrier, government or military vehicle, golf cart and private vehicles, by CYSS, CSNN, EFMP, CTC, PKRC, and any other volunteers working with Camp Care A Lot furnishing and allowing my child’s participation in activities and events. I, for myself and in capacity as parent or in loco parentis, do hereby covenant and agree that I will not assert any claim nor institute any civil proceeding of any kind against the Child, Youth and School Services (CYSS), Children’s Special Needs Network (CSNN), Army Community Service (ACS), The Exceptional Family Member Program (EFMP), Central Texas College (CTC), Peaceable Kingdom Retreat (PKRC) and or any of its officers, agents, volunteers or employees on account of injury or death to persons or loss. I do further agree, for the same consideration, to hold harmless and to indemnify Child, Youth, and School Services (CYSS), Children’s Special Needs Network (CSNN), Army Community Service (ACS), The Exceptional Family Member Program (EFMP), Central Texas College (CTC), Peaceable Kingdom Retreat for Children (PKRC) and or any of its officers, agents, volunteers or employees for any and all facilities or negligence of said officers, agents, employees or volunteers. I further agree if any damages occur to property while my child or family attends events at Peaceable Kingdom Retreat and/or Morgan’s Wonderland to pay for all said damages upon request.

I affirm that the child (ren) named on this form is (are) physically fit to participate in the activity (ies) for which I have registered him/her/them.

The medical information provided is accurate to the best of my knowledge.

Parent or Guardian Printed Name: _____

Signature: _____

Children's Special Needs Network (CSNN),
Army Community Service (ACS),
The Exceptional Family Member Program (EFMP),
Central Texas College (CTC),
Peaceable Kingdom Retreat for Children (PKRC) and

I hereby give Children's Special Needs Network (CSNN), Army Community Service (ACS), The Exceptional Family Member Program (EFMP), Central Texas College (CTC), and Peaceable Kingdom Retreat for Children (PKRC) the right to photograph, televise, video tape, and sound record the acts, appearances, utterances of me/my son/my daughter/my ward/or any member of my family in connection therewith, and without limit as to time, to produce and reproduce the same or any part thereof by any method, and to use said photographs, teletapes, films, video tapes, and sound recordings for any purpose which the Children's Special Needs Network (CSNN), Army Community Service (ACS), The Exceptional Family Member Program (EFMP), Central Texas College (CTC), and Peaceable Kingdom Retreat for Children (PKRC) and deems proper in the interest of newspapers, television media, brochures, pamphlets, instructional material, books and clinical material, medical education, knowledge, or research. All such photographs, teletapes, films and sound recordings shall be the exclusive property of Children's Special Needs Network (CSNN), Army Community Service (ACS), The Exceptional Family Member Program (EFMP), Central Texas College (CTC), and Peaceable Kingdom Retreat for Children (PKRC) and I hereby relinquish all rights, titles and interest therein.

With respect to the foregoing matters, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of Children's Special Needs Network (CSNN), Army Community Service (ACS), The Exceptional Family Member Program (EFMP), Central Texas College (CTC), and Peaceable Kingdom Retreat for Children (PKRC) to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and advertising.

Yes, I give permission for me/my son/my daughter/my ward/or any member of my family to be photographed, filmed, recorded (sound and video) for purposes the Children's Special Needs Network (CSNN), Army Community Service (ACS), The Exceptional Family Member Program (EFMP), Central Texas College (CTC), and Peaceable Kingdom Retreat for Children (PKRC) deems necessary.

Parent or Guardian Printed Name: _____ Signature: _____

CHALLENGE COURSE and FUN PARK RELEASE

Children’s Special Needs Network (CSNN),
Army Community Service (ACS),
The Exceptional Family Member Program (EFMP),
Central Texas College (CTC),
Peaceable Kingdom Retreat for Children (PKRC)

INFORMED CONSENT

Any person using the Challenge Course and Fun Park must sign an informed consent to participate.

