

2024-2025

Application for Easterseals Wisconsin Camp Wawbeek & Respite Camp



How to Register for Camp:

2024-2025 Camp Application
Please Note: Your application
WILL NOT BE PROCESSED
if you do not complete **STEPS 1-16**.



All campers are added to waitlist until registered by director. Offering programs throughout the year means a large number of camper registrations to review, and we will review applications for the earliest programs first. **Summer registration opens Jan. 2025 and school year registration opens Sept. 2024.**

Schedule a physical and complete the Medical Examination Form (included with reminder/information packet or available to print from our website registration page).

Registered Status Campers: Two weeks prior to your session date you will receive a reminder packet and additional information by mail. Any amount owed will be listed on the session notification.

Prior to your confirmed camp session, you will receive an invite via email to Campdoc.com where you will upload the signed Medical Examination Form, and vaccination records, list medications and any additional health history.

Congratulations, you are ready for Camp!

Complete & Mail **Steps 1-16** of the Application to:

Easterseals Wisconsin Camps
1468 N. High Point Rd., Ste. 202
Middleton, WI 53562

Apply Online:

eastersealswisconsin.com/camp-registrations/

Billing & Registration Info:

camp@EastersealsWisconsin.com
1-800-422-2324 (Registration)
608-237-1372 (Billing)

Registration status change will be communicated by email. All session registration is dependent on staff numbers.

Make a Payment:

Send a check to the Madison office, pay online by logging into your account, or you can pay over phone with credit card accepted.

Website:

<http://EastersealsWisconsin.com>

**This application is valid for sessions
September 2024-August 2025**



AmeriCorps



CAMP FEE PAYMENT - General Billing Policies

Paying For Camp

Easterseals Wisconsin strives to keep camp fees as low as possible. Most of our campers have their fees paid in part or in full through a third party.

Private Payers

If you will be paying privately (in part or in full), we provide several options:

- *Online:* On the Easterseals Wisconsin camp registration page, you can pay your camp fees by credit or debit card.
- *By Mail:* Please send payments **at least two weeks in advance** of your camp session (to give us time to process the payment):

Easterseals Wisconsin
Attn: Camp Admin
1468 N. High Point Rd., Ste. 202
Middleton, WI 53562

- *At Camp Check-in:* We can also receive payment in cash or check when you arrive at camp.

Note: Please fill out all checks to "Easterseals Wisconsin." We send receipts only by request.

Third Party Payment (agency or organization billing)

If an outside source such as IRIS is paying your camp fee (in part or in full):

- See below for more info on specific funding sources
- Please include your payment source and name of caseworker in the application.
- Verify that any session you're attending is covered by your program prior to your session.
- Keep us in the loop: If there are changes to your funding source, please let us know as soon as possible.

Camperships

If you believe that your family will require assistance to pay for a camp session, please fill out the campership form and return to Easterseals Wisconsin within 10 days of enrollment. If you have questions about camperships, please call 608-237-1372.

THIRD PARTY PAYERS *Guidelines for Common Sources*

County Human Services, CLTS Waiver, Disability Services, Family Care, or Family Support Programs

- Each camp session must be authorized by your caseworker prior to the session. Please inform your caseworker to send all service authorizations to the Madison office (see the above address, or email to **eswcamps@eastersealswisconsin.com**).
- Claims for these programs are typically made after the camper has attended camp and we have received the authorization.
- There are a variety of Medicaid programs and waiver agreements that assist our campers in paying for camp. Inquire at your county's Department of Health, family service agency, or your local Aging and Disability Resource Center (ADRC) to determine eligibility and funding.
- Be aware that some counties contract with private agencies, such as Lutheran Social Services (LSS) or the Family Support & Resource Center (FSRC).

IRIS Program

- If you are covered by IRIS, your camp sessions will need to be added to your Individual Service and Support Plan. Please ask your IRIS consultant to send IRIS Vendor Authorization Letters to the Easterseals Wisconsin Madison office (see the above address) or email to **eswcamps@eastersealswisconsin.com**.
- Easterseals Wisconsin requires the Vendor Authorization Letters *prior* to campers attending any camp sessions.
- Recently, the administration of IRIS has split into several IRIS consultant agencies (ICAs, the most common of which is TMG) and several fiscal employer agents (iLife, GT Independence, Outreach, and Premier). This split has caused a great deal of confusion for campers and billing staff alike. So that we can better assist you, if you intend to use IRIS funds to pay for camp, you must include your Fiscal Employer Agency (FEA), IRIS Consultant Agency (ICA) and the name of your IRIS Consultant on your application. (More info, including a Wisconsin map of ICAs and FEAs by county/region, can be found at <https://www.dhs.wisconsin.gov/iris/directory.htm>).

