



# 2020 - 2021



## Easterseals Wisconsin

### Respite & Camp Application

## How to Register for Camp:

### COVID-19 Mandates for Camp:

Easterseals Wisconsin Camps has implemented a COVID-19 plan for all campers and staff. Procedures will be reviewed and modified as needed based on authoritative sources. Also, be aware of smaller sessions and availability.



2020 - 2021 Camp Application

**Please Note: Your application  
WILL NOT BE PROCESSED**

if you do not complete **STEPS 1-16.**



Please allow 4-6 weeks to be notified of a "Registered" or "Waitlist" status. Offering programs throughout the year means a large number of camper registrations to review, and we will review applications for the earliest programs first.



Three weeks prior to your session date you will receive the reminder packet by mail; complete the medication form and bring to camp. Any amount owed will be listed on the session notification.



**Congratulations, you are  
ready for Camp!**

### Complete & Mail **Steps 1-16** of the Application to:

Easterseals Wisconsin Camps  
8001 Excelsior Drive, Suite 200  
Madison, WI 53717

### Apply Online:

[https://camp.eastersealswisconsin.com/  
camp-registrations/](https://camp.eastersealswisconsin.com/camp-registrations/)

### Billing & Registration Info:

[camp@EasterSealsWisconsin.com](mailto:camp@EasterSealsWisconsin.com)  
1-800-422-2324 (Registration)  
608-237-1372 (Billing)

### Make a Payment:

Send a check to the Madison office OR  
pay online by logging into your account.

### Website:

<http://camp.EastersealsWisconsin.com>

**This application is valid for sessions  
September 2020 - August 2021**



## CAMP FEE PAYMENT - General Billing Policies

### Paying For Camp

Easterseals Wisconsin strives to keep camp fees as low as possible. Most of our campers have their fees paid in part or in full through a third party.

#### Private Payers

If you will be paying privately (in part or in full), we provide several options:

- *Online:* On the Easterseals Wisconsin camp registration page, you can pay your camp fees by credit or debit card.
- *By Mail:* Please send payments **at least two weeks in advance** of your camp session (to give us time to process the payment):

**Easterseals Wisconsin**  
**Attn: Camp Admin**  
**8001 Excelsior Drive, Suite #200**  
**Madison, WI 53717**

- *At Camp Check-in:* We can also receive payment in cash, check, or credit card when you arrive at camp.

*Note: Please fill out all checks to "Easterseals Wisconsin." We send receipts only by request.*

#### Third Party Payment (agency or organization billing)

If an outside source such as IRIS is paying your camp fee (in part or in full):

- See below for more info on specific funding sources
- Please include your payment source and name of caseworker in the application.
- Verify that any session you're attending is covered by your program prior to your session.
- Keep us in the loop: If there are changes to your funding source, please let us know as soon as possible.

#### Camperships

If you believe that your family will require assistance to pay for a camp session, please fill out the campership form and return to Easterseals within 10 days of enrollment. If you have questions about camperships, please call 608-237-1372.

## THIRD PARTY PAYERS *Guidelines for Common Sources*

### County Human Services, CLTS Waiver, Disability Services, Family Care, or Family Support Programs



- Each camp session must be authorized by your caseworker prior to the session. Please inform your caseworker to send all service authorizations to the Madison office (see the above address, or email to [rlink@eastersealswisconsin.com](mailto:rlink@eastersealswisconsin.com)).
- Claims for these programs are typically made after the camper has attended camp and we have received the authorization.
- There are a variety of Medicaid programs and waiver agreements that assist our campers in paying for camp. Inquire at your county's Department of Health, family service agency, or your local Aging and Disability Resource Center (ADRC) to determine eligibility and funding.
- Be aware that some counties contract with private agencies, such as Lutheran Social Services (LSS) or the Family Support & Resource Center (FSRC).

### IRIS Program

- If you are covered by IRIS, your camp sessions will need to be added to your Individual Service and Support Plan. Please ask your IRIS consultant to send IRIS Vendor Authorization Letters to the Easterseals Wisconsin Madison office (see the above address) or email to [rlink@eastersealswisconsin.com](mailto:rlink@eastersealswisconsin.com).
- Easterseals Wisconsin requires the Vendor Authorization Letters prior to campers attending any camp sessions.
- Recently, the administration of IRIS has split into several IRIS consultant agencies (ICAs, the most common of which is TMG) and several fiscal employer agents (iLife, GT Independence, Outreach, and Premier). This split has caused a great deal of confusion for campers and billing staff alike. So that we can better assist you, if you intend to use IRIS funds to pay for camp, you must include your Fiscal Employer Agency (FEA), IRIS Consultant Agency (ICA) and the name of your IRIS Consultant on your application. (More info, including a Wisconsin map of ICAs and FEAs by county/region, can be found at <https://www.dhs.wisconsin.gov/iris/directory.htm>).



