



**SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, Inc.**

4283 Paradise Road • Seville, Ohio 44273 • Telephone: 330-722-1900; 330-336-2045; 330-225-4202  
Fax: 330-723-6695 • www.shc-medina.org

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Spring, 2010

Dear Campers, Parents, and Guardians:

**Summer Fun at Camp Paradise** is the perfect destination for your vacation! Two “fun-tastic” weeks of youth “buddy” camp will be offered this year, Medieval Adventure and All-Star Olympics weeks. This will give youth campers with disabilities the opportunity to bring a sibling or friend with or without disabilities and spend time together at camp. Adult weeks include Blast from the Past, Craftapalooza, Heroes Week, All-Star Olympics, Outdoor Gourmet, and Las Vegas Style Vacation. Each week is packed with a variety of activities and entertainment which are sure to delight all of the campers.

Please review the enclosed packet *carefully* and note the deadline dates. Please give detailed information regarding your camper’s needs. This will help us provide a safe and fun-filled camping experience for everyone. Applications submitted before April 12, 2010 from appropriate in-county residents will be accepted on a first-come basis. All acceptable applicants with applications submitted between April 13 and May 3, 2010 will be given next consideration. Any application submitted after May 3, 2010 will be subject to a late fee, and will only be accepted if there is an appropriate open slot. Information concerning fees and financial aid for Medina County residents is included in the enclosed packet. Thanks to the generous support of United Way of Medina County, local service organizations and supporters the camp fees reflect only a portion of the actual costs.

SHC now accepts credit cards to pay camp fees. Call the SHC office, **ext. 235**, for more information. **DO NOT PROVIDE YOUR CREDIT CARD NUMBERS ON APPLICATION FORMS.**

Checklist of items due by April 12, 2010:

- Camp Paradise Registration form
- \$75.00 Non-Refundable Deposit for each week of registration
- Request for Campership – **If applicable** – For Medina County Residents Only

Checklist of items due by May 3, 2010:

- Medical Record form and PRN form completed by Physician
- Parent/Guardian/Camper Consent form
- Activities of Daily Living form

A confirmation letter will be sent to you with the date(s) your camper is scheduled to attend. If for some reason you need to cancel your camper’s session, please let us know as soon as possible. We are looking forward to a great Summer in Paradise!

Cordially yours,

Sharon Biggins  
Director, Camp Paradise



The SHC is The Arc of Medina County  
Assisting Citizens with Disabilities





**CAMP PARADISE REGISTRATION (THIS IS A REQUIRED FORM) – DUE APRIL 12, 2010**

**Camp Registration - Continued**

Camper's Name: \_\_\_\_\_

Please describe camper's disability/special needs: \_\_\_\_\_

\_\_\_\_\_

List any/all allergies the camper has: \_\_\_\_\_

\_\_\_\_\_

**Does Camper:**

Yes  No have an IP (Individual Plan) or Behavior Plan? If yes, **please include a copy of the Plan.**

Yes  No Require communication assistance? List: \_\_\_\_\_

Yes  No Have any special behavioral considerations (i.e. temperature, storms, bugs, etc.)?  
List: \_\_\_\_\_

Yes  No Have any special considerations that would help make this a good experience (i.e. special phone calls, etc.)? List: \_\_\_\_\_

***\*\*\*If yes to any of the above questions please explain on the space provided below\*\*\****

Explanations to enhance this campers experience from above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CAMP PARADISE – 2010 SEASON**  
(Camp Lodge telephone: 330-723-3730)

**Week 1 – Medieval Adventure and Week 8 – All Star Olympics for Kids**

**Residential: \$525.00** for Camper and Buddy before 5/3/10, or **\$395.00** for Individual Camper  
**Day Camp: \$450.00** for Camper and Buddy before 5/3/10, or **\$300.00** for Individual Camper  
**Above rates for Medina County Residents - Call for Out-of-County Rates**

**Residential Camp**

**\$395.00** before 5/3/10 – Medina County Residents  
**\$535.00** before 5/3/10 – Out of County Residents

**Day Camp**

**\$300.00** before 5/3/10, – Medina County Residents

**\*\*\* There is a \$100.00 late fee for all applications received after May 3, 2010 \*\*\***

WEEK	SESSION	CAMP DATES	
1	Medieval Adventure	June 14 to June 18, 2010	Campers: School Age Buddies: 7 – 14 years
2	Blast From The Past	June 21 to June 25, 2010	Adults Who Enjoy a Leisurely Pace
3	Craftapalooza	June 28 to July 2, 2010	Adults
4	Heroes Week	July 12 to July 16, 2010	Adults
5	All-Star Olympics	July 19 to July 23, 2010	Adults
6	Outdoor Gourmet	July 26 to July 30, 2010	Adults
7	Las Vegas Style Vacation	August 2 to August 6, 2010	Independent Adults
8	All-Star Olympics	August 9 to August 13, 2010	Campers: School Age Buddies: 7 – 14 years

