



G&E
THERAPIES
"Quality, Family Centered Care"

Recreational Summer Camp for Children with Autism or PDD
July 5, 2010 - August 13, 2010
at
Grace Lutheran Church, 709 Main Street, Vestal, NY

APPLICATION

****New in 2010: Social Skills Group for 13-15 year olds! See last page!**

Camper Information

Last Name	First	Middle	Date of Birth	Gender
Address	County		State	Zip
Pediatrician/Doctor			Hospital Preference	MD Phone #
Diagnosis/Classification				
Service Coordinator's Name/Agency/Affiliation			Service Coordinator's Telephone	

REFERRED BY: _____

CHECK ONE PROGRAM: ____ Summer Camp (6-12 year olds, M-F 8:30-11:30am)
____ Social Skills Group (13-18 year olds, one afternoon per week, 12:30-3:30pm) ***New this year!***

OMRDD INFORMATION

Parents: If you have not yet received written approval from OMRDD, please indicate:

Date that you submitted paperwork: _____

Date you plan to submit paperwork: _____

TRANSPORTATION INFORMATION

My child will have reliable transportation to/from camp each day: Yes ____ No ____

I have no means of transportation my child ___ to ___ from camp.

_____ Requesting Information regarding Transportation assistance

Parent/Guardian Contact Information

Please note: The persons listed below will be the only persons authorized to pick up the above named camper from Summer Camp. Picture identification is required to pick up your camper. The information below will be used by our Staff should an emergency arise. In that case, the staff will contact 911, and every attempt will be made to contact a parent, a guardian, or a designated emergency contact as soon as possible.

Last Name	First	Middle	Home	Telephone
Home Address			County	
Email Address			Work	
Relationship to Camper			Cell	

Last Name	First	Middle	Home	Telephone
Home Address			County	
Email Address:			Work	
Relationship to Camper			Cell	

Last Name	First	Middle	Home	Telephone
Home Address			County	
Email address			Work	
Relationship to Camper			Cell	

Camper's Educational History

Child receives the following related services in school and frequency of each service: Speech: ____ /x per 6 day cycle OT: ____ /x per 6 day cycle PT: ____ /x per 6 day cycle Special Ed: ____ /x per 6 day cycle Resource: ____ /x per 6 day cycle Other: _____	Child has an aide during the school year: Yes____ No____ Will an aide attend Camp with your child? Yes____ No____ Child will enter ____ grade in Sept. 2010
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Camper's Medical History

Our Staff Nurse is available daily to administer any medication(s) that your child may need during the Summer Camp Program. Please bring any/all medication(s) to our Nurse in their original containers, with clearly marked dosage and frequency, along with an original Physician's script. Medications not meeting these standards will not be administered.

Child's current medications:	My child has allergies: Yes____ No____
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1. 2. 3. 4. 5.	1. Environmental: _____ 2. Food: _____ 3. Medication: _____ 4. Latex: _____ 5. Other: _____
My child has physical limitations that should be considered during the Camp: Yes Explain: No	My child is able to fully participate in all Camp activities: Yes No Explain:
My child requires self-care assistance: Yes Explain: No	
State any precautions that Staff need to be aware of (medical/emotional/social/behavioral):	
Identify 'trigger' situations/behaviors, if any, that are characteristic of your child:	
My child's interests include:	
The goal my child wants to achieve during Summer Camp is:	
The goal I want my child to achieve during Summer Camp is:	
My child is a flight risk: No _____ Yes/Date of last incident: _____	

Consent and Release for Care

I am presenting my child for Summer Camp to G&E Therapies, and I voluntarily consent to the rendering of such activities, including off site community reintegration opportunities that may include but may not be limited to, the park, and walking off premises with staff supervision by authorized agents and employees of G&E Therapies. I acknowledge that no guarantees have been made to me as to the result of intervention from G&E Therapies. I understand that the Summer Camp process, by its very nature, involves certain inherent and unavoidable risks, including falls and other similar injuries and I have been informed of and accept these risks. I consent to have my child's picture taken for the purpose of advertising of G&E Therapies as well as communication with my child's family.

I hereby release, indemnify and hold harmless G & E Therapies from and against any claims, damages and liabilities arising out of or on account of, or in any manner, predicated upon the child's participation in said Summer Camp Program, including but not limited to any loss or damage to property, or the personal injury of any person which may occur as a result of the child's participation in this program.

Parent Signature

Date

If you would like to send sunscreen and/or bug repellent with your child to camp, please send it in the original container with your child's name clearly marked on the container. Your signature is your consent for the G&E Therapies Staff Nurse to apply these items as deemed necessary:

Parent Signature

Date

Please be sure to:

- Complete all sections above and sign where indicated
- Attach a copy of your child's most recent immunization record
- Attach letter from OMRDD regarding OMRDD eligibility

Mail by April 1st, 2010 to: Anne Marie Murphy
1100 Ford Road
Vestal, NY 13850

Please direct any questions to:

Gerilyn Gault, Co-owner G&E Therapies, 877-426-3307 x1

Elizabeth Finch, Co-owner, G&E Therapies, 877-426-3307 x2

Anne Marie Murphy, Autism Services Coordinator, 607-239-4406 or amurphy7@stny.rr.com

New in 2010!

G&E Therapies Social Skills Group!

The Social Skills group is for our campers who have aged out of our daily morning camp program. The Social Skills group will be geared for older children with an emphasis on community integration and social appropriateness. This group is for 13-18 year olds with a classification of Autism or PDD. We will meet at the Grace Lutheran Church Fellowship Hall one afternoon per week from 12:30-3:30 pm.

Our professionals will run the group for 3 hours, one afternoon each week for 6 weeks. This will be a highly interactive group, where the teens will learn about social skills in a variety of community settings. We will enroll 5 participants, so sign up early! Please complete this Application and mail in ASAP!

Thank you for considering G&E Therapies Recreational Summer Camp!

Summer Camp Staff Use ONLY

Child has a qualifying diagnosis	Yes	No
Child/Family goals are reasonable and achievable	Yes	No
Child is OMRDD eligible	Yes/Date: No	
Child has reliable transportation to/from Camp	Yes	No
Referred for transportation reimbursement	Yes	No
Placement during the school year	Regular Ed 12:1:1	
Child requires self-care assistance	Yes	No
Child has a history/risk of flight	Yes	No
Criterion met, child admitted to Summer Camp 2010	Yes	No
Parent notified by telephone	Date:	
Criterion met, child admitted to Social Skills Group	Yes	No
Parent notified by telephone	Date:	

Summer Camp Staff Use ONLY

G&E Therapies Staff has reviewed this Application and have answered any questions or addressed any concerns raised by the parent and camper regarding the information contained within this Application and Consent Form.

Staff Signature/Date

Staff Signature/Date