Service Clubs and Organizations

Some local service clubs and organizations offer scholarships/camperships to assist individuals to attend camp.

General Guidelines

- In your application, please provide the name of the organization that is sponsoring you, along with their contact name and phone number.
- We will typically send an invoice to the organization on the first day of the month following your session, though we do encourage organizations to pay ahead. Please see the “Private Payer” section above for more information.
- While most programs and agencies base their funding on standard gross family income, some programs do take into consideration the extraordinary costs of care for individuals with disabilities, and will assist middle-income families.
- We have included a sample letter below for requesting a campership from a community organization.
- We recommend that you send a thank-you letter to your sponsor after you attend camp. This is common courtesy and will be greatly appreciated!

Finding the right organization

- Many of our campers are given camperships by clubs. Some of these clubs include the Elks, Lions, Masons, Rotary, Kiwanis, Optimists, Knights of Columbus, and Fraternal Order of Eagles.
- Some communities have set up funds to provide grants for families. Your church or employer may also be a place to ask for assistance. Private statewide foundations such as the Hans and Anna Spartvedt Testamentary Trust (608-232-2004) may be able to help as well.
- The Children’s Miracle Network (CMN) directly assists some children and their families. Two CMN-affiliated hospitals in Wisconsin may offer help to eligible families:
 - CMN at Ministry St. Joseph’s Children’s Hospital / Marshfield Clinic, which serves 17 counties in central Wisconsin, can be contacted at 800-428-5000.
 - CMN Gunderson Lutheran Hospital, which serves 15 counties in western Wisconsin, can be contacted at 800-853-6889 or <http://www.gundersenhealth.org/cmn-hospitals/contact/>.
- For clubs in your area, search for “Service Clubs” online or in your phone book. You can also visit <http://go.wisc.edu/grants>.
- You can contact the Respite Care Association of Wisconsin for additional resources at 1-866-702-7229 or visit them at <https://respitecarewi.org/>.

Camperships through Easterseals Wisconsin Easterseals Wisconsin offers a limited number of camperships for summer sessions. We require families to provide gross annual income, and to first seek out financial aid from two other sources, such as service clubs and churches. If you are interested in applying for a campership, please request an application by mail (see address in “Private Payers” below) or by email at campadmin@eastersealswisconsin.com.

When requesting a campership or scholarship from a community organization, use a request letter similar to the one shown here:

Sample Campership Request Letter

Dear (Organization):

Easterseals Wisconsin provides a 6-day camp session. Camp is located in Wisconsin Dells, and it is exclusively for people who have disabilities. My (son, daughter, ...) has (medical condition/disability diagnosis) and would benefit enormously from attending the program. I would benefit as well from getting a break from (his/her) need for constant supervision and care. I am trying to find help to raise the money I need so (she/he) can attend camp. The session I want (him/her) to go to will cost me (\$), and I am writing to ask if your organization could help with part or all of this amount.

Thank you for considering my request. Sponsoring my (son/daughter) would make a huge difference for our family! Because campers are accepted on a first-come, first-served basis, we want/need to send in our application as soon as possible. If you could please let me know if you can help me, I would appreciate it. You can call me at (telephone #) if you have any questions.

Sincerely,

Your Name

Address

City, State, Zip Code

email

EASTERSEALS WISCONSIN CAMPS

POLICIES AND PROCEDURES

CANCELLATIONS

The fee will be refunded if the camp office is notified of a cancellation at least *5 days prior* to the first day of your scheduled session.

STAFF

Each camp has a full-time director, a registered nurse, food service personnel, counselors, activity leaders, and volunteer assistants. The majority of the staff are college students or recent graduates studying or working in occupations related to nursing, teaching or social work. All staff members are carefully screened and receive extensive training.

Easterseals Wisconsin Camps promote a restraint-free environment. Staff and AmeriCorps members are trained in behavior management techniques that are applicable to the camp environment.