**FINANCIAL ASSISTANCE FOR MEDINA COUNTY RESIDENTS:** Some camperships are available through SHC/The Arc for **Medina County** residents only. Please send the enclosed campership request with other forms. Contact the Service and Support Administration offices (330-786-8988) of the Medina County Board of DD for other financial resources.

**DAY CAMP HOURS:** **9:00 AM - 5:00 PM Monday through Thursday, 9:00 AM – 4:00 PM on Friday.** Lunch will be provided. Campers are to bring swimsuits, suntan lotion, change of clothing, and current medications. (See medication instructions)

**RESIDENTIAL HOURS:** Arrive at **9:00 AM on Monday** and **leave at 4:00 PM on Friday.**

- **IMPORTANT – MEDICATION INSTRUCTIONS: BRING ALL MEDICATIONS IN THEIR ORIGINAL PRESCRIPTION BOTTLE.** A nurse will be on-site at medication times to administer medications. Our medication administration times at camp are 8 AM, 12 noon, 4 PM, and 8 PM.
- **PLEASE HAVE ALL ARTICLES CLEARLY LABELED WITH NAME OF CAMPER. DO NOT BRING MONEY OR ANY OTHER VALUABLES.** WE WILL DO OUR BEST TO ENSURE ALL ARTICLES ARE RETURNED HOME WITH THE CAMPER, BUT CANNOT TAKE RESPONSIBILITY FOR THE LOSS OF PROPERTY. **ANY ITEMS NOT LABELED WHEN ARRIVING AT CAMP WILL BE LABELED FOR THE CAMPER!**
- **PLEASE NOTIFY US IF CAMPER IS EXPOSED TO ANY COMMUNICABLE DISEASE DURING THE THREE WEEKS PRIOR TO CAMP ATTENDANCE.**
- **SEND REGISTRATION FORMS TO THE SOCIETY OFFICE WITH NON-REFUNDABLE \$75.00 DEPOSIT FOR EACH WEEK REQUESTED BY APRIL 12, 2010.** MAKE CHECKS PAYABLE TO: SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, 4283 PARADISE ROAD, SEVILLE, OHIO 44273-9353. SHC now accepts credit card payment for camp fees. DO NOT PROVIDE ANY CREDIT CARD NUMBERS ON THE APPLICATION. Contact ext. 235 at the SHC office for more information.

**CAMP PARADISE MEDICAL RECORD**  
**THIS IS A REQUIRED FORM – DUE MAY 3, 2010**  
**TO BE COMPLETED BY A PHYSICIAN**

THIS FORM IS REQUIRED FOR ALL CAMPERS ATTENDING CAMP PARADISE. IF THE CAMPER IS TAKING PRESCRIPTION MEDICATION AN EXAM MUST BE PERFORMED WITHIN 6 MONTHS OF ARRIVAL AT CAMP. IF THE CAMPER DOES NOT TAKE MEDICATION THIS EXAM SHOULD 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 – Must be filled out by a Physician**

\_\_\_\_\_ **(IS) (IS NOT)** TAKING MEDICATION AT THIS TIME.  
 (Camper’s Name) (please circle one)

TETANUS SHOT CURRENT (WITHIN LAST 10 YEARS): YES \_\_\_\_\_ NO \_\_\_\_\_

**ANY CHANGES IN MEDICATION AFTER MAY 3, 2010 WILL NEED TO BE SUBMITTED ON A PHYSICIAN SIGNED ADDENDUM PRIOR TO STARTING CAMP.**

**IF CAMPER IS ON MEDICATION COMPLETE THE FOLLOWING:**

Name of Physician prescribing medication: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (Please Print)

Camper is to take Medications while at Camp Paradise as follows:

**Our administration times of meds at camp are 8am, 12noon, 4pm and 8pm**

Name of Medication	Dosage and Frequency	Method of Dispensing <small>(crushed, whole or in applesauce)</small>

Medical Diagnosis: \_\_\_\_\_

Please list all health concerns which should be known by camp staff:  
 \_\_\_\_\_  
 \_\_\_\_\_

