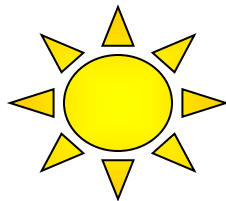


Rainbow

Summer Day Program 2023

**Friends, Fun,
Sun & Festivities**



A program of



223 Moore Street, Hackensack, NJ 07601
Phone: (201) 343-0322 Fax: (201) 343-0401
Email: Rainbow@arcbp.com www.arcbergenpassaic.org



Camp Rainbow Summer Day Program

Program & Eligibility Information

The Rainbow Summer Day Program is designed to provide an exciting, fun and educational program for children and adults with developmental disabilities.

Rainbow offers Camp and Extended School Year programming for children and the Rainbow Camp for adults.

Unfortunately the Rainbow site is not completely accessible, **therefore individuals will need to be ambulatory**. Please be advised that The Arc had purchased land to develop a completely barrier free site which in the future can accommodate individuals with mobility challenges, but it will be some time before it is developed.

The Rainbow staff includes a Registered Nurse, Lifeguards, Special Education Teachers, Behaviorist, CDL drivers and camp counselors. The Rainbow Program is **generally staffed on a 1:3 ratio of staff to participants**. Individuals in need of one to one support must make special arrangements in advance with their funding source or The Arc to pay for the additional cost.

If you have questions or need more information please do not hesitate to contact **Shayna Eddy** at The Arc office on extension 2270 or email at rainbow@arcbp.com.



Camp Rainbow Summer Day Program

New Applicant Information

The Rainbow Summer Day Program welcomes new applicants. In order to ensure that the program can meet the individual needs of each participant we do require that all new applicants come in for an interview. The interview also provides an opportunity for the participant and his/her family to ask any questions they may have and provide us with any additional information they feel will assist in facilitating a successful experience for the participant.

Once your application is received, the Rainbow staff will be in contact with you to arrange an interview date and time. The interview will take place at The Arc's headquarters office at 223 Moore Street, Hackensack, NJ 07601, or the Employment and Training Center at 17 Wallace St., Elmwood Park, NJ. The application fee must be paid in full after the interview. The participant must be present.

Please note that Rainbow cannot finalize acceptance of new applicants to the program until an interview has been completed,

Acceptance to the program does not constitute a commitment to provide financial assistance for tuition. Applicants are responsible for ensuring that tuition costs are paid or a payment plan is in place or campership/scholarship funds have been secured. Please refer to the financial assistance packet for more information.

If you have questions or need more information please do not hesitate to contact **Shayna Eddy** at The Arc office or email us at rainbow@arcbp.com.



Rainbow Summer Day Program

Application Instructions

Thank you for your interest in the Rainbow Summer Day Program. We hope you will be able to join us for another successful summer. Enclosed please find the Rainbow Application Packet. The application packet includes:

- ♦ Rainbow Information (schedule & tuition, transportation, eligibility, new applicant)
- ♦ Emergency Consent Form
- ♦ Application
- ♦ Medical/Health Packet
- ♦ Background Information Form
- ♦ Financial Assistance Packet including Extended School Year information
- ♦ Permission/ Release Form

The following is a guide for completing these documents and their due dates. Please be advised that applications are dated on receipt and considered on a first come, first served basis. The caregiver is responsible to submit all completed medical forms from the doctor to The Arc within the timelines stated below. Please do not rely on the physician's office to fax them to us.

We suggest that you keep copies of all documents you send. If you need assistance please contact Shayna Eddy at 201-343-0322 extension 2270 or email rainbow@arcbp.com. Thank you!

| ITEM | INSTRUCTIONS | DUE DATE |
|--------------------------------|--|--------------------------|
| Application | Please complete and return to The Arc. | May 1st |
| Processing Fee | A nonrefundable \$ 60 processing fee is required with each application. Make check payable to The Arc. Write "Rainbow" & child's last name in the memo section of check. | Enclose with application |
| Background Information | Parent/ Guardian should complete and submit with application form. | May 1st |
| Medical Examination Form | Please have physician complete and sign this form. Physician signature is required. Acceptances are not considered final until receipt and review of medical forms. | May 15th |
| Medication Information Form | Please have physician complete and sign if child is taking any medication at all, even if it is not given during camp hours. Submit with Medical Examination Form. | May 15th |
| Health History & Authorization | Parent/Guardian should complete this form and return to The Arc. This can be sent with the Application or with the Medical Exam Forms. | May 15th |
| Emergency Treatment Consent | Parent/ Guardian should complete this form. This form can be returned with application or medical forms. | May 15th |
| Permission/ Release Form | Parent/Guardian should complete this form and return with Application. | May 1st |
| Tuition | Tuition checks and/or authorization from CSOC, or a DDD-SDR must be received or an approved payment plan in place prior to the start of the program or the individual will not be able to attend. A financial assistance packet is enclosed. | May 15th |



