



# Barber National Institute

Dear Parent/Guardian:

Enclosed please find the 2012 Beyond Camp Shamrock Application Packet. We will be scheduling campers for week sessions only. Please indicate which week(s) you are interested in for your child. Spaces will be granted on a first come, first serve basis. Please complete the following registration forms and return as soon as possible. The deadline is May 25, 2012.

The camp will run June 25 thru August 3, 2012. The hours of operation are 9:00 am to 2:00 pm. Transportation will be the responsibility of the family. Brown bag lunches must be brought from home. The cost of camp will be \$300/week. FSS families please contact Cheryl in the FSS office @ 878-5931 to discuss the use of FSS allocation funds. Please be advised that your child would only be able to attend camp for the number of weeks available with his/her FSS funds unless private pay arrangements have been discussed/approved for any additional days. Don't miss out on the FUN! Entertaining field trips such as Sailing on the Bay, Putt-Putt golf, bowling and Pontoon Boat Rides! "Beyond Camp Shamrock" is staffed by trained Recreation Aides, Certified Pool Instructors and Professional Supervisors.

We look forward to another great year of camping at Beyond Camp Shamrock! Should you have any questions please feel free to contact Cheryl @ 878-5931.

Sincerely,

Pamela Baker  
Director, Family & Community Support Services

Cheryl A. Bilski,  
Family Support Specialist

Enclosures

Barber National Institute  
FAMILY SUPPORT SERVICES  
100 Barber Place  
Erie, Pennsylvania 16507

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

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

Phone Number: \_\_\_\_\_

Please indicate which week(s) you prefer and number the weeks in order of preference 1-6. First choice should be marked with a "1".

- |         |                          |       |
|---------|--------------------------|-------|
| Week #1 | June 25-June 29, 2012    | _____ |
| Week #2 | July 2 – July 6, 2012    | _____ |
| Week #3 | July 9 – July 13, 2012   | _____ |
| Week #4 | July 16 – July 20, 2012  | _____ |
| Week #5 | July 23 – July 27, 2012  | _____ |
| Week #6 | July 30 – August 3, 2012 | _____ |

Please indicate your method of payment. Remember cost of camp is \$300/week.

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|--|-------|
| FSS Annual Allocation                  | _____ |
| Family                                 | _____ |
| Agency With Choice (Waiver)            | _____ |
| Other (Specify name & billing address) | _____ |
|  | _____ |
|  | _____ |



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## 2012 BEYOND CAMP SHAMROCK APPLICATION

Please respond to every question. Incomplete forms will be returned for completion.

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Sex: \_\_\_\_ Race: \_\_\_\_ Hair Color: \_\_\_\_ Eye Color: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_

Other identifying marks: \_\_\_\_\_

Walks Independently: Yes or No Utilizes wheelchair: Yes or No

Utilizes any adaptive devices to assist with walking: Yes or No

Diagnosis: \_\_\_\_\_

Name of Emergency Contact (**not the parent/guardian**): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

T-Shirt size: Adult small \_\_\_\_\_ Adult medium \_\_\_\_\_ Adult large \_\_\_\_\_  
Adult x-large \_\_\_\_\_ Adult xx-large \_\_\_\_\_

### Medical Records:

Medications: It is imperative that you send all medications in original pharmacy containers.

The label must read: pharmacy name, address & phone number; the camper's name for whom the prescription was issued; date filled; name of medication; strength and count of medication; physician's name; number of refills and/or expiration date. Please list all medications currently being taken and include any special instructions for administration. If none taken, please write None.

Medication	Dosage	Administration Times	Reason

Allergies: Please include medications (prescription and non-prescription), food or other and the reactions involved.

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Physician's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

Recent Hospitalization (dates & reason): \_\_\_\_\_

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Seizure Disorder (type and frequency). Please describe any predicators or warning signs.

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General information relating to behavior & self-help skills. Describe degree of independence or areas needing assistance. Please be specific.

Toileting: \_\_\_\_\_

Dressing/Undressing: \_\_\_\_\_

Eating/Feeding (type of formula, amount, time, bolus or continuous): \_\_\_\_\_

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Verbal skills/Communication: \_\_\_\_\_

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Likes/Dislikes: \_\_\_\_\_

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Behavior Concerns: \_\_\_\_\_

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# Barber National Institute

Barber National Institute  
FAMILY SUPPORT SERVICES  
**PERMISSIONS/CONSENTS**

I hereby give permission for my son/daughter \_\_\_\_\_ to receive emergency Treatment by a doctor or emergency room personnel while he/she is under the supervision of the Barber National Institute/Camp Shamrock program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give permission for the following over- the -counter medications to be given by the camp nurse, to my son/daughter should the need arise.