Easterseals Wisconsin camp staff are trained to provide assistance with campers' personal needs such as eating, bathing, transferring from their wheelchair, dressing, and toileting. An on-site nurse is available for routine medical care such as dispensing medication, assisting with bowel programs or catheterization, setting up g-tube feedings, and providing for the overall health maintenance of each camper. We do not match male counselors with female campers, but male campers may be cared for by female counselors at times.

Staff are trained to manage the health of all campers by following parental and physician instructions as closely as possible. Parents will be notified by the Easterseals Wisconsin staff about any medical incidents such as illness or injury beyond those requiring basic first aid procedures.

The nurses are responsible for providing medical attention, administering medications, and are available as needed. It is important for parents and/or caregivers to provide staff with detailed medical instructions.

CAMPER OBSERVATION FORM

Upon completion of a camp session, each camper receives a report form that is completed by their counselor. This form provides parents and caregivers with a summary of the camper's experience at camp. Parents and caregivers will also receive an evaluation form to help us improve our program.

REGISTRATION

Please Note: Your application WILL NOT BE PROCESSED if you do not complete STEPS 1-16.

After an application has been submitted, an email will be sent to the camper confirming a waitlisted status for the session(s) applied for. If/when a camper has been selected and changes from waitlisted status to registered status for the session(s), an email confirming the registration will be sent. Registered campers will receive a reminder packet by mail two weeks prior to their camp session with a notification of their session drop-off/pick-up times, any balance due, as well as a reminder to submit any medications and additional health history information on Campdoc.com prior to the camp session.

The Medical Examination form will be included with your reminder packet and is available online. If the form is not present within 24 hours of arriving at camp, the camper will be sent home. The Medical Examination form is good for **one year** from the doctor's exam date on the form. Please remember, however, that while a new physical is not required for each session, it is your responsibility to inform Easterseals Wisconsin Camps of any significant changes in physical, medical, emotional, or behavioral conditions that occur between sessions. Medical exam forms must be uploaded to Campdoc.com. Do not mail this form.

REGISTRATION RULES

1. A camper will not be allowed to stay at camp if they do not have the necessary signed, completed forms upon arrival at camp.
2. A camper's registration is based on the application and medical information on file. Failure to inform us of significant changes may result in denial of camper.
3. If the session(s) you applied for are full, your name will be placed on a waiting list, and you will be informed by e-mail. If openings do not occur, any fees that have been paid will be refunded, including the registration fee.
4. Campers are registered at the discretion of the Camp Director.

These programs, including the rules for registration and participation, do not discriminate on the basis of age, gender, religion or creed, race, sexual orientation, nation of origin, marital status, or other protected status.

TO REGISTER: COMPLETE STEPS 1-16 FOR CAMP WAWBEEK OR RESPITE CAMP SESSIONS

If you are unsure which program would best suit your needs, or have any other questions, please contact us at 800-422-2324 or email camp@eastersealswisconsin.com and we will be happy to discuss with you the best fit. It is our goal for each person to have a successful camp experience. **Please complete any Third Party Payment information (agency or organization billing) and mark which session(s) you would like to attend. Please see our website for more details about our unique programs (listed in bold). Please see camp ratio section on application.**

STEP 1: Primary Payment Source (must complete or application will not be processed)

Name: _____ Contact (if any): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (____) _____ Email: _____
 Total amount to be billed for this funding source is: \$ _____

Additional Payment Source (if applicable)

Name: _____ Contact (if any): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (____) _____ Email: _____
 Total amount to be billed for this funding source is: \$ _____

STEP 2: Choose your camp sessions (for Camp Wawbeek see next page) →

RESPITE CAMP SESSIONS: All campers will be assigned to small groups based on their needs with their peers. Respite Camp will provide 1:1 support as needed.