RAINBOW SUMMER DAY PROGRAM APPLICATION 2023

NAME _____ ☐ MALE ☐ FEMALE

ADDRESS _____ TOWN _____ ZIP _____

NEAREST CROSS STREET _____

ALLERGIES _____ DATE OF BIRTH _____ AGE _____

T-shirt size (indicate youth or adult sizing) _____

| | | | | | | | |
|-----------------|--|--------|--|-----------------|--|--------|--|
| Mother/Guardian | | | | Father/Guardian | | | |
| Home # | | Work # | | Home # | | Work # | |
| Cell# | | Email | | Cell# | | Email | |

| | | |
|--------------------|---------|-------|
| Emergency Contact: | Phone : | Cell: |
|--------------------|---------|-------|

Eligible for DDD (21 and older) services? ☐ YES ☐ NO

Eligible for DCF/CSOC (younger than 21) services? ☐ YES ☐ NO

MUST BE SIGNED BY CUSTODIAL PARENT/GUARDIAN IF (APPLICABLE)

☐ YES ☐ NO I/We give permission for the above named individual to receive emergency medical treatment while attending the Rainbow Program. (Please also sign release form.)
Signature _____

(Custodial Parent/Guardian Print NAME)
Signature _____

(Custodial Parent/Guardian Print NAME)

Rainbow

CAMP WEEKS

Please indicate the weeks you would like to attend camp! Please note that both the Children's System of Care (CSOC) through a Perform Care Application, and the Division of Developmental Disabilities (DDD) generally pay for a MAXIMUM of two weeks.

Our goal is to accommodate all campers for the whole season however, we need to work within the limits of our funding which continues to be reduced.

If you are seeking funding thru DDD or DCF but are interested in having your camper attend additional weeks, please sign up for all the weeks you would like to attend and let us know if you will be paying the tuition or would like to be considered for tuition assistance. Assistance will be provided based on need and availability of campership funds.

Reminder that Camp Rainbow Summer Day Program can provide your extended school year program if your district will contract with The Arc.

CAMP RAINBOW SUMMER DAY PROGRAM SELECTION OF WEEKS:

Please select the weeks your camper would like to attend. This selection does not obligate you for payment or guarantee acceptance. We will confirm the dates for which the camper is accepted and advise you how much campership funding is available, if any, and amount of tuition, if any, that will be required. At that point you will need to commit to attendance and tuition.

| Week (CHECK ALL THAT APPLY) | | Funding for the Week (CIRCLE ONE) |
|-----------------------------|--|--|
| Week 1: July 5 — July 7 | | DDD / DCF (CSOC) / Self-Pay / School District / Campership Requested |
| Week 2: July 10 — July 14 | | DDD / DCF (CSOC) / Self-Pay / School District / Campership Requested |
| Week 3: July 17 — July 21 | | DDD / DCF (CSOC) / Self-Pay / School District / Campership Requested |
| Week 4: July 24 — July 28 | | DDD / DCF (CSOC) / Self-Pay / School District / Campership Requested |
| Week 5: July 31 — Aug 4 | | DDD / DCF (CSOC) / Self-Pay / School District / Campership Requested |
| Week 6: Aug 7 — Aug 11 | | DDD / DCF (CSOC) / Self-Pay / School District / Campership Requested |
| Total # of Weeks | | |

There is a \$60 non refundable application fee which **must** accompany the application.

Private pay is \$700 per week

New campers are required to attend an interview which will be scheduled after receipt of your application.

Rainbow

Summer Day Program

Extended School Year Instructions

School age children may be eligible to attend Rainbow as their Extended School Year program.