## Service Clubs and Organizations

Some local service clubs and organizations offer scholarships/camperships to assist individuals to attend camp.

### General Guidelines

- In your application, please provide the name of the organization that is sponsoring you, along with their contact name and phone number.
- We will typically send an invoice to the organization on the first day of the month following your session, though we do encourage organizations to pay ahead. Please see the “Private Payer” section above for more information.
- While most programs and agencies base their funding on standard gross family income, some programs do take into consideration the extraordinary costs of care for individuals with disabilities, and will assist middle-income families.
- We have included a sample letter below for requesting a campership from a community organization.
- We recommend that you send a thank-you letter to your sponsor after you attend camp. This is common courtesy and will be greatly appreciated!

### Finding the right organization

- Many of our campers are given camperships by clubs. Some of these clubs include the Elks, Lions, Masons, Rotary, Kiwanis, Optimists, Knights of Columbus, and Fraternal Order of Eagles.
- Some communities have set up funds to provide grants for families. Your church or employer may also be a place to ask for assistance. Private statewide foundations such as the Hans and Anna Spartvedt Testamentary Trust (608-232-2004) may be able to help as well.
- The Children’s Miracle Network (CMN) directly assists some children and their families. Two CMN-affiliated hospitals in Wisconsin may offer help to eligible families:
  - o CMN at Ministry St. Joseph’s Children’s Hospital / Marshfield Clinic, which serves 17 counties in central Wisconsin, can be contacted at 800-428-5000.
  - o CMN Gunderson Lutheran Hospital, which serves 15 counties in western Wisconsin, can be contacted at 800-853-6889 or <http://www.gundersenhealth.org/cmn-hospitals/contact/>.
- For clubs in your area, search for “Service Clubs” online or in your phone book. You can also visit <http://go.wisc.edu/grants>.
- You can contact the Respite Care Association of Wisconsin for additional resources at 1-866-702-7229 or visit them at <https://respitecarewi.org/>.



**Camperships through Easterseals Wisconsin** Easterseals Wisconsin offers a limited number of camperships for summer sessions. We require families to provide gross annual income, and to first seek out financial aid from two other sources, such as service clubs and churches. If you are interested in applying for a campership, please request an application by mail (see address in “Private Payers” below) or by email at [rlink@eastersealswisconsin.com](mailto:rlink@eastersealswisconsin.com).

**When requesting a campership or scholarship from a community organization, use a request letter similar to the one shown here:**

#### Sample Campership Request Letter

Dear (Organization):

*Easterseals Wisconsin provides a 6-day camp session. Camp is located in Wisconsin Dells, and it is exclusively for people who have disabilities. My (son, daughter, ...) has (medical condition/disability diagnosis) and would benefit enormously from attending the program. I would benefit as well from getting a break from (his/her) need for constant supervision and care. I am trying to find help to raise the money I need so (she/he) can attend camp. The session I want (him/her) to go to will cost me (\$), and I am writing to ask if your organization could help with part or all of this amount.*

*Thank you for considering my request. Sponsoring my (son/daughter) would make a huge difference for our family! Because campers are accepted on a first-come, first-served basis, we want/need to send in our application as soon as possible. If you could please let me know if you can help me, I would appreciate it. You can call me at (telephone #) if you have any questions.*

Sincerely,

Your Name

Address

City, State, Zip Code

email

# EASTERSEALS WISCONSIN CAMPS

## POLICIES AND PROCEDURES

### CANCELLATIONS

The fee will be refunded if the camp office is notified of a cancellation at least *5 days prior* to the first day of your scheduled session. An exception may be made if cancellation is caused by illness.

### STAFF

Each camp has a full-time director, a registered nurse, food service personnel, counselors, activity leaders, and volunteer assistants. The majority of the staff are college students or recent graduates studying or working in occupations related to nursing, teaching or social work. All staff members are carefully screened and receive extensive training.

Easterseals Wisconsin Camps promote a restraint-free environment. Staff and AmeriCorps members are trained in behavior management techniques that are applicable to the camp environment.

Easterseals Wisconsin camp staff are trained to provide assistance with campers' personal needs such as eating, bathing, transferring from their wheelchair, dressing, and toileting. An on-site nurse is available for routine medical care such as dispensing medication, assisting with bowel programs or catheterization, setting up g-tube feedings, and providing for the overall health maintenance of each camper. We do not match male counselors with female campers, but male campers may be cared for by female counselors at times.