**I certify the above applicant is fit to participate in the Camp Paradise program and is free of communicable disease:**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*PLEASE RETURN THIS FORM ALONG WITH PHYSICIAN SIGNED PRN MEDICATION SHEET BY MAY 3, 2010\***

# CAMP PARADISE

TO BE COMPLETED AND SIGNED BY A PHYSICIAN  
(THIS IS A REQUIRED FORM – DUE MAY 3, 2010)

## ADULT WEEK APPROVED PRN MEDICATIONS

Campers Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

The following are approved PRN medications, which may be utilized for common ailments **unless** contraindicated:

Symptom	Medication	Dosage
Headache, Pain, Fever	Acetaminophen	325 mg tablets - 2 tabs orally every 4 hours as needed; 160 mg/5cc Elixir – 30 cc orally every 4 hours as needed
Muscle Aches, Menstrual Cramps	Ibuprofen	200 mg tablets – 2 tabs orally every 4 hours as needed
Nasal Congestion	Sudafed	30 mg tablets – 1 tab orally every 4 hours as needed
Sore Throat	Chloraseptic	Lozenge – 1 orally every 2 hours as needed (Up to 8 daily)
Stomach Ache, Indigestion	Riopan Plus	5 or 10 cc orally every 2 hours as needed
Sun Protection	SunBlock SPF #30	Topically to exposed areas as needed
Sunburn	Americaine Spray	Topically to affected areas as needed
Dry Skin	Moisturizing Lotion	Topically to affected areas as needed
Cuts, Abrasions	Hydrogen Peroxide Bacitracin Ointment	Topically to open area 1 – 3 times daily as needed Topically to open area 1 – 3 times daily as needed
Rash, Insect Bites, Itching	Benadryl and/or Caladryl Lotion	25 mg capsule - 1 cap orally every 6 hours as needed Topically to affected area 1 - 3 times daily as needed

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM ALONG WITH PHYSICIAN SIGNED MEDICAL  
RECORD BY MAY 3, 2010.**

**ACTIVITIES OF DAILY LIVING FORM - DUE MAY 3, 2010**

**CAMPER'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please be as specific as possible:**

<p><b>EATING/DRINKING:</b>  <input type="checkbox"/> Independent  <input type="checkbox"/> Difficulty swallowing  <input type="checkbox"/> Needs food cut up and special plate or utensil (list)  <input type="checkbox"/> Must be fed  <input type="checkbox"/> Can use straw                  Explain: _____                  _____                  _____</p> <p><b>SWIMMING:</b>  <input type="checkbox"/> Requires Life Jacket or Floatation Device</p>	<p><b>DIET:</b>  <input type="checkbox"/> Normal  <input type="checkbox"/> Low salt  <input type="checkbox"/> Low calorie – Total calories _____  <input type="checkbox"/> Diabetic – Total calories _____  <input type="checkbox"/> Knows limits  <input type="checkbox"/> Chopped food  <input type="checkbox"/> Blended/pureed food                  List food restrictions: _____                  _____                  List food allergies: _____                  _____</p>
<p><b>MOBILITY:</b>  <input type="checkbox"/> Walks independently  <input type="checkbox"/> Walks: Needs assist w/ slopes, rough areas  <input type="checkbox"/> Wheelchair: Independent  <input type="checkbox"/> Wheelchair: Assist w/ slopes, rough areas  <input type="checkbox"/> Wheelchair: Needs assist at all times  <input type="checkbox"/> Wheelchair: Long distances only  <input type="checkbox"/> Requires rest during the day</p>	<p><b>TRANSFERS:</b>                  Camper weighs: _____ lbs.  <input type="checkbox"/> Can make independently  <input type="checkbox"/> Pivot transfers/can bear weight on feet  <input type="checkbox"/> Must be lifted *                  Please explain: _____                  _____                  * must provide own hoyer, if needed.</p>
<p><b>DRESSES/UNDRESSES:</b>  <input type="checkbox"/> Independent  <input type="checkbox"/> Needs partial assistance  <input type="checkbox"/> Needs total assistance                  Explain: _____                  _____                  _____                  _____</p>	<p><b>SLEEPING:</b>                  Camper is used to _____ hours of sleep.  <input type="checkbox"/> No special concerns  <input type="checkbox"/> Gets up during night  <input type="checkbox"/> Occasional nightmares  <input type="checkbox"/> Sleepwalks  <input type="checkbox"/> Must be turned during the night  <input type="checkbox"/> Has special night routine  <input type="checkbox"/> Can sleep on top bunk bed  <input type="checkbox"/> Requires bed rails</p>
<p><b>BATHROOM:</b>  <input type="checkbox"/> Independent  <input type="checkbox"/> Bladder incontinence  <input type="checkbox"/> Bowel incontinence  <input type="checkbox"/> Requires prompting for toileting  <input type="checkbox"/> Needs transfer to toilet  <input type="checkbox"/> Needs assistance wiping  <input type="checkbox"/> Needs total assistance  <input type="checkbox"/> Uses toilet chair  <input type="checkbox"/> Uses urinal  <input type="checkbox"/> Uses special undergarments  <input type="checkbox"/> Requires assistance with menstrual care</p>	<p><b>BATHING:</b>  <input type="checkbox"/> Independent  <input type="checkbox"/> Needs partial assistance  <input type="checkbox"/> Needs total assistance  <input type="checkbox"/> Uses shower  <input type="checkbox"/> Uses shower chair                  _____</p> <p><b>ADAPTIVE EQUIPMENT:</b>  <input type="checkbox"/> Glasses  <input type="checkbox"/> Contacts  <input type="checkbox"/> Hearing Aid  <input type="checkbox"/> Dentures  <input type="checkbox"/> Other (list) _____</p>