The Arc's funding sources require that all school age children seek funding through Extended School Year before being considered eligible for any financial assistance including, but not limited to state funded slots.

If the participant is school age you must approach your Child Study Team and request an Extended School Year program. This will need to be included in the child's IEP. The NJ Department of Children and Families (DCF/COSC/Perform Care) will not fund any child who has an Extended School Year Program. They may however, fund weeks not included in the Extended School Year or The Arc may have other scholarship funds available for those additional weeks.

Provide your Child Study Team with the Extended School Year packet. The packet includes:

- Rainbow Brochure
- Current Tuition Information
- Extended School Year Confirmation Form

You will need to have the School District complete and return the Extended School Year Confirmation Form to The Arc. Applications for school age children seeking scholarships cannot be processed until the completed Extended School Year Confirmation Form is received.

*If you need assistance with this process contact **Shayna Eddy at The Arc at extension 2270** and she will connect you with The Arc Staff who can best assist you. If you wish to use email, please email to rainbow@arcbp.com.*



223 Moore Street Hackensack, NJ 07601
201-343-0322 Rainbow@arcbp.com

Rainbow

Summer Day Program

Extended School Year (Related Services) Confirmation Form

| |
|--------------------------------|
| Child's Name (First & Last): |
| Parent/ Guardian Name: |
| Parent/ Guardian Contact Info: |

To be completed by School District:

School District: _____

Address: _____

Contact Person _____ Phone _____

I hereby confirm that the parents of the child referenced above have requested an Extended School Year Program and the District has made the following determination:

- ☐ The district will not provide an extended school year for this pupil.
- ☐ The district will provide an extended school year through
- ☐ A contract with the Arc's Rainbow Program for _____ Weeks
- ☐ An In - District Program ☐ Full Day ☐ Half Day

Please be advised that the basic tuition for Rainbow includes staffing, generally at a 3:1 camper to staff ratio. Children requiring one - to one support will be assessed an enhanced tuition rate. Special arrangements must be made with The Arc in advance.

Basic Tuition also includes transportation in Bergen and Passaic Counties to the extent feasible. If a district wishes to transport its student to the program, please notify us so that tuition costs can be negotiated.

The Arc must be notified in advance of special transportation, environmental or staffing needs. Associated costs will apply.

Authorized School District Signature Title Date

*Completed form must be submitted to The Arc before the child's application can be processed.
Please contact The Arc Attn: Patrick Crann if you need further information.*

223 Moore Street Hackensack, NJ 07601 201-343-0322 Rainbow@arcbp.com


The Arc
of Bergen & Passaic

Rainbow

Summer Day Program

Financial Assistance Information

The following information is designed to access financial assistance for tuition.

- ❖ **Extended School Year** – School age children may be eligible to attend Rainbow as their Extended School Year program. If the child is school age you must approach your Child Study Team and request an Extended School Year program. This will need to be included in the child's IEP. Provide the team with the Extended School Year packet. You will need to have the district complete and return the Extended School Year Confirmation Form (in the packet) to The Arc.
- ❖ **State of NJ Department of Children & Family Services- Children's System of Care (CSOC) for children under 21 years of age:**
 - You must first be deemed eligible for services from CSOC. To do this go to the PerformCare website and complete the eligibility application:
<http://www.performcarenj.org/families/disability/determination-eligibility.aspx> or call **1-877-652-7624**.
 - If you are eligible for services from CSOC go to the PerformCare Website
<http://www.performcarenj.org/families/disability/summer-camp.aspx> or call **1-877-652-7624** to complete a camp funding application. **Make sure to specify Camp Rainbow. You must apply for CSOC funding if you are eligible before The Arc will consider any additional Campership. We will help you with this application – please call us!** CSOC will only pay for up to ten days of camp.
- ❖ **State of NJ Division of Developmental Disabilities (DDD)-Adults (21 years of age and older)**
Families of adults who are eligible for DDD services need to contact their Support Coordinators, and request authorization for Camp. This service is considered respite and is a daily rate. **This request must include transportation. You must access your budget before The Arc will consider any additional Campership.**
- ❖ **Charitable/benevolent organizations-** Local community organizations often provide camperships for their local community members. Some examples are: Elks, Kiwanis, Rotary, Lions, Knights of Columbus, Knights of Pythias, Masons, Women's Club, UNICO. If you would like a sample letter we can provide one, just call Shayna Eddy @ 201-343-0322 or email Rainbow@arcbp.com

The Arc's Rainbow Camperships (Tuition Assistance)

The Arc has a number of camperships available for the Rainbow Program to assist eligible families with tuition assistance. To apply for a campership for the week or weeks not covered by another funding source, please complete the Request for Campership Form (Tuition Assistance) and return it with your camper application.