Staff are trained to manage the health of all campers by following parental and physician instructions as closely as possible. Parents will be notified by the Easter Seals staff about any medical incidents such as illness or injury beyond those requiring basic first aid procedures.

The nurses are responsible for providing medical attention, administering medications, and are available as needed. It is important for parents and/or caregivers to provide staff with detailed medical instructions.

### CAMPER OBSERVATION FORM

Upon completion of a camp session, each camper receives a Camper Observation Form that is completed by his/her counselor. This form provides parents and caregivers with a summary of the camper's experience at camp. Parents and caregivers will also receive an evaluation form to help us improve our program.

### REGISTRATION

**Please Note: Your application WILL NOT BE PROCESSED if you do not complete STEPS 1-16.**

A registration confirmation will be mailed/emailed to the camper that will include the session(s) for which the camper has been registered or waitlisted. Campers will also receive a reminder packet three weeks prior to their camp session with a notification of their session drop-off/pick-up times and any balance due, and a medication form (also available online) to be completed prior to arrival at camp.

The Medical Examination form will be included with your registration confirmation and is available online. Campers must bring the Medical Examination form to camp during their scheduled session. If the form is not present within 24 hours of arriving at camp, the camper will be sent home. The Medical Examination form is good for one year from the doctor's exam date on the form. Please remember, however, that while a new physical is not required for each session, it is your responsibility to inform Easterseals Wisconsin Camps of any significant changes in physical, medical, emotional, or behavioral conditions that occur between sessions.

### REGISTRATION RULES

1. A camper will not be allowed to stay at camp if he/she does not have the necessary signed, completed forms upon arrival at camp.
2. A camper's registration is based on the application and medical information on file. Failure to inform us of significant changes may result in denial of camper.
3. If the session(s) you applied for are full, your name will be placed on a waiting list, and you will be informed by mail or e-mail. If openings do not occur, any fees that have been paid will be refunded, including the registration fee.
4. Campers are registered at the discretion of the Camp Director.

These programs, including the rules for registration and participation, do not discriminate on the basis of age, gender, religion or creed, race, sexual orientation, nation of origin, marital status, or other protected status.

**TO REGISTER: COMPLETE STEPS 1-16 FOR CAMP WAWBEEK OR RESPITE CAMP SESSIONS**

If you are unsure which program would best suit your needs, or have any other questions, please contact us at 800-422-2324 or email camp@eastersealswisconsin.com and we will be happy to discuss with you the best fit. It is our goal for each person to have a successful camp experience. **Please complete any Third Party Payment information (agency or organization billing) and mark which session(s) you would like to attend.** There is an additional \$100 fee for non-Wisconsin residents. Please see our website or brochure for more details about our unique programs (listed in bold).

**STEP 1: Primary Payment Source** (must complete or application will not be processed)

Name: \_\_\_\_\_ Contact (if any): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Total amount to be billed for this funding source is: \$ \_\_\_\_\_

**Additional Payment Source (if applicable)**

Name: \_\_\_\_\_ Contact (if any): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Total amount to be billed for this funding source is: \$ \_\_\_\_\_

**STEP 2: Choose your camp sessions (for Camp Wawbeek see next page) →**

**RESPITE CAMP SESSIONS:** Please note there are some age-specific summer camp sessions. If the age group is not noted next to the summer camp session it is for ages 3+. Campers will be assigned to small groups based on their needs.

Respite Camp Weekend Sessions (Ages 3+)			
Session Date	Price	Choice by Rank*	Discount Due to Illness (per day)
Oct 9-11, 2020	\$475		Weekend Sessions: 1 = \$316.67 2 = \$158.33
Nov 6-8, 2020	\$475		
Dec 4-6, 2020	\$475		
Jan 29-31, 2021	\$475		4-Day Session:  No Respite 4-Day this year
Feb 19-21, 2021	\$475		
Mar 26-28, 2021	\$475		
April 9-11, 2021	\$475		
<b>Total # of Weekend Sessions You Would Like to Attend is:</b>			