Pepto-Bismol: Yes \_\_\_\_\_ No \_\_\_\_\_ Tylenol: Yes \_\_\_\_\_ No \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give permission for nursing staff to administer the following: First Aid treatments, medications prescribed by consulting physicians, baths when recommended.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I relieve the Barber National Institute/Family Support Services program of responsibility for any injuries which may occur while my son/daughter is at Beyond Camp Shamrock.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give permission for my son/daughter to engage in all camp activities. If there are any exceptions, please list. \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give permission for my son/daughter to attend **ALL BEYOND CAMP SHAMROCK FIELD TRIPS.** Some possible destinations include: Erie Zoo, Claytopia, Whitford Park, Blasco Library, Presque Isle, Jerry Uht Ball Park, Asbury Woods, Bowling, Tom Ridge Environmental Center, Putt-Putt Golf. **If there are any exceptions, please list:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I agree to be responsible for any lunch expenses incurred during the camp.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Barber National Institute

## BARBER NATIONAL INSTITUTE AUTHORIZATION FOR PULBICITY RELEASE

There are occasions when the Barber National Institute is given opportunities for coverage by the media. We also have occasions for our clients to participate in our own marketing activities. These media and marketing activities may involve newspapers, magazines, television, advertisements, internal publications, videos and DVD promotional pieces, as well as our own web site. We refer to these media and marketing outlets as "Media and Publicity Outlets: and include members of the media, advertising agencies and our own staff.

We are proud to share information about our accomplishments with the community, but we are also sensitive to the possibility that our clients or their personal representatives may not want to participate in activities involving Media and Publicity Outlets. Therefore, we are requesting that you make your wishes known on this subject by completing this form and returning it to us.

If you consent to participate in activities involving Media and Publicity Outlets, you may revoke this authorization at any time by notifying us in writing, except to the extent that action has already been taken in reliance on this authorization. This authorization expires when revoked in writing by you. You may refuse to sign this authorization and your refusal will not affect the ability to obtain treatment or payment or eligibility for benefits. Any information about you released in connection with your participation in Media and Publicity Outlets can be republished by the recipient and is no longer protected by federal or state law. Some of our marketing activities may result in our receipt of direct or indirect remuneration.

**Name of Individual:** \_\_\_\_\_

\_\_\_ I give my permission to be photographed and/or videotaped for purposes of participation in Media and Publicity Outlets described above.

\_\_\_ I give my permission to be interviewed for purposes of participation in Media and Publicity Outlets described above.

**Signature:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(Individual) (Parent/Guardian/Advocate)  
**Date:** \_\_\_\_\_

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\_\_\_ I do NOT wish to participate in the Media and Publicity Outlets described above.

**Signature:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(Individual) (Parent/Guardian/Advocate)  
**Date:** \_\_\_\_\_

**BARBER NATIONAL INSTITUTE  
AQUATIC PROGRAMS  
MEDICAL CLEARANCE AND PARENTAL APPROVAL FORM  
SUMMER CAMP**

**PLEASE NOTE: SIGNATURES OF BOTH PHYSICIAN AND PARENT/GUARDIAN ARE REQUIRED.**

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

**TO THE PHYSICIAN:**

The above-named child is planning to participate in the Institute's recreational swimming program. To provide proper precautionary measures to the individual, it is necessary to have certain facts concerning this individual's health. It will be appreciated if you would complete the following information. Thank You.

SEIZURE DISORDER:	Yes _____	No _____
Controlled by Medication	Yes _____	No _____
Seizure within the last year	Yes _____	No _____

Specific Precautions: If the above mentioned person has chronic condition in any of the following areas, please explain briefly.

TUBES IN EARS: \_\_\_\_\_

EYE INFECTIONS: \_\_\_\_\_

SKIN IRRATIONS: \_\_\_\_\_

POOR BALANCE: \_\_\_\_\_

OTHER: \_\_\_\_\_

Date: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

I hereby give my permission for my child to attend the recreational swim.

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

\*\*\*We invite you to come to the Barber National Institute Pool during your child's swim class in order to assist your child in the water. Please send a bathing suit and towel for your child on their designated swimming day. Also, please send any of the following, if necessary for your child: bathing cap, ear plugs, goggles.