The Arc's Camp Rainbow Summer Day Program

223 Moore Street, Hackensack, NJ 07601
201-343-0322

The Arc's Rainbow Camperships **(Tuition Assistance Request)**

The Arc has a number of camperships available for the Rainbow Program to assist eligible families with tuition assistance. To apply for a campership for the week or weeks not covered by another funding source please complete this form and return it with your camper application.

Camper's Name _____

Parent/Guardian's Name _____ Phone _____

Number of People in Family Including Camper (living at home or otherwise a dependent)

Total Gross Family Income _____

- ◆ Income should reflect total gross family income (including consumer) for individuals under age 18. Over age 18, only include participant's income.

Did you have Extraordinary Expenses? ☐ YES ☐ NO

If yes, how much were they? _____

- ◆ **Extraordinary Expenses.** This includes high medical bills, adaptive equipment costs, therapy/ education costs, etc. Indicate the actual annual cost. Additional verification may be requested at a later date.

I certify that the above information is complete, accurate and true. I understand that falsification of this document can compromise my family member's acceptance to the program. Should additional proof of income be required I will supply it (i.e. copy of income tax, pay stubs, Social Security check or letter)

Signature of Parent/Guardian

Date _____



Camp Rainbow Summer Day Program

2023 Tuition, Schedule and Payment Information

APPLICATION FEE: \$ 60.00

TUITION: \$700.00 per week

WEEKS: There are six weeks of Camp. Participants must attend full weeks of Camp. All efforts will be made to provide preferred week(s) if they are designated.

RAINBOW PROGRAM DATES:

Week One: July 5 – July 7

Week Three: July 17-July 21

Week Five: July 31- August 4

Week Two: July 10 – July 14

Week Four: July 24-July 28

Week Six: August 7-August 11

FEE INFORMATION:

The Application Fee is required for ALL applicants including those receiving financial assistance, Camperships, support from community organizations, extended school year or State Funding. **Your application will not be processed without the APPLICATION FEE OF \$60.**

tuition includes transportation in Bergen and Passaic Counties to the extent feasible. Transportation vehicles may not be air- conditioned.

Tuition does not include one to one staffing. The Arc will not be providing one to one support this year.

The Arc must be notified in advance of special transportation, environmental or staffing needs. Associated costs will apply.

PAYMENT INFORMATION

Tuition Checks are Due BY MAY 15th 2023

Tuition checks should be made payable to The Arc. Write Rainbow and the Camper's last name in the note section of the check.

Campers sponsored by DDD or CSOC or who have been granted Camperships are required to attend Camp for the number of days designated in your acceptance letter. If a camper is absent from Camp for any reason, a make-up day must be scheduled immediately. Non-attendance automatically voids the sponsorship or campership for that day (s) and in which case payment of tuition becomes the responsibility of the family if a make-up day is not scheduled!!!

Families unable to pay the tuition in full should contact Shayna Eddy at The Arc at extension 2270 between the hours of 9am and 4:30pm to work out a payment plan. If tuition is not received or an approved payment plan arranged prior to start of program, the Camper will not be able to attend.

Rainbow

Summer Day Program

PLEASE NOTE!!

The Arc cannot bill the Children's System of Care (children) or Medicaid (adults) if your camper is absent!!

PLEASE refrain from making appointments for your camper during the camp session, or planning "vacation days."

If your camper misses scheduled days of camp for reasons other than illness, you may be required to cover the cost for which we cannot bill.

PLEASE WORK WITH US!



Camp Rainbow Summer Day Program

Permission/ Release Form

Participant Name: _____

I ☐ do ☐ do not give permission for the above referenced individual to attend the Rainbow Summer Day Program and to participate in all activities including but not limited to field trips sponsored by the program.