WHEREAS, the undersigned (the 'Applicant') wishes to be accepted for participation in Camp Care A Lot at Peaceable Kingdom Retreat for Children, Inc. and Morgan’s Wonderland, CHALLENGE COURSE PROGRAM and FUN PARK to be organized and conducted by:

CAMP CARE A LOT, PEACEABLE KINGDOM RETREAT FOR CHILDREN, INC. and MORGAN’S WONDERLAND

and in consideration of the Child, Youth and School Services(CYSS), Children’s Special Needs Network (CSNN), Army Community Service (ACS),The Exceptional Family Member Program (EFMP), Central Texas College (CTC), Peaceable Kingdom Retreat for Children (PKRC) and Morgan’s Wonderland action in allowing the Applicant to participate in such course and park activities, the undersigned acknowledges that the Challenge Course and Fun Park could necessarily involve participation in exercises which are, by nature, physically demanding and could subject the applicant to stress, anxiety, and possible hazards, not all of which can be foreseen. It is fully understood that the applicant could be climbing and walking on cables, logs, ladders, walls, and beams; at times thirty feet or more above ground. Reasonable precautions will be taken to protect the applicant. The undersigned assumes all of the ordinary risks normally incidental to the nature of the program, including risks, which are not specifically foreseeable.

The undersigned applicant hereby releases any and all rights or claims for damages against the Child, Youth and School Services (CYSS), Children’s Special Needs Network (CSNN), Army Community Service (ACS), The Exceptional Family Member Program (EFMP), Central Texas College (CTC), Peaceable Kingdom Retreat for Children (PKRC) and Morgan’s Wonderland its officers, directors, volunteers, employees, faculty, agents, and all individuals assisting in instructing and conducting these activities, from all liability of any nature for any and all injuries, loss or damage, direct or indirect, suffered by applicant at or in any way connected with these activities.

Please show your agreement by signing below:

Applicant’s Name	Age (if under 18)
Signature (Guardian)	Date

Authorization to Release Confidential Records and Information and Transportation Release

PARTIES NAMED IN RELEASE

I, hereby authorize the Child, Youth and School Services (CYSS), Children's Special Needs Network (CSNN), Army Community Service (ACS), The Exceptional Family Member Program (EFMP), Central Texas College (CTC), Peaceable Kingdom Retreat for Children (PKRC) and Morgan's Wonderland to share information on:

Camper Name: _____

INFORMATION RELEASED - PURPOSE/TYPE

This disclosure of information is required for the following purpose(s): Sponsorship of camper

The disclosure shall be limited to requesting/releasing the following types of information: Camp Registration Form, photos and other camper information

CONDITIONS OF THE RELEASE

Effective Dates: This consent becomes effective June 1, 2011. This consent may be revoked by the undersigned at any time except to the extent that action has already been taken. Revocation of consent can only be submitted in writing to the EFMP, 761st Tank Battalion, Building 121, Fort Hood, TX 76544.

My permission for my child to participate in the Special Needs Summer Camp Care A Lot extends to and includes transportation to, during, and from the activity or event by common carrier, bus, government or military vehicle, and private vehicles. For and in consideration of the Child, Youth and School Services, Children's Special Needs Network (CSNN), Army Community Service (ACS), The Exceptional Family Member Program (EFMP), Central Texas College (CTC), and Peaceable Kingdom Retreat for Children (PKRC) furnishing and allowing my child's participation in activities and events. I, for myself and in capacity as parent or in loco parentis, do hereby covenant and agree that I will not assert any claim nor institute any civil proceeding of any kind against the Child, Youth, and School Services(CYSS), Children's Special Needs Network (CSNN), Army Community Service (ACS), The Exceptional Family Member Program (EFMP), Central Texas College (CTC), Peaceable Kingdom Retreat for Children (PKRC) and Morgan's Wonderland or any of its officers, agents, or employees on account of injury or death to persons, or loss.

I do further agree, for the same consideration, to hold harmless and to indemnify the Child, Youth, and School Services (CYSS), Children's Special Needs Network (CSNN), Army Community Service (ACS), The Exceptional Family Member Program (EFMP), Central Texas College (CTC), Peaceable Kingdom Retreat for Children (PKRC) and Morgan's Wonderland its officers, agents, employees, or volunteers for any and all facilities or negligence of said officers, agents, employees or volunteers.

