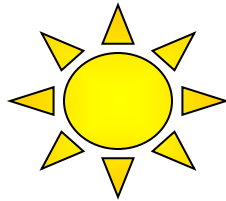


# Rainbow

## Summer Day Program 2024

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](mailto:Rainbow@arcbp.com) [www.arcbergenpassaic.org](http://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 current 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, Special Education Teachers, 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](mailto: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](mailto: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)
- ◆ Application
- ◆ Background Information Form
- ◆ Permission/ Release Form
- ◆ Emergency Consent Form
- ◆ Medical/Health Packet
- ◆ Financial Assistance Packet including Extended School Year information

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](mailto: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 2024**

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

\_\_\_\_\_  
Date \_\_\_\_\_

(Custodial Parent/Guardian Print NAME)

Signature

\_\_\_\_\_  
Date \_\_\_\_\_

(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 1 — July 5	DDD / DCF (CSOC) / Self-Pay / School District / Campership Requested
Week 2: July 8 — July 12	DDD / DCF(CSOC) / Self-Pay / School District / Campership Requested
Week 3: July 15 — July 19	DDD / DCF(CSOC) / Self-Pay / School District / Campership Requested
Week 4: July 22 — July 26	DDD / DCF(CSOC) / Self-Pay / School District / Campership Requested
Week 5: July 29 — Aug 2	DDD / DCF(CSOC) / Self-Pay / School District / Campership Requested
Week 6: Aug 5 — Aug 9	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](mailto: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: Shayna Eddy if you need further information.*

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



# 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](mailto: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.*

223 Moore Street Hackensack, NJ 07601 201-343-0322 [Rainbow@arcbp.com](mailto:Rainbow@arcbp.com)

# 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

### 2024 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 1 – July 5

Week Three: July 15-July 19

Week Five: July 29- August 2

Week Two: July 8 – July 12

Week Four: July 22-July 26

Week Six: August 5-August 9

**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 15<sup>th</sup> 2024***

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: \_\_\_\_\_

<b>ADL Needs</b>	<b>Yes</b>	<b>No</b>
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:		

<b>Behavioral Needs</b>	<b>Yes</b>	<b>No</b>
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?		

<b>Other</b>	<b>Yes</b>	<b>No</b>
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 15<sup>th</sup>!!!***

#### 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](mailto:rainbow@arcbp.com).

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



The Arc  
of Bergen & Passaic

# Rainbow Summer Day Program

## Health History

**\*\*To Be Completed by Parent/ Guardian\*\***

PARTICIPANT'S NAME	AGE INDIVIDUAL WILL BE IN JUNE
	GENDER <b>M</b> <b>F</b>

### I. ILLNESS

A. Is the individual able to communicate that he/she is not feeling well?  YES  NO  
Explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Explain any warnings signs that the individual's counselor and/or Arc Nurse should be aware of in terms of onset of illness:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### II. ADAPTED DEVICES/EQUIPMENT.

A. Does the individual wear glasses?  YES  NO  
Explain:

\_\_\_\_\_

B. Does the individual wear hearing aids?  YES  NO  
Explain:

\_\_\_\_\_

C. Does the individual use any adaptive equipment for mobility?  YES  NO  
Explain:

\_\_\_\_\_

D. Does the individual use any adaptive equipment for communication  YES  NO  
Explain:

\_\_\_\_\_





# 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*



**The Arc**

of Bergen & Passaic

# Rainbow Summer Day Program

## Medical Examination Form

<b>Participant's Name</b>	<b>D.O.B</b>
---------------------------	--------------

**TO BE COMPLETED BY PHYSICIAN:**

<b>Individual's Disability/ Diagnosis:</b>
--

### I. MEDICAL HISTORY

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

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

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

<b>PARTICIPANT NAME:</b>
<b>ALLERGIES:</b>

**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

\_\_\_\_\_  
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.