Respite Camp Weekend Sessions (Ages 3+)		
Session Date	Price	Choice by Rank
Oct. 11-13, 2024 Youth (3-18)	\$565	
Oct. 25-27, 2024 Young Adults (15-25)	\$565	
Nov. 22-24, 2024 Adults (Ages 18+)	\$565	
Dec. 13-15, 2024 Young Adults (15-25)	\$565	
Dec. 28-30, 2024 Youth (3-18)	\$565	
Jan. 24-26, 2025 Youth (3-18)	\$638	
Feb. 14-16, 2025 Young Adults (15-25)	\$638	
Feb 28-Mar 2 2025 Youth (3-18)	\$638	
March 7-9, 2025 Adults (Ages 18+)	\$638	
April 4-6, 2025 Young Adults (15-25)	\$638	
Total # of Sessions You Would Like to Attend:		

Respite Camp Summer Sessions		
Session Date	Price	Choice by Rank
June 8-13, 2025 Adults (Ages 18+)	\$1751	
June 15-20, 2025 Young Adults (15-25)	\$1751	
June 22-27, 2025 Youth (3-18)	\$1751	
June 29-July 4, 2025 Adults (Ages 18+)	\$1751	
July 6-11, 2025 Young Adults (15-25)	\$1751	
July 13-18, 2025 Youth (3-18)	\$1751	
July 20-25, 2025 Young Adults (15-25)	\$1751	
July 27-Aug. 1, 2025 Youth (3-18)	\$1751	
August 3-8, 2025 Youth (3-18)	\$1751	
August 10-15, 2025 Adults (Ages 18+)	\$1751	
I would like to attend: <input type="checkbox"/> One Summer Session <input type="checkbox"/> Two Summer Sessions (limit)		

CAMP WAWBEEK SESSIONS

Campers who typically attend these sessions:

- Campers will be in a group with their peers and assigned a counselor(s).
- Adults age 40+ may register for ANY adult session.
- Campers with diagnosis of autism spectrum disorder are welcome to sign up for any appropriate age sessions, not just the sessions for campers with high-functioning autism.
- Please note: programs of different sessions are indicated in bold and defined as:

***Transition Team:** intentional programs for young adults to learn about transitioning from living at home to living more independently. Program focuses on independence or social learning, or financial and job/skills base learning.

****Pioneer:** Campers spend as much time outside as they can. Expect to camp, canoe, fish and hike. Campers must be aware that they will NOT be staying in lodges, but camping outside.

Camp Wawbeek Weekend Sessions		
Session Date	Price	Choice by Rank
Oct. 18-20, 2024 Transitions* (Ages 15-25)	\$475	
Nov. 1-3, 2024 Adults (Ages 18+)	\$475	
Dec. 6-8, 2024 Transitions* (Ages 15-25)	\$475	
Dec. 28-30, 2024 Youth (Ages 7-18)	\$475	
Feb. 7-9, 2025 Transitions* (Ages 15-25)	\$537	
Feb 28-Mar 2, 2025 Youth (Ages 7-18)	\$537	
March 28-30, 2025 Adults (Ages 18+)	\$537	
April 11-13, 2025 Transitions* (Ages 15-25)	\$537	
Total # of Weekend Sessions You Would Like to Attend is:		

Camp Wawbeek Summer Sessions		
Session Date	Price	Choice by Rank
June 8-13, 2025 Adults (Ages 18+)	\$1274	
June 15-20, 2025 Young Adults (15-25)	\$1274	
June 22-27, 2025 Youth (7-18)	\$1274	
June 29-July 4, 2025 Adults (18+)	\$1274	
June 29-July 4, 2025 Pioneer** (18+)	\$1274	
July 6-11, 2025 Young Adults (15-25)	\$1274	
July 6-11, 2025 Transitions (15-25)	\$1274	
July 13-18, 2025 Youth (7-18)	\$1274	
July 20-25, 2025 Older Adults (40+)	\$1274	
July 20-25, 2025 Pioneer** (18+)	\$1274	
July 27-Aug. 1, 2025 Adults (18+)	\$1274	
Aug. 3-8, 2025, 2025 Adults (18+)	\$1274	
I would like to attend: <input type="checkbox"/> One Summer Session <input type="checkbox"/> Two Summer Sessions (limit)		

All important information relative to the camper's health and well-being should be on the application. Please **DO NOT** rely on verbal instructions at the time of registration to communicate important information about your camper.

STEP 3: CAMPER INFORMATION

Camper Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

E-Mail: _____

Birth Date ____/____/____ Gender: Female Male Gender Expression _____

What is the camper's heritage? (This information is used for statistical purposes only.)

Asian African American Caucasian Hispanic Native American Other

How did you find out about Easterseals Wisconsin camps?