Respite Camp Summer Sessions			
Session Date	Price	Choice by Rank*	Discount Due to Illness (per day)
June 13-18, 2021 <b>Adults (18+)</b>	\$1296		Summer Sessions: 1 = \$1080 2 = \$864 3 = \$648 4 = \$432
June 20-25, 2021 <b>Young Adults (15-25)</b>	\$1296		
June 27-July 2 <b>Youth (3-18)</b>	\$1296		
July 4-9, 2021 <b>Adults (18+)</b>	\$1296		
July 11-16, 2021	\$1296		
July 18-23, 2021 <b>Youth (3-18)</b>	\$1296		
July 25-30, 2021	\$1296		
Aug 1-6, 2021	\$1296		
Aug 8-13, 2021	\$1296		
Aug 15-20, 2021 <b>Adults (18+)</b>	\$1296		

\*Our first priority is always to keep our campers, staff, and families safe. Please be aware that to do this, we will be holding smaller sessions which will impact the number of sessions you are allowed to attend. Our directors and medical staff will do their best to allow as many opportunities as safely possible, but it will not be the same as past years.

**I would like to attend:**  
 One Summer Session  
 Two Summer Sessions (limit)

### CAMP WAWBEEK SESSIONS

Campers who typically attend these sessions:

- Campers will be in a group with their peers and assigned a counselor(s).
- Adults age 40+ may register for ANY adult session.
- Campers with diagnosis of autism spectrum disorder are welcome to sign up for any appropriate age sessions, not just the sessions for campers with high-functioning autism.
- Please note: programs of different sessions are indicated in bold and defined as:

**\*Transition Team:** intentional programs for young adults to learn about transitioning from living at home to living more independently.

**\*\*Pioneer:** Campers spend as much time outside as they can. Expect to camp, canoe, fish and hike. Campers must be aware that they will NOT be staying in lodges, but camping outside.

**\*\*\*High-Functioning Autism Sessions** - Campers who attend these sessions have a primary diagnosis of High-Functioning Autism, Tourette Syndrome, OCD, ADD/ADHD, or traits similar to those who do.

Camp Wawbeek Weekend Sessions			
Session Date	Price	Choice by Rank*	Discount Due to Illness (per day)
Oct 23-25, 2020 <b>Transition* (15-25)</b>	\$414		Weekend Sessions:  1 = \$276 2 = \$138
Nov 20-22, 2020 <b>Adults (18+)</b>	\$414		
Dec 18-20, 2020 <b>Transition* (15-25)</b>	\$414		
Feb 5-7, 2021 <b>Transition* (15-25)</b>	\$414		
Mar 5-7, 2021 <b>Youth (7-18)</b>	\$414		4-Day Session:
April 16-18, 2021 <b>Transition* (15-25)</b>	\$414		No Wawbeek 4-Day this year
<b>Total # of Weekend Sessions You Would Like to Attend is:</b>			

Camp Wawbeek Summer Sessions			
Session Date	Price	Choice by Rank*	Discount Due to Illness (per day)
June 13-18, 2021 <b>Adults (18+)</b>	\$980		Summer Sessions:  1 = \$816.67 2 = \$653.32 3 = \$489.99 4 = \$326.66
June 20-25, 2021 <b>Young Adults (15-25)</b>	\$980		
June 27-July 2, 2021 <b>Youth (7-18)</b>	\$980		
July 4-9, 2021 <b>Adults (18+)</b>	\$980		
July 4-9, 2021 <b>Pioneer** (18+)</b>	\$980		
July 11-16, 2021 <b>HFA*** (7-20)</b>	\$980		
July 18-23, 2021 <b>Youth (7-18)</b>	\$980		
July 25-30, 2021 <b>Older Adults (40+)</b>	\$980		
July 25-30, 2021 <b>Pioneer** (18+)</b>	\$980		
Aug 15-20, 2021 <b>Adults (18+)</b>	\$980		
<b>I would like to attend:</b>			
<input type="checkbox"/> One Summer Session <input type="checkbox"/> Two Summer Sessions (limit)			

\*Our first priority is always to keep our campers, staff, and families safe. Please be aware that to do this, we will be holding smaller sessions which will impact the number of sessions you are allowed to attend. Our directors and medical staff will do their best to allow as many opportunities as safely possible, but it will not be the same as past years.

All important information relative to the camper's health and well-being should be on the application. Please DO NOT rely on verbal instructions at the time of registration to communicate important information about your camper.

### STEP 3: CAMPER INFORMATION

Camper Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Female  Male  Gender Expression \_\_\_\_\_

What is the camper's heritage? (This information is used for statistical purposes only.)

Asian  African American  Caucasian  Hispanic  Native American  Other

How did you find out about Easter Seals Wisconsin camps?