**Please explain other personal care needs:** \_\_\_\_\_

**PARENTAL / GUARDIAN, CAMPER CONSENT FORM - THIS IS A REQUIRED FORM – DUE MAY 3, 2010**

Camper's Name: \_\_\_\_\_

My Guardian's Name is: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

My Contact Person is: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

If necessary, may SHC staff call another doctor or take camper to the hospital? Write "YES" or "NO": \_\_\_\_\_

**IN CASE OF EMERGENCY:**

If guardian / parent can't be reached at home phone \_\_\_\_\_

or at another phone, \_\_\_\_\_, you may contact the following person: \_\_\_\_\_

phone: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

**CONSENT**

Yes  No **I hereby** authorize Camp Paradise to act for me accordingly using their best judgment and ability in any emergency requiring medical or surgical care.

Yes  No **I give** permission for \_\_\_\_\_ to participate in:  
(Camper's Name)  
a supervised swimming program at Camp Paradise which may include time in the hot tub (no more than 15 minute sessions); and,

Yes  No **To be** transported by camp staff for outings with Camp Paradise activities; and,

Yes  No **To be** photographed or video taped while engaging in activities involving Camp Paradise. I also consent to the public dissemination of this material for educational and promotional purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR PICK UP**

Please be advised that for the safety of all campers, only persons listed on this form will be able to pick up your camper. Person(s) may be asked to provide identification at the time of pick up.

The following individual(s) are authorized to pick up my camper:

\_\_\_\_\_  
\_\_\_\_\_



## CAMPER INVENTORY SHEET

This inventory form is to be filled out and brought with the camper the first day of camp. Clothing and other items that the Camper is bringing with them should be listed and **clearly labeled with camper's name**.

**IMPORTANT:** If incontinence aids are necessary during your stay at camp, we ask that you bring a sufficient supply with you.

CAMPER'S NAME: \_\_\_\_\_

CAMP WEEK: \_\_\_\_\_

ITEM	AMOUNT	CHECKED IN STAFF INITIALS	CHECKED OUT STAFF INITIALS
Pants/jeans			
Shorts			
Skirts			
Sweatshirts			
Sweatpants			
Dresses			
Shirts/blouses			
Sweaters			
Lightweight Jacket			
Underpants			
Undershirts			
Bras			
Socks			
Bathrobe			
Pajamas/Nightgowns			
Slippers			
Shoes/Sandals			
Bathing Suit			
Blanket/Sleeping Bag			
Sheets			
Pillow			
Pillowcase(s)			
<b>Appliances</b>			
Glasses/Contacts			
Dentures			
Hearing Aid			
AFOs - - usage schedule			
<b>Toilet Articles (<i>In Tote</i>) (List)</b>			
<b>PLEASE DO <u>NOT</u> BRING TOWELS or WASHCLOTHS</b>			
Soap			
Shampoo			
Conditioner			
Toothpaste			
Toothbrush			
Razor – <i>specify type</i>			
Shaving Cream			
After Shave/Cologne			
Brush			
Comb			
Deodorant			
<b>Adaptive Utensils/Plates (List)</b>			

\* NOTE: TOWELS AND WASHCLOTHS ARE PROVIDED FOR CAMPERS AND WASHED DAILY. \*

**\*\*Clothing and items not labeled will be marked with the camper's name\*\***

**\*\*\* Please include on the inventory any clothing being worn by the camper at check in\*\*\***

COMMENTS: \_\_\_\_\_