Advertisements Camp Fair Word of Mouth/Friends Web Search School Case Worker

A Website (please list) or Other Way: _____

Is this the camper's first time attending our camp? Yes No

Has the camper ever been to any other camp before? Yes No Where does camper live? _____

Camp Name(s) & when: _____

Has the camper ever been separated from their family before? Yes No

Anticipated reaction: _____

Are problems with homesickness anticipated? No Yes, suggestions to ease the transition:

Does camper attend school? No Yes, Where? _____

Is camper employed? No Yes, Type of Work? _____

If camper is male, is he willing to have a female staff? Yes No

Is the camper bringing a helper dog with him or her to camp? Yes No

If yes, please be aware of the camp's guidelines. A service dog criteria form must be completed.

What group experience has the camper had? _____

What are the camper's favorite things to do or learn about? _____

Specify if restricted contact or communication with _____

Primary Contact #1 (This is where all mail correspondence will be sent)

Adult Camper Parent(s) Guardian Caregiver

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Email: _____ Employer: _____

Primary Contact #2

Parent(s) Guardian Caregiver Other:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Email: _____ Employer: _____

STEP 4: Emergency Contact #1 (first point of contact):

Name: _____
 Address: _____ City: _____
 St: _____ Zip: _____ Phone: _____
 Employer: _____
 Work Ph: _____ Email: _____

Emergency Contact #2 (second point of contact):

Name: _____
 Address: _____ City: _____
 St: _____ Zip: _____ Phone: _____
 Employer: _____
 Work Ph: _____ Email: _____

STEP 5: The following six releases MUST be signed by parent/guardian/camper or application WILL NOT be processed.

You are ultimately responsible for all payment obligations arising from your camping experience and guarantee payment for these services. You are responsible for fees indicated by your funding source and/or our FINANCIAL POLICIES, which are not otherwise paid by supplemental funding. By signing this guarantee as the Financially Responsible Party, you hereby guarantee the full and prompt payment to Easterseals Wisconsin of all fees for the Camper, whether currently existing or for registration and session fees incurred in the future. You also agree to pay all expenses, legal or otherwise, incurred by Easterseals Wisconsin in collecting the indebtedness. I warrant that I fully understand the contents thereof.

(1)REQUIRED Signature of Parent/Guardian or Adult Camper (If Own Guardian): _____
 Printed Name: _____ Date: _____

I hereby give my consent for my son/daughter/ward/self _____ to attend Easterseals Wisconsin Camps 2024-2025 camp sessions, located in Wisconsin Dells. In consideration of registration for the camper I hereby release and waive any claim or cause of action which may occur against Easterseals Wisconsin and employees or any other person acting with permission arising out of any injury to his/her person or property during his/her stay at the session, in transit to and from said session, or during any activity approved by and of said persons for injury as herein stated.

The information on this form is accurate and complete to the best of my knowledge. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to Easterseals Wisconsin to provide routine health care under the guidance of the camp's medical director, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

I give permission to Easterseals Wisconsin to arrange necessary program and emergency transportation for the person named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I have read the foregoing release and authorization before affixing my signature below, and warrant that I fully understand the contents thereof.

(2)REQUIRED Signature of Parent/Guardian or Adult Camper (If Own Guardian): _____
 Printed Name: _____ Date: _____

MEDIA: I hereby give my consent for the camper referenced above to (check all that apply; signature not sufficient—boxes must be checked):

- be in narratives, film, photographs, videotape or sound recordings made by Easterseals Wisconsin that may be used by Easterseals Wisconsin, and those acting with its permission, for the purpose of illustrations or broadcast in connection with the work of Easterseals Wisconsin. I understand that use of the aforementioned media may include publication on Easterseals Wisconsin website, www.EastersealsWisconsin.com. To ensure my child's or my privacy, Easterseals Wisconsin will use only camper's first name and the location of the Easterseals Wisconsin organization where services were received.
- have photos taken by campers and staff for personal use only (which may include posting on social media sites such as Facebook, Instagram, etc. under their personal accounts).

I have read the foregoing release and authorization before affixing my signature below, and warrant that I fully understand the contents thereof.

