



5200 Lake Rd.
Medina, Ohio 44256
330-591-4434

February 1, 2017

Dear Friends,

We are offering eleven weeks at Life Steps this summer. We are offering various life experiences for individuals with disabilities starting at age 8 and up. Our program is being held at our new Life Steps life skills lodge. The lodge has an open plan for easy movement throughout. We will be providing access to the community through scheduled outings and field trips. All campers will also have the opportunity to participate in therapeutic horseback riding at Medina Creative Therapy Ranch. **(If your child plans to ride horses you must fill out the enclosed Medina Creative Therapy Ranch horseback riding packet also)**

The purpose of our program is to provide opportunities for individuals with disabilities in a home-like setting to prepare for a future of independent living. By providing these experiences before individuals move into their own homes we hope to lay the foundation for more independence and an easier transition.

Please review the enclosed packet carefully and the **deadline dates**. Please give detailed information regarding your campers' needs. This will help us provide a safe and fun-filled experience for everyone. **All forms must be completed and submitted by May 15, 2017 and will be accepted on a first-come first-serve basis. Please send completed forms to: 1120 North Huntington St. Medina, Ohio 44256.** Information concerning fees and financial aid for Medina County residents is included in the attached packet. We accept private pay, Family Resources, IO and Level One Waiver, and ESY (extended school year). Please note that scholarships are available.

Checklist of items due by **May 15, 2017**

*Registration Form

***\$75.00 Non-Refundable Deposit for each week of registration**

*Parent/Guardian/Camper Consent form

*Activities of Daily Living Form

We will send a confirmation to you with the date(s) your camper is due to attend. If for some reason you need to cancel your camper's session, please let us know as soon as possible. We hope you join us for a new Life Skills experience

Sincerely,

Sharon D. Biggins
Director Life Steps Programs



Registration Form Due
May 15, 2017

Name of Camper _____ Male Female
 Camper's Address _____ Date of Birth: _____
 Parent/Guardian _____ Phone: _____
 Parent Email _____ Cell Phone: _____
 Case Manager: _____ Phone: _____

EMERGENCY CONTACT

Contact Person: _____ Phone: _____
 Relationship to Camper: _____ Cell Phone: _____

- | |
|--|
| <input type="checkbox"/> Mad Science May 29-June 2 |
| <input type="checkbox"/> All Creatures Great and Small June 5-9 |
| <input type="checkbox"/> Bridle Buddies June 12-16 |
| <input type="checkbox"/> Raiders of the Lost Artifact June 19-23 |
| <input type="checkbox"/> Garden Grocer June 26-30 |
| <input type="checkbox"/> Planes, Trains and Automobiles July 10-14 |
| <input type="checkbox"/> Christmas in July 17-21 |
| <input type="checkbox"/> Time Travelers July 24-28 |
| <input type="checkbox"/> Ranch Round Up July 31- August 4 |
| <input type="checkbox"/> Adventures in Photography August 7-11 |
| <input type="checkbox"/> Creative Cooking August 14-18 |

Amount of deposit \$ _____ (\$75.00 non-refundable deposit for each week)(Balance due by 1st day of camp)

Indicate form of payment Check enclosed Family Resources Waiver
 School Family First Campership

Person, agency or organization responsible for payment: _____

Address: _____

**Return registration forms with deposit to:
Medina Creative Accessibility
Life Steps
1120 North Huntington St. Medina, Ohio 44256
Camp Registration – Continued**

Camper's Name: _____

Please describe camper's disability/special needs: _____

Allergies: Please list all known allergies of camper

Medication Allergies:	Please describe reaction and management of the reaction:
Food Allergies:	
Other Allergies:	

Does Camper have any of the following?

___ Yes ___ No IEP or Behavior Plan

___ Yes ___ No Require communication assistance? List: _____

Explanation to enhance this camper's experience: _____

List some activities the camper enjoys, additional comments or suggestions:

Camp Medical Record
This is a required form – Due May 15, 2017
To Be Completed By Physician

A completed form is required for all campers.

If the camper is taking prescription medication an exam must be performed within 12 months of arrival at camp. We will also accept a copy of another examination signed by camper's doctor if within these time frames.