I ☐ do ☐ do not give permission for the above referenced individual to be transported to and from the Rainbow Program and field trips sponsored by the program by Arc or contracted staff in Arc or contracted vehicles.

I ☐ do ☐ do not give permission for the above referenced individual to participate in the swimming program.

I ☐ do ☐ do not give permission for the above referenced adult individual to be dropped-off at his/her residence if no one is home.

I ☐ do ☐ do not give permission for the use of photographs and/or video tape by The Arc of Bergen and Passaic Counties for newsletters, brochures, pamphlets, slides, training materials, newsletters, web pages, public services announcements and any other Arc outreach or publicity materials.

I ☐ do ☐ do not give permission for the staff of Camp Rainbow to apply or assist with applying sunscreen to the above referenced camper (SPF 30 or higher, after swimming and as needed).

I authorize the Rainbow Program to release the above referenced participant to the following individuals if they come to pick them up:

| | |
|---------------|--------------------------------------|
| _____ Name | _____ Relationship to Participant |
| _____ Name | _____ Relationship to Participant |
| _____ Name | _____ Relationship to Participant |

This release is valid until rescinded in writing by the individual or his/her guardian.

Signature of Mother/ Guardian Date Signature of Father/ Guardian Date

Signature of Individual (if he/she is age 18+ is own guardian) Date

The Arc of Bergen And Passaic Counties Inc.
223 Moore Street, Hackensack, NJ 07601 201-343-0322



Rainbow Summer Day Program

Background Information

PARTICIPANT: _____

ADL Needs

| | Yes | No |
|--|-----|----|
| A. Does individual need assistance with eating? | | |
| Explain: | | |
| | | |
| B. Does individual need assistance with toileting? | | |
| Explain: | | |
| | | |
| C. Does individual need assistance with dressing? | | |
| Explain: | | |
| | | |
| D. Other needs, please explain: | | |
| | | |

Behavioral Needs

| | Yes | No |
|--|-----|----|
| A. Does the individual have outbursts of temper? | | |
| B. If yes, describe the behavior. What does it look like? | | |
| | | |
| | | |
| C. What events, situations seem to trigger/cause the behavior? | | |
| | | |
| | | |
| D. What do you do when this behavior occurs? How is it handled? | | |
| | | |
| | | |
| E. What works to prevent this behavior? | | |
| | | |
| F. Are there other behaviors which may cause issues during the Camp day (example: fears, obsessive behaviors, isolative behavior) What works to prevent or ease this behavior? | | |

Other

| | Yes | No |
|--|-----|----|
| A. Does individual tire easily? | | |
| Explain: | | |
| B. Are there any environmental adaptations or restrictions required? | | |
| Explain: | | |
| | | |



Camp Rainbow Summer Day Program

Instructions for Completion of Medical/Health Forms

There are three medical/health forms required for attendance at Rainbow:

1. Health History & Authorization Form – completed by parent/guardian
2. Medical Examination Form – completed by physician
3. Medication Information Form – completed by physician

All forms must be submitted to The Arc prior to the start of the program. All acceptances are conditional on receipt and review of the medical/health forms. Responsibility for submitting the medical prior to the program is your responsibility, so please do not rely on your physician to mail it to our main office prior to the program's commencement.

DUE DATE

FORMS ARE DUE BY May 15th!!!

Medication Information For Parents and Guardians of Participants

Medications are stored at the Rainbow Health Center and administered by the Arc Nurse or other staff who are certified to supervise medication. We are committed to ensuring that your family member has a safe and happy experience. We need your assistance to make sure this happens. Please:

- Provide all medications in the original bottles with the original pharmacy label. The label on the bottle must match the physician's order on the Medication Information Sheet.
- Medication must be given to the driver. Do not put medication in participant's lunch box, backpack etc.
- If there are any special ways that you give your family member medications please let us know . For example, if you crush the medication and put it in food or liquid, let us know. This can make a big difference in helping your family member accept medication from an unfamiliar person.
- If you use special utensils (medication measuring spoons, medication droppers, sippy cups etc.) to administer medicines please send these with your family member to program. The nurses will label these with your family member's name, as needed, to ensure you receive them back and that the label does not obscure the markings on the utensil.

