

UCP HEARTLAND YOUTH CAMPS



Dear camp families,

We are so excited to enroll your child in UCPH day camps! This packet includes the paperwork that needs to be completed to finalize enrollment for your child in our camp. These forms are active annually from date of signature, so if the camper attends another session of camp within the next year, the forms will not need to be completed again within the year. We've outlined below what is included in this packet.

Contents of packet:

- Pages 2-9: Camper information form
 - For those returning, we've combined the "client demographic" and "what we need to know forms" into one.
- Page 10: Emergency Medical Treatment Consent
- Page 11: Community Outings Consent
- Page 12: Notice of Privacy Practices Acknowledgement
- Page 13: Client Rights Acknowledgement
- Page 14: Grievance Procedure Acknowledgement
- Page 15: UCPH Youth Camps Handbook Acknowledgement
- Page 16-7: UCPH Publicity Release
 - Please choose whether or not you authorize consent, and sign on page 17

If you have any questions, please reach out to Lynn Winterberg at winterbergl@ucpheartland.org or call (636) 779-2250.

We look forward to seeing you soon!

-UCPH Youth Camps Team

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Camper Information Form

Camper Information:

Camper Name (First/Middle/Last): _____

Nickname: _____ Gender: _____ Ethnicity: _____

Address/City/State/Zip: _____

County of Residence: _____ Annual Household Income: _____
(for general funder reporting purposes-does not determine eligibility for services)

Primary Phone #: _____ E-Mail Address: _____

Date of Birth: _____ Birth Place: _____

Social Security Number: _____ DMH Case Number: _____

Camper's t-shirt size: _____

Parent Information

Mother's Name: _____

Address/ City/State/Zip: _____

Primary Phone #: _____ Business Phone#: _____

Other Phone #: _____ E-mail Address: _____

Father's Name: _____

Address/ City/State/Zip: _____

Primary Phone #: _____ Business Phone#: _____

Other Phone #: _____ E-mail Address: _____

Guardian Information (if other than parent)

(At age 18 people are considered their own guardians unless a guardian has been appointed by the court. UCPH requires proof of guardianship, i.e. a copy of guardianship papers for those with appointed guardians)

Guardian Name: _____

Guardian Type: _____ Relationship: _____

Address/City/State/Zip: _____

Primary Phone #: _____ Business Phone #: _____

Other Phone #: _____ E-mail Address: _____

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Other Contact Information

Please provide additional emergency contacts and those authorized to pick up camper below. We will only release a child to that child’s parent or guardian, or person authorized by parent or guardian. Persons other than parent or guardian will be asked to show ID. Please do not include those listed above. **At least one additional emergency contact must be provided.**

Contact 1

First and Last Name: _____ Relationship to camper: _____

Emergency Contact? _____ Is this person authorized to pick up camper from program? _____

Primary Phone #: _____ Other Phone #: _____

Contact 2

First and Last Name: _____ Relationship to camper: _____

Emergency Contact? _____ Is this person authorized to pick up camper from program? _____

Primary Phone #: _____ Other Phone #: _____

Contact 3

First and Last Name: _____ Relationship to camper: _____

Emergency Contact? _____ Is this person authorized to pick up camper from program? _____

Primary Phone #: _____ Other Phone #: _____

Contact 4

First and Last Name: _____ Relationship to camper: _____

Emergency Contact? _____ Is this person authorized to pick up camper from program? _____

Primary Phone #: _____ Other Phone #: _____

Camper Medical Information

Physician & hospital information:

Preferred hospital in case of emergency: _____

Primary Care Doctor Name/Clinic Name: _____

Address/City/State/Zip: _____

Business Phone #: _____ Fax #: _____

Specialist Name/Specialty: _____

Address/City/State/Zip: _____

Business Phone #: _____ Fax #: _____

Specialist Name/Specialty: _____

Address/City/State/Zip: _____

Business Phone #: _____ Fax #: _____

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Insurance information:

Insurance Company: _____ **Insurance Subscriber:** _____

Insurance Policy #: _____ **Insurance Group # :** _____

Medicare #: _____ **Medicaid #:** _____

Medication information:

Please list below any medications the camper takes, and include the purpose, dosage, and times of administration:

Clients and Families are strongly encouraged to have ALL medications reviewed by a single physician at least one time per year. Please provide the date **ALL medications** were last reviewed and the name of the reviewing physician.