Advertisements  Camp Fair  Word of Mouth/Friends  Web Search  School  Case Worker

A Website (please list) or Other Way: \_\_\_\_\_

Is this the camper's first time attending our camp?  Yes  No

Has the camper ever been to any other camp before?  Yes  No Outside of Wisconsin?  Yes  No

Camp Name(s) & when: \_\_\_\_\_

Has the camper ever been separated from his or her family before?  Yes  No

If yes, reaction: \_\_\_\_\_

Are problems with homesickness anticipated?  No  Yes, suggestions to ease the transition:

Does camper attend school?  No  Yes, Where? \_\_\_\_\_

Is camper employed?  No  Yes, Type of Work? \_\_\_\_\_

If camper is male, is he willing to have a female staff?  Yes  No

Is the camper bringing a helper dog with him or her to camp?  Yes  No

If yes, please be aware of the camp's guidelines. A service dog criteria form must be completed.

What group experience has the camper had? \_\_\_\_\_

What are the camper's favorite things to do or learn about? \_\_\_\_\_

Specify if restricted contact or communication with \_\_\_\_\_

#### Primary Contact #1 (This is where all mail correspondence will be sent)

Adult Camper  Parent(s)  Guardian  Caregiver

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

#### Primary Contact #2

Parent(s)  Guardian  Caregiver  Other:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

<b>STEP 4: Emergency Contact #1 (first point of contact):</b> Name: _____ Address: _____ City: _____ St: _____ Zip: _____ Phone: _____ Employer: _____ Work Ph: _____ Email: _____	<b>Emergency Contact #2 (second point of contact):</b> Name: _____ Address: _____ City: _____ St: _____ Zip: _____ Phone: _____ Employer: _____ Work Ph: _____ Email: _____
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**STEP 5: The following three releases MUST be signed by parent/guardian/camper or application WILL NOT be processed.**

You are ultimately responsible for all payment obligations arising from your camping experience and guarantee payment for these services. You are responsible for fees indicated by your funding source and/or our FINANCIAL POLICIES, which are not otherwise paid by supplemental funding. By signing this guarantee as the Financially Responsible Party, you hereby guarantee the full and prompt payment to Easterseals Wisconsin of all fees for the Camper, whether currently existing or for registration and session fees incurred in the future. You also agree to pay all expenses, legal or otherwise, incurred by Easterseals Wisconsin in collecting the indebtedness. I warrant that I fully understand the contents thereof.

**(1)REQUIRED** Signature of Parent/Guardian or Adult Camper (If Own Guardian): \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give my consent for my son/daughter/ward/self \_\_\_\_\_ to attend Easterseals Wisconsin Camps 2019-2020 camp sessions, located in Wisconsin Dells. In consideration of registration for the camper I hereby release and waive any claim or cause of action which may occur against Easterseals Wisconsin and employees or any other person acting with permission arising out of any injury to his/her person or property during his/her stay at the session, in transit to and from said session, or during any activity approved by and of said persons for injury as herein stated.

The information on this form is accurate and complete to the best of my knowledge. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to Easterseals Wisconsin to provide routine health care under the guidance of the camp's medical director, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

I give permission to Easterseals Wisconsin to arrange necessary program and emergency transportation for the person named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I have read the foregoing release and authorization before affixing my signature below, and warrant that I fully understand the contents thereof.

**(2)REQUIRED** Signature of Parent/Guardian or Adult Camper (If Own Guardian): \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA:** I hereby give my consent for the camper referenced above to (check all that apply; signature not sufficient—boxes must be checked):

- be in narratives, film, photographs, videotape or sound recordings made by Easterseals Wisconsin that may be used by Easterseals Wisconsin, and those acting with its permission, for the purpose of illustrations or broadcast in connection with the work of Easterseals Wisconsin. I understand that use of the aforementioned media may include publication on Easterseals Wisconsin website, [www.EastersealsWisconsin.com](http://www.EastersealsWisconsin.com). To ensure my child's or my privacy, Easterseals Wisconsin will use only camper's first name and the location of the Easterseals Wisconsin organization where services were received.
- have photos taken by campers and staff for personal use only (which may include posting on social media sites such as Facebook, Instagram, etc. under their personal accounts).

I have read the foregoing release and authorization before affixing my signature below, and warrant that I fully understand the contents thereof.