(3)REQUIRED Signature of Parent/Guardian or Adult Camper (If Own Guardian): _____
 Printed Name: _____ Date: _____

COVID-19 Liability Waiver
Easterseals Wisconsin Camps - Camp Wawbeek and Respite Camp

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC, Wisconsin Department of Health Services, and many other public health authorities still recommend practicing physical distancing and other mitigation practices.

Easterseals Wisconsin Camp Wawbeek and Respite Camp have taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that, due to the nature of the facilities and services offered by Easterseals Wisconsin Camps (ESW Camps) physical distancing of 6 feet per person may not be possible at all times. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of ESW Camps and acknowledges that use thereof by the undersigned and/or such participating children and/or adults may, despite ESW Camps' reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death. The participant and/or their guardian has voluntarily agreed to participate in the programing knowing there are these risks.

In further consideration of being permitted to participate in ESW Camps programs, or use their facilities, the undersigned hereby agrees to the following:

- I will complete the 6 day online pre-camp screening.
- I will adhere to the methods outlined by ESW Camps in regard to wearing masks, Check-in, Check-out, and all other aspects of camp attendance, and understand these methods may change and be updated to best serve their campers and staff members.
- I hereby release and agree to hold ESW Camps harmless from, and waive on behalf of myself and/or the children and/or adults I am signing for (Campers), my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the agency, or that may otherwise arise in any way in connection with any services provided by Easterseals Wisconsin.
- I understand that this release discharges Easterseals Wisconsin from any liability or claim that I, those I represent, my heirs, or any personal representatives may have against the agency with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Easterseals Wisconsin. This liability waiver and release extends to Easterseals Wisconsin and its Board of Directors.

Signed _____ Date: _____
 (Signature) (Printed Name)

Signing for: Self Minor Child or Vulnerable Adult

On behalf of rental group that is attending (date): _____

**RELEASE OF LIABILITY FOR EASTERSEALS WISCONSIN CAMPS:
ROPES COURSE ELEMENTS**

I, _____ (“Camper”), agree to abide by all rules, regulations and instructions as indicated through communications from Easter Seals Wisconsin and its camp staff during the programs in which I participate.

I understand and appreciate that there are a number of inherent risks involved in adventure-based programs and the specific activities in which I will be involved which are beyond the control of Easter Seals Wisconsin or its camp staff. I agree to personally assume these risks and the full responsibility for my actions.

I understand that participation in any and all of the activities is strictly voluntary and that I may choose, at any time, to participate or to stop my participation. Should I choose to participate, I hereby release Easter Seals Wisconsin and any leader, instructor, facilitator or employee of Easter Seals Wisconsin of any liability in the case of injury or the loss of personal property. I also agree to waive any past, present or future claims, demands or causes of action against Easter Seals, its staff or other employees by myself, my heirs, or legal guardians.

I hereby represent that I am competent and freely agree to the acknowledgements, agreements, releases and waivers provided above as conditions to my participation in the adventure based activities.

Signed _____ Date: _____
(Camper Name-Please Print) (Camper Signature)

IF CAMPER IS A MINOR OR HAS A GUARDIAN: I confirm that I am the parent or guardian of Camper and have the authority to sign this release on behalf of Camper.

Signed _____ Date: _____
(Parent/Guardian Name-Please Print) (Parent/Guardian Signature)

BEHAVIOR POLICY

I am aware of Easterseals Wisconsin Behavior Policy and will prepare the camper for a successful week at camp. I have reviewed this policy with the camper and understand the implications of not following the policies regarding cell phone use, behavioral outbursts, destruction of property, inappropriate language, and all other policies. I understand the steps that will be taken to support the camper and acknowledge that if a camper’s needs cannot be met or a behavior cannot be changed, the camper may be asked to leave camp at the discretion of the Camp Director and Administrative Team. This policy is found on the website at:
eastersealswisconsin.com/programs-services/camps/camp-registration/

Signed _____ Date: _____
(Parent/Guardian Name-Please Print) (Parent/Guardian Signature)

STEP 6: HEALTH HISTORY: Applications that do not specify a Primary Diagnosis will NOT be processed.