Date Reviewed

Name of Reviewing Physician

❖ Will the camper need medications administered while at camp?

If yes, please list which medications will need to be administered below, and which physician prescribes the medication to be administered: *(we will work with you and your child's physician to obtain orders to be able to administer medications at camp if needed)*

Other medical information:

❖ Does the camper have allergies (food, medication, etc)?

If yes, please list all known allergies below. Please describe severity (mild, moderate, severe), what happens if the camper ingests or inhales the substance, what happens if they come in contact with the substance, and what interventions would be needed should they have an allergic reaction:

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❖ Does the camper require a special diet?

If yes, please describe below:

❖ Does the camper have a G-tube for feeding purposes?

(Please note, we cannot administer medications through a g-tube at camp)

If yes, please provide instructions below and we will work with you to obtain an order from the camper’s physician:

Seizure Information

❖ Does the camper have seizures?

If yes, please complete the remaining section:

Describe what type and what the seizures look like:

List any known or suspected triggers for the seizure activity:

List any visible signs that a seizure is about to occur:

What is the typical duration of the seizure? _____ How often do seizures occur? _____

When was the Client’s last seizure? _____

Does the Client have a seizure plan? _____ Does the Client require any specific care after a seizure?

If yes, please describe seizure plan and/or after care below:

Contact parent after: any seizure activity ___ 1 min ___ 2 mins ___ 3 mins ___ 5 mins ___ Pick up ___

Contact EMS after: any seizure activity ___ 1 min ___ 2 mins ___ 3 mins ___ 5 mins ___ Other ___

Please list any other seizure-related information we should be aware of:

Adaptive equipment and assistive technology information:

❖ Does the camper use any adaptive equipment and/or assistive technology?

(e.g. wheelchair, augmentative communication device, walkers, leg braces, etc)

If yes, please list equipment and/or technology and any special instructions below:

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Other known conditions and/or pertinent medical information:

Camper Support:

The following section will help us get to know more about the camper and what kind of support they will need throughout the day. We will use this information to create their individual support plan, which is used to train counselors and reference throughout camp.

Communication information:

❖ **How does the camper communicate?**

(verbal, gestures, augmentative device, eye gazes, pictures, writing, etc)

Please describe any communication instructions below:

Eating habits/food

Lunch will not be provided at UCPH camps. Please send a lunch with the camper that does not require refrigeration or heating. UCP Heartland will provide daily snacks. Occasionally, we will provide lunch for certain activities, we will notify you ahead of time and coordinate if any special instructions are needed in those instances.

❖ **Please list any foods the camper likes for snack:**

❖ **Please list any foods the camper dislikes for snack:**

❖ **Does the camper require 1:1 assistance with eating?**

If yes, please describe support needs below:

❖ **Does the camper require any special food preparation?**

(e.g. finely chopped, mashed, pureed, etc)

If yes, please describe below:

❖ **Are there any specific routines or “must haves” regarding the camper’s eating habits?**

(for example, must have a specific cup, won’t eat off of a paper plate, etc)

If yes, please describe below:

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Hygiene/personal care

*If the camper wears diapers/pull-ups/uses wipes, please make sure you send enough with them for each day of camp.
If the camper is prone to having accidents, please be sure to send an extra set of clothes with them.*

- ❖ Does the camper brush their own teeth?
- ❖ Does the camper dress themselves independently?
- ❖ Does the camper nap during the day?
- ❖ Does the camper communicate bathroom needs?
- ❖ Is the camper incontinent?

- ❖ Does the camper have a set schedule for using the bathroom?

Please describe:

-
- ❖ Does the camper need assistance when using the bathroom?

If yes, please describe support needs below:

-
-
- ❖ Does the camper have any specific bathroom behaviors we need to be aware of?

(for example, playing in the water, flushing inappropriate items in the toilet)

If yes, please describe behaviors and best ways to support the camper if displayed:

Behavior support:

- ❖ Does the camper display any challenging behaviors?

If yes, please describe, and include any signs to look for BEFORE the camper displays these behaviors:

-
-
- ❖ What causes the camper to be frustrated?

-
-
- ❖ What helps them to re-focus or calm down when frustrated, sad, or overwhelmed?

-
-
- ❖ Does the camper ever become aggressive?