Please do not hesitate to contact the Rainbow Nurse with any questions or medical information when program is in session. Prior to the start of program contact Shayna Eddy at The Arc's headquarters office. She will connect you with The Arc staff member who can best answer your question. Also, you can contact us by email at rainbow@arcbp.com.

The Arc of Bergen And Passaic Counties Inc.
223 Moore Street, Hackensack, NJ 07601 201-343-0322



Rainbow Summer Day Program

Health History

III. SEIZURES

- A. Does your child have seizures? _____ YES _____ NO
- B. If yes describe type:
_____ Major motor (grand mal) _____ absence (petit mal) _____ other
- C. How frequently does your child have seizures? _____
- D. When was the date of the last seizure? _____
- E. How long did the seizure last? _____
- F. What are the warning signs of the onset of the seizure?

- G. Are there triggers or situations to avoid? Please give details:

- H. What course does the seizure follow? What does the episode look like?

- I. What happens after the seizure? _____
- J. What is the recommended response and follow up to the seizure?

IV. Authorizations

AUTHORIZATION TO GIVE MEDICATION

I hereby give permission for medication to be given at Rainbow by the Nurse or designated staff.

SIGNATURE PARENT/GUARDIAN

DATE

AUTHORIZATION TO CONTACT PHYSICIAN

I hereby authorize the participant's physicians to speak with, provide information to and consult with the Rainbow Summer Day Program about the medical/ healthcare needs of the participant, and I authorize Rainbow staff to communicate same with physician.

SIGNATURE PARENT/GUARDIAN

DATE



Rainbow Summer Day Program

Medical Examination Form

| | |
|--------------------|-------|
| Participant's Name | D.O.B |
|--------------------|-------|

TO BE COMPLETED BY PHYSICIAN:

| |
|-------------------------------------|
| Individual's Disability/ Diagnosis: |
|-------------------------------------|

I. MEDICAL HISTORY

A. Check if this individual is subject to any of the following (comment as to severity frequency, etc.):

| Check | Explain | Check | Explain |
|---------------------------|--------------------|--------------------------------|---------------|
| _____ allergies | (Medication) _____ | _____ reaction to insect bites | _____ |
| _____ hay fever | (Food) _____ | _____ fainting spells | _____ |
| _____ goiter | (Other) _____ | _____ stomach aches | _____ |
| _____ sore throat | _____ | _____ earaches | _____ |
| _____ shortness of breath | _____ | _____ constipation | _____ |
| _____ night sweats | _____ | _____ sinus trouble | _____ |
| _____ frequent diarrhea | _____ | _____ colds | _____ |
| _____ frequent urination | _____ | _____ bronchitis | _____ |
| _____ headaches | _____ | _____ eczema | _____ |
| _____ tonsillitis | _____ | _____ seizures | _____ |
| _____ asthma | _____ | _____ other | _____ |
| | | | type _____ |
| | | | specify _____ |

| |
|-----------|
| Comments: |
|-----------|

B. Please check if this individual has had any of the following:

| | |
|-----------------------|------------------------------|
| _____ mumps | _____ typhoid |
| _____ measles | _____ hernia |
| _____ rheumatic fever | _____ German measles |
| _____ chicken pox | _____ heart trouble |
| _____ scarlet fever | _____ whopping cough |
| _____ pneumonia | _____ diphtheria |
| _____ other: _____ | _____ infantile paralysis |
| | _____ hepatitis status _____ |

C. Please provide dates of immunizations:

| | | | |
|-----------------|-------|----------------------|---------|
| tetanus* | _____ | smallpox vaccine | _____ |
| typhoid vaccine | _____ | diphtheria/pertussis | _____ |
| measles | _____ | mumps | _____ |
| rubella | _____ | polio (1,2,3) | _____ |
| Hepatitis | _____ | polio (booster) | _____ |
| Roseola | _____ | tine/mantoux test | _____ |
| | | date | results |

* Tetanus must be within past ten years



Rainbow Summer Day Program

Medical Examination Form

II. EXAM: Indicate the present condition of this individual's:

HEIGHT

WEIGHT

| GOOD | POOR | | GOOD | POOR | | GOOD | POOR | |
|------|------|---------|------|------|-------------|------|------|----------------------|
| | | skin | | | throat | | | lymph glands |
| | | eyes | | | teeth | | | lungs |
| | | ears | | | nose | | | heart |
| | | abdomen | | | extremities | | | muscular development |
| | | | | | | | | genitals/urinary |