Age: _____ Weight/lbs.: _____ Height: _____

REQUIRED: Primary Diagnosis (medical, no abbreviations): _____

Secondary Diagnosis (if any): _____

Other conditions or concerns (including psychiatric): _____

Allergies: Medication: _____

Food: _____ Environment or Animals: _____

Comments/Allergy Reactions: _____

Seizure Disorders: Does Not Apply Tonic-Clonic (Grand Mal) Non-Convulsive (Petit Mal) Psychomotor Nocturnal Mixed

Typical Seizure Frequency: _____ Typical Length of Seizure: _____

Known Triggers, PRN Medications (if any) and protocol to follow if seizure occurs at camp: _____

***Medication Information:** Does camper currently take prescription medications? Yes No**Has camper received all routine vaccinations?** Yes No *Provide list of vaccinations on CampDoc**Has camper received two MMR vaccinations in their lifetime?** Yes No Dates: _____**Respiratory Conditions:** Does the camper have either of the following? * *If answering yes to either of these questions, please anticipate a call from our nurse to further assess the degree of care needed for your camper.*Tracheostomy: Yes No Ventilator: Yes No

If camper has not received COVID vaccination, educational info can be accessed on the CDC website:

<https://www.cdc.gov/vaccines/covid-19/hcp/index.html>

Does the camper have a history of:		Yes	No
1	Asthma		
2	Bleeding Disorders		
3	Hepatitis A, B or C		
4	Diabetes? Please provide type here:		
	Treated w/ meds? <input type="checkbox"/> Y <input type="checkbox"/> N Insulin dependent? <input type="checkbox"/> Y <input type="checkbox"/> N Glucose Monitoring? <input type="checkbox"/> Y <input type="checkbox"/> N		
5	Skin Breakdown (bed sores)		
6	Frequent Headaches - requiring medication?		
7	Diarrhea - chronic		
8	Constipation - chronic		
9	Abnormal Menstrual Cycles		
10	Problems with Joints		
11	Problems Sleeping - chronic		
12	Equipment (C-PAP, BiPap, percussion)		
13	Other:		

Please explain any "yes" answers from above. List the number before explanation. _____

*Routine Medications per day: None scheduled 1-5 meds 5-10 meds Greater than 10 meds Meds @ off times Meds admin. by diff. routes Meds by G-tube Treatments admin. @ med pass*Emergency Meds: None anticipated w/ 5 min. response time w/ less than 5 min. response time*Routine Medical Treatments: None or 1 per session Planned 1-2 x per session Planned 1 x daily Planned 2x daily High level beside care Comments: _____

STEP 7: INSURANCE INFORMATION

Family Medical/Hospital Insurance Carrier: _____ Group: _____

Policy #: _____ Medicaid #: _____ Medicare #: _____

Physician: _____ Physician's Phone: (_____) _____

STEP 8: MOBILITY AND SPECIAL APPLIANCES

Indicate all that apply to camper. Please notify camp of mobility changes before camper arrives to camp.

- Walks/Runs Independently
 Uses Walker/Crutches/Cane
 Wears AFOs or Braces
 Prosthesis
 Uses Wheelchair: Manual Power **When:** For Long Distances At All Times **Who Maneuvers:** Self Others

Mobility Comments: _____

 Camper presents as a fall risk or history of falls**STEP 9: TRANSFER INFORMATION***For campers who use a wheelchair*

- Transfers Independently
 Standby Assistance
 Pivot (1 person)
 Two Person
 Hoyer Lift *
 Other/Comments: _____

We only use Hoyers brought from the Camper's home program. Otherwise, we employ 2-person transfers.*STEP 10: COMMUNICATION**

Examples/Comments

Best way to communicate expectations to camper? _____

- Uses complete sentences
 Understands complete sentences
 Understands 2-3 word phrases
 Uses single words
 Understands single words
 Uses vocalizations, sounds, etc. _____
 Uses sign language
 Understands sign language _____
 Uses/understands gestures, points, etc. _____
 Uses pictures or word cards _____
 Uses adaptive systems such as a communication board _____
 Writes to communicate
 Able to read, explain _____
 Facilitated communication (devices used; who usually acts as facilitator?) _____