If yes, please describe behaviors camper displays and at whom they typically direct their aggression:

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❖ What is the best way to intervene if the camper refuses to listen or cooperate with a request or directive?

❖ Does the camper ever injure themselves deliberately, such as biting their arm or banging their head?

If yes, please describe nature of behavior and how best to support them:

Social & leisure:

- ❖ Does the camper make friends easily?
- ❖ Is the camper interested in individuals of about the same age whom they do not know?
- ❖ Does the camper tolerate other individuals who are nearby?
- ❖ Does the camper share?
- ❖ Does the camper cooperate in turn-taking?
- ❖ Does the camper request what they want or need?
- ❖ Does the camper respect others' personal space?
- ❖ Does the camper participate in group activities?
- ❖ Does the camper invite other to join activities with them?

❖ Please describe any special interests the camper has below:

Motor skills:

❖ Please check the boxes below for the level of independence/support needed for the following activities:

- Painting
- Copying letters
- Coloring
- Writing their name
- Cutting with scissors
- Using glue

❖ Please describe any specific support needed for the above tasks:

Sensory:

❖ Please check below any senses that the camper may be adversely affected by:

Noise	Smells	Light	Touch
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If any noted above, please provide details below:

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❖ Is the camper ever unusually interested in the sight, feel, sound, taste, touch, or smell of people or things?
If yes, please describe below:

❖ Is the camper fixated on any items that may cause interference in normal daily routines/participation?
(e.g. switches, fans, lights, doors, etc)

If yes, please describe below:

Community safety:

❖ Does the camper wander away from the group or adults when in the community?

❖ Will the camper deliberately leave the area/premises without permission?

If yes to either of the above, please describe nature of wandering/elopement as well as any prevention and intervention strategies used:

❖ Please describe any community safety skills that the camper needs to work on (stranger danger, looking before crossing a street, etc):

Other information:

Is there anything else we need to know?

I certify that the provided information is accurate. I will inform UCP Heartland staff immediately should any of the information on this "Client information form" change.

Person completing this form: _____ Relationship: _____ Date _____

Parent/Guardian Signature: _____ Date _____

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UCP HEARTLAND

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I understand that every attempt is made to ensure the safety and well being of all persons enrolled in UCP Heartland Programs. When illness or an accident occurs while a client is in the care of the Agency, a parent or other responsible adult will be contacted as soon as possible. There are times when the parent cannot be reached soon enough to meet the immediate need.

In the event of an accident or illness requiring Emergency Medical Treatment by a physician or hospital, I hereby authorize the President (or his authorized representative) of UCP Heartland to secure necessary treatment on my behalf for _____.

I further agree to assume financial responsibility for any such Emergency Medical Treatment and related costs.

While most of UCP Heartland's release forms expire annually, the Emergency Medical Treatment form remains active until such time as the form changes. After careful consideration UCP Heartland believes that prevention of any authorization gaps, while forms are being updated is imperative to assuring health and safety for persons served.

Signed: _____
(Adult Client, if applicable)

Signed: _____
(Parent or Guardian)

Date: _____

Revised: 02/27/2020

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Consent for Community Outings

Client's Name: _____

I hereby give permission, for myself or my family member to go on scheduled community outings. I also give permission for myself or my family member to ride in the vehicle driven by UCP Heartland employees. I understand that the enrolled participant or I have the right to decline any scheduled outing.

Parent Signature

Date

Client Signature

Consent will expire one year from date of signature and needs to be renewed annually.

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Client's Name: _____

DOB: _____

Notice of Privacy Practices Acknowledgement

UCP Heartland is required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of this notice.

This is to acknowledge that I have received, read, and understand the UCP Heartland Notice of Privacy Practices. I have asked for and received to my satisfaction an explanation of anything I did not understand. I have retained a copy for my reference.

Client Signature

Date

Parent or Guardian Signature - if applicable

Date

Parent or Guardian Signature - if applicable

Date

FOR OFFICE USE ONLY

UCP Heartland was unable to obtain written acknowledgement of receipt of our Notice of Privacy Practices from this client because:

___ The client refused to sign.

___ Other (Please provide specific details)

Employee Signature

Date

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Client's Name: _____ DOB: _____

Client Rights
Acknowledgement Statement

This is to acknowledge that I have received, read, and understand the UCP Heartland Client Rights Policy. I have asked for and received to my satisfaction an explanation of anything I did not understand. I have retained a copy of my rights for my reference.