Comments:

III. HOSPITALIZATIONS/ MAJOR ILLNESSES/INJURIES

Describe What Happened

Dates

Hospital (if applicable)

IV. LIMITATIONS/RESTRICTIONS

A. Dietary Restrictions?

YES

NO

Explain:

B. Activity, environmental or other limitations or restrictions?

YES

NO

Explain:

V. MEDICATION

A. Is this child/adult on medication?

YES*

NO

**If YES please complete the attached the medication form*

I certify that I have examined this individual within 6 months and reviewed his/her health history and clear him/her to attend the Rainbow Summer Day Program. I certify that to the best of my knowledge this individual is free from contagious disease.

Physician Signature

Date:

Print Name

Phone:

Address

Street

City

State

Zip



Camp Rainbow Summer Day Program

Medication Order Form

| |
|--------------------------|
| PARTICIPANT NAME: |
| ALLERGIES: |
| |
| |

INSTRUCTIONS: Please have physician complete the information below and return with the Medical Examination (physical) Form.
This form should be completed if individual is taking any medication at all even if that medication is not taken during camp hours.

| MEDICATION NAME | DOSE | TIMES MEDICATION IS TO BE GIVEN | REASON MEDICATION IS PRESCRIBED |
|-----------------|------|---------------------------------|---------------------------------|
| | | | |
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Physician Signature

Date



**Camp Rainbow Summer Day Program
Authorization to Consent to Emergency Treatment**

I/We, the undersigned, parent(s)/guardian of _____,
(Print participant's name)

Do hereby authorize The Arc's Rainbow Summer Day Program Director, Assistant Director and/or Nurse as our agent(s) to consent to any diagnostic procedure or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed physician or surgeon, when such diagnosis or treatment is required.

It is understood that this authorization is given in advance of any specific need for treatment but is given to provide authority on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective until the conclusion of the individual's participation in the Rainbow Summer Day Program unless sooner revoked in writing and delivered to said agent(s).

Signature of Mother/ Guardian Date Signature of Father/ Guardian Date

Signature of Individual (if he/she is age 18+ is own guardian) Date

Telephone number(s) of parent/guardian(s): (home) _____ (work) _____

(Cell) _____ (other) _____

Parent / Guardian address: _____



Camp Rainbow Summer Day Program

Transportation Information

The Rainbow Program provides door- to- door transportation in Bergen and Passaic Counties to the extent feasible.

Transportation is provided by licensed drivers either hired or contracted by The Arc. Drivers meet the requirements of the NJ Department of Motor Vehicles for buses or vans.

Transportation is provided in mini school buses, or vans.

The Arc must be notified in advance of special transportation requirements. If special arrangements are needed, associated costs will apply.

Bus routes are developed to provide for the most efficient transportation to and from the program. The driver will notify you of pick up times. A responsible adult must be home with the consumer for pick-ups and drop-offs. Safety is our main concern, **but if you believe your adult child is responsible to be left alone at home, please indicate that on the Permission/Release Form when completing the application packet and provide us with a notarized letter that indicates that we may leave the adult camper home when no one else is there.**

Routes may change during the course of the program to accommodate new participants or adjust for traffic, road construction or other factors. As a result, pick up and drop off times are subject to change.

Please be aware that for the first few days of each camp session the route will usually take longer, as participants get used to getting on and off the busses, the driver learns the best way in and out of each stop and adjustments are made for traffic etc. If you become concerned that the bus is too late please call the Rainbow Site at 201-825-4888. The Camp Director or Assistant Director remains on site after hours to field transportation questions and respond to any emergencies.

If you cannot reach someone at the Rainbow Site (201-825-4888) call The Arc's headquarters office between the hours of 9:00am to 4:30pm and ask for Shayna Eddy on extension 2270. If you reach voice mail, or it is after 4:30pm, ask the operator to page someone who can help you.

If the participant will not be attending program on a particular day, please advise the driver as far in advance as possible to avoid unnecessary pick up trips.

If you have general questions about transportation once program is in session, please contact the Camp Director at the Rainbow Site. If you have questions prior to the program start date contact Shayna Eddy at The Arc's headquarters office.