Please Print Carefully:

Camper's Name _____

Date of Birth: _____ Age: _____

Please list **Allergies** if any: _____

Parent/Guardian: _____ Phone: _____

PHYSICIAN STATEMENT

Camper's Name _____

TETANUS SHOT CURRENT (Within last 10 years): Yes _____ No _____

Name of Physician prescribing medication: _____ Phone: _____

Camper is to take Medications while at Life Steps as follows:

Name of Medication	Dosage and Frequency	Dispensing Method

Medical Diagnosis: _____

Please list all health concerns that staff should be aware of: _____

I certify the above applicant is fit to participate in the Life Steps program and is free of communicable disease:

Physician Signature: _____ **Date:** _____

APPROVED PRN FORM

TO BE COMPLETED AND SIGNED BY A PARENT OR GUARDIAN

Camper's Name: _____ Date: _____

Allergies: _____

Approved PRN Medications:

SYMPTOM	MEDICATION	DOSAGE
Headache, Pain, Fever	Acetaminophen	Per product recommendation on campers age and weight
Muscle aches, menstrual cramps	Ibuprofen	Per product recommendation on campers age and weight
Nasal Congestion	Sudafed	Per product recommendation on campers age and weight
Sore Throat	Chloraseptic	Per product recommendation on campers age and weight
Stomach Ache, Indigestion	Pepto Bismol	Per product recommendation on campers age and weight
Sun Protection	Sun Block SPF #30	Per product recommendation on campers age and weight
Sunburn	Americaine Spray	Per product recommendation on campers age and weight
Dry Skin	Moisturizing Lotion	Per product recommendation on campers age and weight
Cuts, Abrasions	Hydrogen Peroxide Bacitracin Ointment	Per product recommendation on campers age and weight

Parent or Guardian Signature: _____ Date: _____

**LIFE STEPS
Consent Form**

Camper's Name: _____

Yes No I authorize Life Steps staff to act for me
in a responsible manner in case of an emergency
that requires medical care.

Yes No I authorize the Camp Director or authorized staff to
administer the campers medication as listed on their
medical form.

Yes No I give permission for Life Steps staff to transport camper
for
outing and activities.

Yes No I give MCA permission to photograph or video tape
Camper while they are engaged in activities.
I also give permission for the public
dissemination of this material for education and
promotional purposes.

I authorize the following individuals listed to pick up my camper.

Parent or Guardian Signature _____ Date: _____

ACTIVITIES OF DAILY LIVING FORM - DUE May 15, 2017

CAMPER'S NAME: _____ **DATE** _____

Please be as specific as possible:

EATING/DRINKING:

- Independent
- Difficulty swallowing
- Needs food cut up and special plate or utensil (list)
- Must be fed
- Can use straw

Explain: _____

SWIMMING:

- Requires Life Jacket or Floatation Device

MOBILITY:

- Walks independently
- Walks: Needs assist w/ slopes, rough areas
- Wheelchair: Independent
- Wheelchair: Assist w/ slopes, rough areas
- Wheelchair: Needs assist at all times
- Wheelchair: Long distances only
- Requires rest during the day

DRESSES/UNDRESSES:

- Independent
- Needs partial assistance
- Needs total assistance

Explain: _____

BATHROOM:

- Independent
- Bladder incontinence
- Bowel incontinence
- Requires prompting for toileting
- Needs transfer to toilet
- Needs assistance wiping
- Needs total assistance
- Uses toilet chair
- Uses special undergarments

DIET:

- Normal
- Low salt
- Low calorie – Total calories _____
- Diabetic – Total calories _____
- Knows limits
- Chopped food
- Blended/pureed food

List food restrictions: _____

List food allergies: _____

TRANSFERS:

- Camper weighs: _____ lbs.
- Can make independently
- Pivot transfers/can bear weight on feet
- Must be lifted *

Please explain: _____

* must provide own hooyer, if needed.

BATHING:

- Independent
- Needs partial assistance
- Needs total assistance
- Uses shower
- Uses shower chair

Explain: _____

ADAPTIVE EQUIPMENT:

- Glasses
 - Contacts
 - Hearing Aid
 - Dentures
 - Other
- (list) _____



LIFE STEPS CAMPERSHIP APPLICATION

Assistance may be available for those unable to attend for financial reasons. Please indicate the amount you are able to pay in the space provided below. Partial payment allows us to grant camperships to more individuals. To apply for this assistance, please fill in the following information and a representative will contact you.

(Please Circle) Camper will attend: Week 1 2 3 4 5 6 7 8 9 10

Please indicate amount you are able to pay towards camp fee:

\$ _____

Is the camper eligible for:

Waiver funding: Yes _____ No _____

Family Resources Yes _____ No _____

If yes, the amount applied toward Life Steps Camp: \$ _____

Camper's Name:

Address: _____

Phone: _____

Email: _____

Reason for applying: _____