Client Signature

Date

Parent or Guardian Signature - if applicable

Date

Parent or Guardian Signature - if applicable

Date

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Client's Name: _____

DOB: _____

Client Grievance Procedure
Acknowledgement Statement

This is to acknowledge that I have received, read, and understand the UCP Heartland Grievance Procedure. I have asked for and received to my satisfaction an explanation of anything I did not understand. I have retained a copy of the procedure for my reference.

Client Signature

Date

Parent or Guardian Signature - if applicable

Date

Parent or Guardian Signature - if applicable

Date

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Client's Name: _____

DOB: _____

Client Handbook
Acknowledgement Statement

This is to acknowledge that I have received, read, and understand the UCP Heartland Client Handbook. I have asked for and received to my satisfaction an explanation of anything I did not understand. I have retained a copy of the handbook for my reference.

Client Signature

Date

Parent or Guardian Signature - if applicable

Date

Parent or Guardian Signature - if applicable

Date



UCP Heartland’s Publicity Release

To be signed annually with copy of agreement and Client photo held in Client file and with Development Department.

PUBLICITY RELEASE: From time to time we may ask for pictures/videos and stories or narratives about client/family experiences for UCP Heartland programs and the people we support who have an annual Publicity Release on file. These photos, videos, stories and narratives of our Clients may be taken during special events or activities, off-site community integration or on-site during programming hours. These photos, videos, and/or stories may be used for publicity (printed and online); media releases, printed/online marketing including program and agency brochures, employment and program recruitment flyers, annual reports, webpages (including UCP Heartland website, all agency Facebook pages, Twitter and Instagram accounts), community presentations including Rotary Club, United Way, schools, referral agencies; and newsletters (both internal and external, printed and online, mailed and emailed).

Even if you opt out of participating, a picture of you will be included with the release, in your file, for identification purposes. A copy of the release will be held in the Client’s case file and with the Development Department. **Please complete, sign and date this release. This release will expire one year from date of signature and needs to be renewed annually. Thank you for your assistance.**

MEDIA PERMISSIONS

I, _____ hereby **do NOT authorize** UCP Heartland, to use my name, likeness, CLIENT’S NAME (Please Print) image, story for use in any way, other than to have my photo in my file for identification.

I, _____ hereby **authorize** UCP Heartland, to use my name, likeness, image, CLIENT’S NAME (Please Print) story, narrative, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, documents, and any other medium to be used in the following ways: *(Please check all that apply and that you give your permission for inclusion).*

- UCP Heartland Website (and associated sites in Columbia and Jefferson City);
- Social Media Outlets – Facebook (all agency associated pages), Twitter, Instagram;
- Newsletters Internal/External; printed, online, emailed;
- Agency and Program brochures, marketing collateral (including recruitment flyers, community presentations);
- Fundraising brochures, fundraising materials (including appeal letters, email blasts, event materials);
- Agency videos for presentations, marketing or fundraising
- Press releases to local, regional, national media
- Any other publication or communication made on behalf of UCP Heartland for publicity
- NONE OF THE ABOVE – I do not wish to have my photo, story or likeness used.

When identifying _____, please identify me by: First and Last Name OR First Name and Last Initial Only
Client’s Name (Please Print)

I further hereby release and hold harmless UCP Heartland from any liability associated with the above mentioned uses of the photos, videos, stories, etc. specified above or in connection with any copying, modification, adaption, reproduction, display, or other dissemination of my above mentioned photos, videos, stories, etc. for the above mentioned uses.

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[] I have read the above statement and fully understand that I am giving permission of my own free will. I acknowledge that my signature is voluntarily provided and that I will not receive financial compensation of any type associated with the taking or above mentioned uses of these photos, videos, stories, etc. I further acknowledge and agree that publication of said photos, videos, stories, etc. confers no rights to me of ownership or royalties whatsoever. I understand that this consent is specifically for the uses indicated above and may be revoked in writing by me at any time.

Signature: _____ Date: _____
Adult Client (if applicable)

Signature: _____ Date: _____
Parent/Legal Guardian

Name: _____ Relationship: _____
(Please Print)

Signature: _____ Date: _____
Witness