- I affirm that the name(s) on this form is (are) physically fit to participate in the activity (ies) for which I have registered or volunteered him/her/them.
- The medical information provided is accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

PROCEDURES FOR ADMINISTRATION OF MEDICATION AT CAMP CARE-A-LOT

a. The individual administering the medication will review the action/purpose and any possible side effects of each drug to be administered.

b. Children will not be forced to take medication, coerced, or told they are taking "candy".

c. Proper identification of the child must be made before medication is given. A photo of your child will be taken at the Camp orientation and it will be attached to the medication card. Each photo will be labeled by the child's parent.

d. Standard disposable medicine cups or syringes will be used for administering medications. Household flatware, plastic spoons, etc., are not accurate units of measurement for administration of medication to children. Parents must obtain this equipment from the pharmacy from which the medication was dispensed to ensure that camp staff gives accurate dosages. Staff may NOT provide, reuse, or share any medication supplies.

e. Only one medication will be poured at a time and a separate cup/syringe will be used for each medication.

f. The label on the medication must be carefully read three times when getting out the medication, when pouring or drawing up the medication, and before administering it to the child. If there is a doubt as to the amount or time to be administered, we will withhold the medication and contact the parent. The dosage cannot be altered from the prescription label by the staff or the parent.

g. Medication will be administered to children in a separate area away from other children.

h. If the child has difficulty in swallowing a solid medication (pill or capsule), it is suggested to the parent that the prescription be returned to the pharmacy or HCP for exchange to a liquid preparation. Medication will not be crushed, diluted, or mixed with food/drink unless specifically instructed by the medical provider in writing and after consultation with the parent.

i. If a child spits out the medication the staff must call to notify the parent. If a child spits up the medication any time after it is given, the medication will not be given again. Parents will be called and informed. Staff will make a note on the medication card when this occurs.

j. Medication will be administered within a 30-minute window of the scheduled time. For example, a medication ordered at 10:00 AM can be given between 9:30 AM and 10:30 AM. The actual time that the medication is given will be documented on the medication card.

k. Camp staff will initial the medication card after each dose is given. If the medication is not given, they will write a brief explanation why (i.e., absent, parent did not bring medication) and initial. During the Saturday Family Fun Day/retreat, parents will be responsible for administering all required/recommended medications.

l. If there are any questions regarding medication administration during Camp Care A Lot, contact Stephania Williams at 618-7813.

Parent/Guardian Signature: _____ Date: _____

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

The following supplies and clothing items are recommended for children attending camp:

Warm weather clothing

Sun screen

Sun shades

Athletic shoes

Water bottle

Diapers and diaper wipes

Bathing suit

Towel

Change of clothing

Back Pack with name printed on the outside

Medicine with proper label and doctors orders for camp

Any specialized supplies your child would need to be in the sun!

Special food if unable to eat from the menu

Morgan's Wonderland
(Where Everyone Can Play)
The World's First Ultra Accessible Family Fun Park

On Saturday, 16 July 2011, the campers along with their Families will have the opportunity to travel to San Antonio to visit Morgan's Wonderland. **Camp Care A Lot will pay for the camper to attend as well as two additional Family members.** Any additional attendees will enter the park at the expense of the Family. Families are welcome to ride the bus and lunch will be provided for the camper and 2 guests. **Parents will be responsible for their children and Family members at the park.**

Please provide name of child attending and two guests:

Camper: _____
Guest 1: _____ Age: _____
Guest 2: _____ Age _____

Additional People riding the bus:
_____ Age _____

Guardian must sign for all children 18 and under to ride the bus.

My permission for myself/child/children/family members named above to participate in the Special Needs Summer Camp Care A Lot extends to and includes transportation to, during, and from the activity or event by common carrier, bus, government or military vehicle, and private vehicles. For and in consideration of the Child, Youth and School Services, Children's Special Needs Network (CSNN), Army Community Service (ACS), The Exceptional Family Member Program (EFMP), Central Texas College (CTC), and Peaceable Kingdom Retreat for Children (PKRC) furnishing and allowing my child's participation in activities and events. I for myself and in capacity as parent or in loco parentis, do hereby covenant and agree that I will not assert any claim nor institute any civil proceeding of any kind against the Child, Youth, and School Services (CYSS), Children's Special Needs Network (CSNN), Army Community Service (ACS), The Exceptional Family Member Program (EFMP), Central Texas College (CTC), Peaceable Kingdom Retreat for Children (PKRC) and Morgan's Wonderland or any of its officers, agents, or employees on account of injury or death to persons, or loss.

I do further agree, for the same consideration, to hold harmless and to indemnify the Child, Youth, and School Services (CYSS), Children's Special Needs Network (CSNN), Army Community Service (ACS), The Exceptional Family Member Program (EFMP), Central Texas College (CTC), Peaceable Kingdom Retreat for Children (PKRC) and Morgan's Wonderland its officers, agents, employees, or volunteers for any and all facilities or negligence of said officers, agents, employees or volunteers.

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Parent/Guardian Signature: _____ Date: _____