**(3)REQUIRED** Signature of Parent/Guardian or Adult Camper (If Own Guardian): \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



**STEP 6: HEALTH HISTORY**

*Applications that do not specify a Primary Diagnosis will NOT be processed.*

Age: \_\_\_\_\_ Weight/lbs.: \_\_\_\_\_ Height: \_\_\_\_\_

**REQUIRED:** Primary Diagnosis (medical, no abbreviations): \_\_\_\_\_

Secondary Diagnosis (if any): \_\_\_\_\_

Other conditions or concerns (including psychiatric): \_\_\_\_\_

Allergies: Medication: \_\_\_\_\_

Food: \_\_\_\_\_

Environment or Animals: \_\_\_\_\_

Comments/Allergy Reactions: \_\_\_\_\_

**Seizure Disorders:**  Does Not Apply  Tonic-Clonic (Grand Mal)  Non-Convulsive (Petit Mal)  
 Psychomotor  Nocturnal  Mixed

Typical Seizure Frequency: \_\_\_\_\_ Typical Length of Seizure: \_\_\_\_\_

Known Triggers, PRN Medications (if any) and protocol to follow? \_\_\_\_\_

**Medication Information:** Does camper currently take prescription medications?  Yes  No

**Respiratory Conditions:** Does the camper have either of the following? \* *If answering yes to either of these questions, please anticipate a call from our nurse to further assess the degree of care needed for your camper.*

Tracheostomy:  Yes  No Ventilator:  Yes  No

Does the camper have a history of:		Yes	No	Does the camper have a history of:		Yes	No
1	Asthma			15	Frequent Headaches		
2	Frequent Colds			16	Frequent Ear Infections		
3	Heart Disorder or Disease			17	Stomach Disorders		
4	Episodes of Passing Out			18	Diarrhea		
5	Bleeding Disorders			19	Constipation		
6	Blood Disorders			20	Abnormal Menstrual Cycles		
7	Hepatitis A, B or C			21	Problems with Joints		
8	Diabetes			22	Chronic or Recurrent Illnesses		
9	Skin Problems (rashes, itching)			23	Past or Recent Surgeries		
10	Skin Breakdown (bed sores)			24	Past or Recent Hospitalizations		
11	Eating Disorder			25	Problems Sleeping		
12	Emotional Difficulty (for which professional help was sought)			26	Adaptive Equipment (Braces, wheelchair, walker, hearing aid, C-PAP)		
13	Head injury			27	Other:		
14	Chicken Pox			28	Other:		

Please explain any "yes" answers from above. List the number before explanation. \_\_\_\_\_

**STEP 7: INSURANCE INFORMATION**

Family Medical/Hospital Insurance Carrier: \_\_\_\_\_ Group: \_\_\_\_\_

Policy #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician's Phone: (\_\_\_\_\_) \_\_\_\_\_

**STEP 8: MOBILITY AND SPECIAL APPLIANCES**

Indicate all that apply to camper.

- Walks/Runs Independently    Uses Walker/Crutches/Cane    Wears AFOs or Braces    Prosthesis  
 Uses Wheelchair:  Manual    Power   **When:**  For Long Distances    At All Times   **Who Maneuvers:**  Self    Others

Mobility Comments: \_\_\_\_\_  
 \_\_\_\_\_

**STEP 9: TRANSFER INFORMATION**

*For campers who use a wheelchair*

- Transfers Independently    Standby Assistance    Pivot (1 person)    Two Person    Hoyer Lift \*

Other/Comments: \_\_\_\_\_

*\*We only use Hoyers brought from the Camper's home program. Otherwise, we employ 2-person transfers.*

**STEP 10: COMMUNICATION**

Examples/Comments

- Uses complete sentences    Understands complete sentences \_\_\_\_\_  
 Understands 2-3 word phrases \_\_\_\_\_  
 Uses single words    Understands single words \_\_\_\_\_  
 Uses vocalizations, sounds, etc. \_\_\_\_\_  
 Uses sign language    Understands sign language \_\_\_\_\_  
 Uses/understands gestures, points, etc. \_\_\_\_\_  
 Uses pictures or word cards \_\_\_\_\_  
 Uses adaptive systems such as a communication board \_\_\_\_\_  
 Writes to communicate    Able to read, explain \_\_\_\_\_  
 Facilitated communication (devices used; who usually acts as facilitator?) \_\_\_\_\_

**STEP 11: MEALTIMES**

Food Allergies: \_\_\_\_\_

Food Likes: \_\_\_\_\_

Food Dislikes: \_\_\_\_\_

Typical appetite is:  Large    Typical    Small   Bringing campers own food:  Yes    No   Comments: \_\_\_\_\_

Is camper able to indicate the amount of food and liquid intake he/she desires?  Yes    No

Camper can use:  Fork    Spoon    Knife    Uses Special Utensils (please label and bring to camp)

Takes Portions Independently    Needs Food Cut    Drinks from Cup    Uses Straw

Needs Liquids Thickened (what consistency? \_\_\_\_\_ )

Diet:  Standard    Chopped    Blended/Pureed    Low Salt    Low Calorie    Low/No Sugar    Other

Uses G-Tube. *Please attach the exact schedule of the feeding so we can contact you with any questions prior to arrival.*

Mealtimes Comments/Restrictions/Allergy Reactions: \_\_\_\_\_  
 \_\_\_\_\_

**STEP 12: TOILETING/SHOWER**

Please bring all supplies and/or equipment (e.g. bedpan, briefs, wipes, etc.) for the week.

- Uses toilet independently  Needs to be reminded \_\_\_\_\_
- Needs some assistance using the toilet \_\_\_\_\_
- Uses the toilet on a schedule (what is the schedule?) \_\_\_\_\_
- Does not use toilet at all (uses incontinent briefs, etc.) \_\_\_\_\_
- Uses catheterization, enemas or suppositories (please describe schedule) \_\_\_\_\_

Is independent in menstrual care (if applicable) \_\_\_\_\_

How does he/she let you know the need to go to the restroom? \_\_\_\_\_

Camper needs assistance with:  Shampooing hair  Soaping  Adjusting water temperature  Brushing teeth  
 Needs complete assistance in the shower  Needs verbal cues  Camper can shower independently

Comments: \_\_\_\_\_

**STEP 13: DRESSING**

Has no difficulty dressing  Can choose own clothes

Can put on:  underwear  socks  shirt  pants

Can:  button  snap  zip  tie shoes

Can undress partially  Can undress completely  Needs lots of assistance dressing

Please describe what assistance is needed to (un)dress: \_\_\_\_\_

**STEP 14: BEDTIME ROUTINE**

Camper's typical bedtime: \_\_\_\_\_ Awakens at: \_\_\_\_\_ Sleeps: \_\_\_\_\_ hours a night.

Does camper need a hospital bed?  Yes  No Does camper need a bed rail?  Yes  No

Please describe bedtime routine at home: \_\_\_\_\_

Does camper require special care during the night?  Yes  No

If yes, please explain: \_\_\_\_\_

**STEP 15: BEHAVIOR**

Please indicate how often, if ever, the following behaviors occur and how staff should respond.

	Never	Seldom	Often	Explain/Details
Has good manners				
Enjoys social gatherings				
Does not like to be touched				
Prefers to be alone				
Runs away or darts				
Uses inappropriate words				
Inappropriate sexual behavior				
Grabs others				
Scratches, pinches or hits				
Bites others				
Self abuse				





*All abilities. Limitless possibilities.*

## **Easterseals Wisconsin Camps COVID-19 Plan**

*\*Procedures will be reviewed and modified as needed based on authoritative sources*

### **Campers:**

- Sessions will be subject to changes or cancellation at any time.
- Please contact your Health Care Provider to determine if camp is a good fit for your camper and family at this time (please note, you will need an updated health history and physical, just like past years).
- Each camper will be required to complete a 14-day pre-camp screening on CampDoc Medical Software, which will include temperature, symptoms, and exposure checks. Without this screening completed, campers will not be allowed to attend Camp.
- Children 8 years old and younger will be required to leave camp if they arrive with a rash.
- Campers will be asked to wear masks to the greatest extent they are able.
- Campers will have their temperature checked at each mealtime.
- Camper groups will be in separated cabins for sleeping and those sleeping in large dorms will have designated bathrooms.
- There will be no off camp trips.

### **Check in/Out:**

#### **Respite:**

- During both arrival and departure, only one guardian is allowed to accompany each camper. The guardian's temperature will be checked before leaving their vehicle and must wear mask at all times while on camp property.
- Campers and guardians will remain in their car until told to enter the building for check in.
- During check in, luggage will be dropped off in the lodge, sanitized then brought to cabins by staff. During departure, luggage will be brought to the lodge. This ensures no guardian enters any cabins on camp.
- Medications and Nurse Check/in will be at a designated spot of the Lodge
- Pick up will be at 10am on Sunday

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#### **Easterseals Wisconsin**

8001 Excelsior Dr., Ste. 200 • Madison, WI 53717  
Phone 608.277.8288 • Fax 608.277.8333  
[www.EasterSealsWisconsin.com](http://www.EasterSealsWisconsin.com)

#### **Easterseals Camp Wawbeek**

1450 Highway 13 • Wisconsin Dells, WI 53965  
Phone 608.254.8319 • Fax 608.277.8333  
[eswcamps@eastersealswisconsin.com](mailto:eswcamps@eastersealswisconsin.com)

#### **Wisconsin Elks/Easterseals Respite Camp**

1550 Waubeek Rd. • Wisconsin Dells, WI 53965  
Phone 608.254.2502 • Fax 608.277.8333  
[eswcamps@eastersealswisconsin.com](mailto:eswcamps@eastersealswisconsin.com)

**Wawbeek:**

- During both arrival and departure, only one guardian is allowed to accompany each camper. The guardian's temperature will be checked before leaving their vehicle and must wear mask at all times while on camp property.
- Campers and guardians will remain in their car until told to enter the building for check in.
- During check in, luggage will be dropped off in the hallway of Van Wei, sanitized then brought to camper rooms by camp staff. During departure, luggage will be brought back to the hallway. This ensures no guardian enters any sleeping quarters.
- Medications and Nurse Check/in will be in the Van Wei hallway.
- Pick up will be at 10am on Sunday.

**Staff:**

- Staff will be required to complete a two-week temperature, symptom, and exposure check before attending a camp session, and are encouraged to wear masks and comply with physical distancing outside of camp.
- Staff will wear masks at all times on camp, with the exception of eating, drinking, sleeping, and personal care.
- Staff will be provided face shields as required.
- Staff will clean and sanitize all touchpoints in living spaces throughout each day.
- Staff will have their temperatures taken at each mealtime.
- Staff will inform the directors of any symptoms throughout the session.

**Programming and Equipment:**

- All program areas are to be cleaned and sanitized after each use
- Programming that involves the whole group will utilize physical distancing of groups.

**Food Service:**

- Food service staff must wear masks and gloves at all times.
- Food for campers and staff will be plated in the kitchen by staff wearing masks and gloves at each meal.
- Camper groups will have assigned tables/seating for the weekend to encourage physical distancing.

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**Health Care:**

- Medications will be delivered to each camper at specified medication times.
- Treatments needed at camp will be completed in the space the Camp Nurse deems most appropriate.
- Nurses will monitor staff and campers' temperatures at each mealtime.

**Cleaning:**

- We will open windows and spend as much time outside as possible.
- Touchpoints and all program supplies will be sanitized throughout the weekend.

**Suspected COVID-19 Cases:**

- If a camper or staff member presents with symptoms of a possible COVID-19 infection, they will be immediately quarantined. Caregivers will be contacted, and the individuals will be sent home immediately. This will happen in consultation with our Medical Team. Campers and staff affected by the exposure will also be sent home to quarantine as advised. Affected areas will be immediately closed down for extended cleaning. Camp remaining open will be decided in consultation with our Medical Team and local Health Officials.
- If a camper who left Camp calls and reports they have a positive result for COVID-19 within 14 days of camp attendance, notifications and testing will be determined by consultation with the health department and our Medical Team.
- If full-time staff are showing symptoms of COVID-19 they will be sent home immediately and sent in for testing.
- The Columbia County Health Department will be notified of any suspected Covid-19 cases at camp.

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## COVID-19 Liability Waiver

### *Easterseals Wisconsin Camps - Camp Wawbeek and Respite Camp*

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC, Wisconsin Department of Health Services, and many other public health authorities still recommend practicing physical distancing and other mitigation practices.

Easterseals Wisconsin Camp Wawbeek and Respite Camp have taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that, due to the nature of the facilities and services offered by Easterseals Wisconsin Camps (ESW Camps) physical distancing of 6 feet per person may not be possible at all times. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of ESW Camps and acknowledges that use thereof by the undersigned and/or such participating children and/or adults may, despite ESW Camps' reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death. The participant and/or their guardian has voluntarily agreed to participate in the programming knowing there are these risks.

**In further consideration of being permitted to participate in ESW Camps programs, or use their facilities, the undersigned hereby agrees to the following:**

- I will complete the 14 day online pre-camp screening.
- I will adhere to the methods outlined by ESW Camps in regard to wearing masks, Check-in, Check-out, and all other aspects of camp attendance, and understand these methods may change and be updated to best serve their campers and staff members.
- I hereby release and agree to hold ESW Camps harmless from, and waive on behalf of myself and/or the children and/or adults I am signing for (Campers), my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the agency, or that may otherwise arise in any way in connection with any services provided by Easterseals Wisconsin.
- I understand that this release discharges Easterseals Wisconsin from any liability or claim that I, those I represent, my heirs, or any personal representatives may have against the agency with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Easterseals Wisconsin. This liability waiver and release extends to Easterseals Wisconsin and its Board of Directors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Signing for:  Self  Minor Child or Vulnerable Adult  on behalf of rental group that is attending (date): \_\_\_\_\_