STEP 11: MEALTIMES

Food Allergies: _____

Food Likes: _____

Food Dislikes: _____

Typical appetite is: Large Typical Small Bringing campers own food: Yes No *No fee reduction for camper bringing own foodDoes camper overeat? Yes No Comments: _____Is camper able to indicate the amount of food and liquid intake they desire? Yes NoCamper can use: Fork Spoon Knife Uses Special Utensils (please label and bring to camp) Takes Portions Independently Needs Food Cut Drinks from Cup Uses Straw Needs Liquids Thickened (what consistency? _____)Diet: Standard Chopped Blended/Pureed Low Salt Low Calorie Low/No Sugar Other
 Uses G-Tube for meals? *Attach exact feeding schedule so we can contact you with questions prior to arrival. G-tube for hydration? Y N To administer? Y N

Mealtimes Comments/Restrictions/Allergy Reactions: _____

STEP 12: TOILETING/SHOWER

Please bring all supplies and/or equipment (e.g. bedpan, briefs, wipes, etc.) for the week.

- Uses toilet independently Needs to be reminded _____
- Needs some assistance using the toilet _____
- Uses the toilet on a schedule (what is the schedule?) _____
- Does not use toilet at all (uses incontinent briefs, etc.) _____
- Uses catheterization, enemas, suppositories, ostomy & bowel flush? Yes No

Please describe schedule: _____

- Is independent in menstrual care (if applicable - counselor will NOT remove or insert tampons) Yes No

How does he/she let you know the need to go to the restroom? _____

- Camper needs assistance with: Shampooing hair Soaping Adjusting water temperature Brushing teeth
- Needs complete assistance in the shower Needs verbal cues Camper can shower independently

Comments: _____

STEP 13: DRESSING

- Has no difficulty dressing Can choose own clothes

Can put on: underwear socks shirt pants

Can: button snap zip tie shoes

- Can undress partially? Undress completely? Needs assistance dressing Needs complete assistance

Please describe what assistance is needed to (un)dress: _____

STEP 14: BEDTIME ROUTINE

Does camper pose elopement risk at night? Yes No

Camper's typical bedtime: _____ Awakens at: _____ Sleeps: _____ hours a night.

Does camper need a hospital bed? Yes No Does camper need a bed rail? Yes No

Please describe bedtime routine at home: _____

Does camper typically sleep through the night? Yes No

Does camper require special care during the night? Yes No

If yes, please explain: _____

STEP 15: BEHAVIOR *please refer to camp behavior policy on our website*

1:1 – If requesting 1:1 support, please contact the camp office at: eswcamps@eastersealswisconsin.com

Please indicate how often, if ever, the following behaviors occur and how staff should respond:	Never	Sometimes	Often	Explain/Details
Has good manners				
Enjoys social gatherings				
Does not like to be touched				
Prefers to be alone				
Runs away, darts/needs continuous direction				
Shouting/swearing				
Inappropriate sexual behavior				
Grabs others				
Scratches, pinches or hits				
Bites others				
Self abuse/harm				
May pose physical safety risk to self/others				

	Never	Sometimes	Often	Explain/Details
Tends to get along with peers				
Has experienced bullying in the past				
Has bullied others				

Please describe camper on their best day: _____

Please describe camper on their worst day: _____

What is the best way to set boundaries with camper? _____

Does camper do well in close proximity with others? (ie: van or tractor ride): _____

It is most beneficial for you to provide accurate and detailed information in order to maintain consistent management. Please attach established behavior plans and feel free to add comments on an additional piece of paper.

Please describe in detail these or any other challenging behaviors we should know about _____

What usually triggers challenging behaviors? _____

What are effective responses to challenging behaviors? (indicate if more than one staff needs to be present when agitated)

What are two or three effective rewards? _____

Are there any ADLs (activities of daily living/programs) to be continued at camp? _____

STEP 16: ACTIVITIES

- Camper swims well Camper cannot swim, but will go into water
- I am unsure how he/she does in the pool Fears water (and/or) Will not get into water willingly
- Needs to wear a life jacket at all times (mark this item if camper has a seizure disorder)
- Camper has very sun-sensitive skin Somewhat sun-sensitive skin Skin is not sun-sensitive

Some favorite outdoor activities are: _____

- Camper has good fine motor skills Camper has poor fine motor skills Needs hand-over-hand assistance

Please list any indoor games/activities that the camper particularly likes (playing cards, painting, etc).

Activities camper does not like are: _____

ADDITIONAL INFORMATION

Please describe fears, likes, dislikes, or habits that you feel would be helpful for the staff to know. Any suggestions you may have for assisting the camper's smooth transition to the camp are appreciated.