

ARISE

at Freedom Camp

Please fill out the enclosed forms and check the week (s) of camp your child would like to attend.
Freedom Camp is Monday-Friday from 8AM-2PM

Check Week (s)	Week
	July 9 th – 20 th
	July 23 rd – August 3 rd

Recreation Program Application: Please complete all sections

General Contact Information – PLEASE PRINT LEGIBLY AND COMPLETE IN FULL

About the Participant:

Last Name: _____ First Name _____ Middle _____

Address _____ Apartment _____

City _____ State _____ Zip _____

Phone Number _____ Alternate Phone _____

Birthdate _____

Height _____ Weight _____

Disability _____

T-shirt size _____ Youth _____ Adult

Sibling Information:

Last Name: _____ First Name _____ Middle _____

Address _____ Apartment _____

City _____ State _____ Zip _____

Phone Number _____ Alternate Phone _____

Birthdate _____

Height _____ Weight _____

Disability _____

T-shirt size _____ Youth _____ Adult

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Who is filling out this application? _____ Parent/Guardian _____ Service Coordinator

Parent/Guardian Information:

Full Name _____

Address (if different than above) _____

City _____ State _____ Zip _____

Phone number _____ Alternate Phone _____

E-mail _____

Emergency Contact: Who do we call if Parent/Guardian cannot be reached?

Full Name _____

Address (if different than above) _____

City _____ State _____ Zip _____

Phone number _____ Alternate Phone _____

E-mail _____

Relationship _____

Jonathan's Law Contact and phone #: _____

Jonathan's Law established procedures that facilities must follow to notify and inform parents and legal guardians of children and adults receiving services of incidents they are involved in.

Service Coordinator Information (if applicable):

Full Name _____

Agency _____

Phone number _____

E-mail _____

Dates of Program: _____

Has the person participated in an ARISE at the Farm program in the past?

____ No ____ Yes Program: _____

Cancellations: *There will be no refunds for camp cancellations made less than 24 hours in advance. Notice of cancellation must be made via email to or phone call to the Camp Director; caitlin.bartman@ariseinc.org or via phone call to Cait Bartman at (518) 269-1132.*

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Participant Health History/Medical Information

Name: Last _____ First _____ Middle _____

Allergy Information (please check all that apply) No Allergies Hay Fever Insect Stings/Bites
 Foods (explain below) Medications (explain below) Use of EpiPen Other (explain below)

Health History (please check all that apply) Asthma/Wheezing/Shortness of Breath Measles
 German Measles Chicken Pox Mumps Headaches Hepatitis Rheumatic Fever
 Heart Murmur Diabetes Convulsions Fainting/Dizziness Seizure Disorder ADD/ADHD

Special dietary needs including food restrictions and/or modified diet:

Answer all questions in relation to participant (Circle "yes" or "no". Explain all "yes" answers below)

Hospitalized within last 12 months?	No	Yes
Surgery within last 12 months?	No	Yes
Recent infectious disease within last 12 months?	No	Yes
Mononucleosis (mono) within last 12 months?	No	Yes
Been out of the country within last 12 months?	No	Yes
Take medication regularly?	No	Yes
Injuries within last 12 months?	No	Yes
Chronic/Recurring illness?	No	Yes
Passed out/had chest pain w/exercise?	No	Yes
Back/neck problems?	No	Yes
Use a wheelchair/other support?	No	Yes
Communication needs?	No	Yes
Bowel concerns/issues?	No	Yes
Wear glasses, contacts, or protective eyewear?	No	Yes
Wear hearing aids?	No	Yes
Do activities need to be limited for any reason?	No	Yes

Is participant under medical care for any reason? No Yes (explain "Yes" below)

Please note if assistance is needed with the following:

Eating Toileting Dressing Mobility Communication

Please provide any additional information about the participant and/or their diet, health and/or pre-existing medical, physical or psychological conditions and illnesses that will help us ensure that they have a successful experience.

Please note: The Camp Medical Director will meet with you to discuss your camper's health needs and concerns prior to the start of camp.

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Participant Health History/Medical/Behavioral Information

Name: Last _____ First _____ Middle _____

Will the participant be taking any medication during this program? Yes No

Current Medications

For all medications given at Freedom Camp, including prescription and over-the-counter, a written order signed by the participant’s physician/provider must be submitted at the start of camp (per Department of Health 7.2-5). Medications will not be given without written orders. All medications must be in the original/pharmacy container, with only one type of medication per container.

Please list below any medications the participant is currently taking.

Medication	Date started	Reason	When given	Dose	How is it Administered

Down Syndrome/Serious illness or Surgery

If the participant has Down Syndrome, it is necessary to have a cervical spine x-ray completed. If the participant has had a serious illness or surgery within the last year he/she must have this signed by a physical to attend programming. I consider this participant to be in good health at this time, and that he/she is physically able to participate in program activities.

Name of Licensed Physician (print) _____

Signature of Licensed Physician _____

Date: _____

Immunization History – a current record is required

In order to attend day programming at Freedom Camp, the parent/guardian must attach a current copy of the participant’s immunization record from the doctor’s office. This is necessary to comply with New York State Health Law Chapter 1 Sub-part 7-2.8c. Without the immunization record, the application is not complete.

Participant’s Physician: _____

Physician’s Address & Phone: _____

Behavioral Needs: (Check all that apply and add explain below): ___ One-to-One support
 ___ Sensory needs ___ Self-Injurious Behavior ___ PICA-like behavior ___ Might run away

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Participant Information

Name: Last _____ First _____ Middle _____

Please help us to know your child/ family member better. We would greatly appreciate if you would take the time to answer the questions below. Feel free to provide any additional information that you may think is helpful as well.

The members of my family are (including pets):

Two things I want people to know about me are:

1.

2.

When I am happy, I will:

When I am unhappy, I will:

Some things I like to do are:

Some of my favorite things are:

Some things that I do well are:

Some things that others can do to help me are:

Some things that people try to do but that are not helpful are: