



PARENT GUIDE TO RESPITE WEEKENDS FOR YOUNG ADULTS WITH SPECIAL NEEDS YMCA CAMP MANITOU-LIN

A branch of the YMCA of Greater Grand Rapids

Toll-free: 1-888-909-2267

Fax: 1-269-795-1629

www.campmanitou-lin.org

WELCOME

Thank you for enrolling in one of our weekends retreats for Young Adults with Special Needs at YMCA Camp Manitou-Lin. Enclosed is information in advance to make the transition to camp smooth and enjoyable for our campers and families. Time spent on camp with friends will leave lasting memories!

REQUIRED FORMS

Please take the time to complete the attached forms for your camper. They are to ensure that your child has a safe, fun experience at camp. These forms will be kept on file in your child attends more than one weekend retreat, however new forms will need to be filled out each year.

PROGRAMS

Our attentive staff is what makes campers' stay more enjoyable and memorable. We are flexible, attentive and ready to help each camper achieve their goals. Trained staff provide ice breakers, games, songs and adventure activities to make the experience a success for everyone involved.



Campers will be encouraged to participate in the programs at whatever level they feel comfortable. All programs will center on the individual needs of the camper, with the encouragement and support of the staff for maximal participation.

All boating, swimming and fishing activities will be provided under the guidance of American Red Cross trained lifeguards and our camp staff. Again, campers may choose to participate at any level. If your camper has any fear of water, or requires special equipment such as goggles/masks, noseplugs, or floatation devices, please let us know.

MEDICATIONS/SPECIAL NEEDS

Due to state licensing laws, all medications- except asthma inhalers and epi-pens must be kept secured in a locked area. "Medications" include over the counter items like Tylenol, Sudafed and vitamins, etc. The Camp activity director will administer medications at the times required. Medication must be in the original prescription bottle, according to Michigan Law. Medications can only be administered according to the directions on the container. Prescribed medication must be clearly marked with:

1. Name of patient
2. Name of medication
3. Directions for administration
4. Name of physician

Please let the staff know if your camper has any allergies or “on demand” medications such as an epi-pen. During drop off times each weekend, please discuss any concerns or changes with the activity director and counselors. If you prefer to write out suggestions of things that work at home with the campers, please feel free to do so. Any extra information is always helpful in the transition to a new experience. As many people with special needs have difficulty with communication and/or memory, each weekend a schedule will be sent home with each camper to provide the families with the idea of just how much fun we had.

Please inform camp staff if your camper has any difficulty sleeping, needs nighttime bathroom reminders, or has a tendency to wander. These will not exclude your camper from the program, but advanced notice will help our staff to better serve your camper.

FOOD SERVICE

Our modern kitchen and food service staff will provide fresh healthy meals. In addition to a main entrée, fresh fruit and/or salad bar accompany each meal. Please inform camp in advance of any food preferences, texture dislikes, allergies or special dining needs. Alternative entrees can be made available with advance notice.

WHAT TO BRING

- Sleeping bag and/or sheets and blankets
- (Camp beds are twin size)
- Pillow
- Coat appropriate to the season
- Wash cloths, towels, soap, shampoo, conditioner, etc.
- Toothbrush, toothpaste, brush and other necessary toiletries
- Pants/jeans
- Gloves
- Sweatshirt
- Pajamas
- Underwear
- Boots for hiking
- Hat
- Socks

CONVENIENT- BUT NOT NECESSARY ITEMS

- Flashlight
- Camera
- Games

PLEASE LEAVE AT HOME

- Firearms
- Fireworks
- Alcohol or any illegal substances
- Pocket Knife
- Anything of Value

Remember we are in Michigan so it could be cold, warm, wet or dry. Try to pack accordingly since we hope to spend a lot of time outdoors.

LOST AND FOUND/ PERSONAL PROPERTY

YMCA Camp Manitou-Lin will not be responsible for clothing and personal property brought from home. Please do not bring anything of value as we cannot insure its safety. **All personal items should be clearly marked with your name to prevent loss. Unclaimed lost & found property will be kept for one week and then donated to local charities.**

EXPECTATIONS

Campers are expected to behave in a safe, Caring, Honest, Inclusive, Respectful and Responsible manner at all times. This is implemented with great care and respect by all camp staff. Failure to abide by these rules and guidelines can result in dismissal from camp. No refunds are given for early departures early due to behavior issues as determined by the Camp Director.

DIRECTIONS TO YMCA CAMP MANITOU-LIN

1095 Briggs Rd N, Middleville, MI 49333

FROM GRAND RAPIDS:

- Take M-37 (East Beltline/Broadmoor) south through Caledonia.
- Approximately 5 miles past Caledonia follow Cherry Valley to the right.
- Approximately another 5 miles, after a sharp right curve, immediately turn left on Briggs Rd.
- Camp is on the right 3/4 of a mile down Briggs Rd.

FROM US-131:

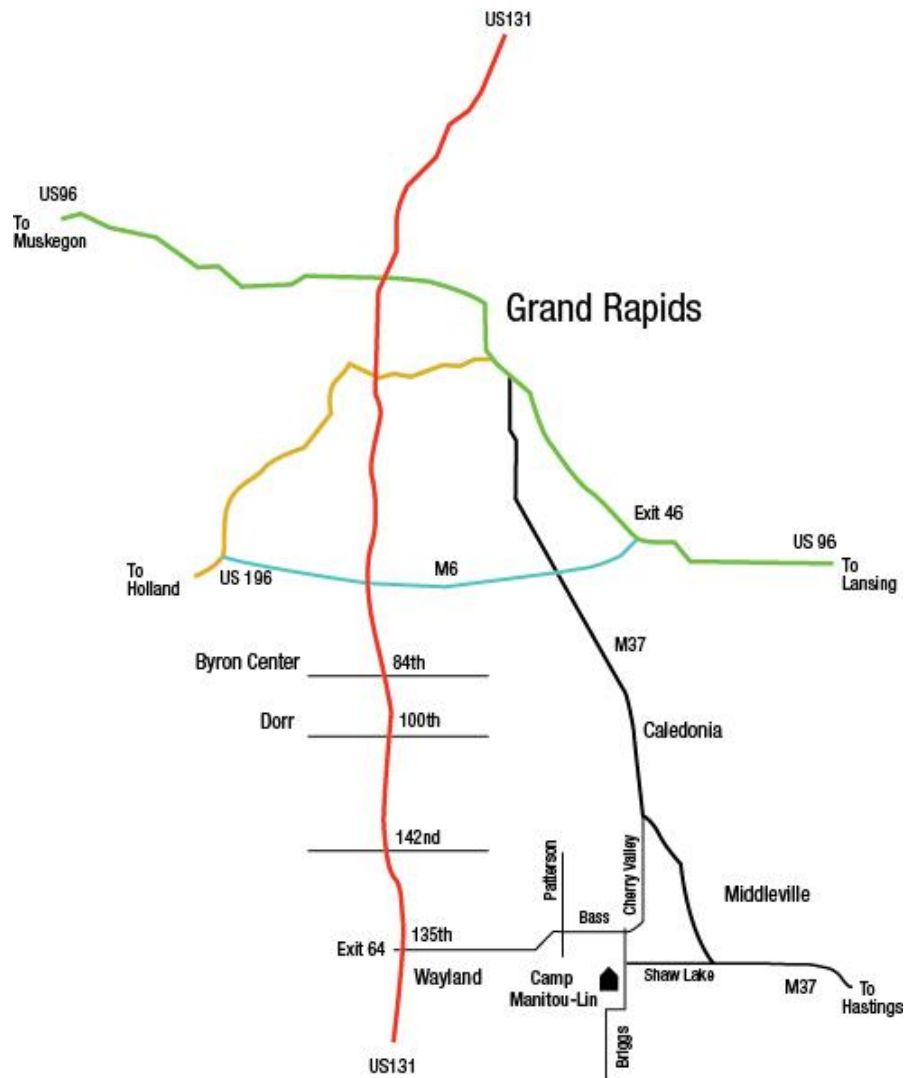
- Take US-131 South to Wayland Exit (exit #64)
- Go left (East) 8 miles and turn right on Briggs Rd.
- Camp is on the right 3/4 of a mile down Briggs Rd.

FROM LANSING:

- Take US-96 West towards Grand Rapids
- Take US-6 West (use exit #46) towards M-37
- Take the Kentwood exit (exit #15) and turn left on M-37 (South)
- Take M-37 South through Caledonia
- Approximately 5 miles past Caledonia follow Cherry Valley to the right
- Approximately another 5 miles, after a sharp right curve, immediately turn left on Briggs Rd.
- Camp is on the right 3/4 of a mile down Briggs Rd.

FROM DETROIT:

- Take I-94 West to Kalamazoo
- Turn right and take US-131 North towards Grand Rapids
- Take exit #64
- Go right (East) 8 miles and turn right on Briggs Rd
- Camp is on the right 3/4 of a mile down Briggs Rd.





SEND WITH CAMPER OR SEND TO:
YMCA Camp Manitou-Lin
1095 Briaas Rd., Middleville, MI 49333

CONFIDENTIAL HEALTH RELEASE FORM

We ask that you give us some rather detailed information that will help our staff to best provide programs and supervision for your child. The information will be reviewed and passed on to your child's counselor. You know your camper best and your answers will help us provide the best possible experience. The intent of this information is also to provide camp health care personnel the background to provide appropriate care. Please provide complete information so that we can be aware of your needs.

Camper's Last Name: _____ First Name: _____ Sex: _____ Age: _____

Camper's Nick Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Parent or Guardian(a) Name: _____ Phone: _____

Place of Employment(s) _____

Parent/Guardian Email: _____ Camper E-Mail: _____

Any specific activities to be encouraged or limited by physician's advice: _____

Dietary restrictions: _____

OPTIONAL INFORMATION:

Child lives with: Both Parents Mother Father Other _____

Have any significant events occurred in your family within the last few years? _____

Child is looking forward to camp with: Enthusiasm Acceptance Caution Anxiety

Has your child been away from home before? Yes No _____

If so, where? _____ How long? _____

Does your child have any fears? _____

Is he/she accustomed to a wake-up call to use the bathroom during the night? Yes No

I AUTHORIZE THE FOLLOWING TO BE ADMINISTERED (OR THEIR GENERIC EQUIVALENT) AS NEEDED:

- Tylenol Chlorseptic Benadryl Cough Drops Pepto Bismol
- Ibuprofen Neosporin Calamine Lotion Comments: _____

Campers Name: _____ Camper's Age _____

EMERGENCY CONTACT INFORMATION

1st Contact Name: _____ Phone: _____ Cell: _____
 Relationship to Camper: _____
 2nd Contact Name: _____ Phone: _____ Cell: _____
 Relationship to Camper: _____
 3rd Contact Name: _____ Phone: _____ Cell: _____
 Relationship to Camper: _____

PARENT RELEASE AUTHORIZATION

All campers being picked up at Camp Manitou-Lin or at designated bus stops must be signed out with camp staff. Please list all people your child may be released to, **INCLUDING** parents.

| | NAME | RELATIONSHIP |
|----|-------------|---------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Signature of parent or guardian _____ Date: _____
 (Circle appropriate title)

My child may **NOT** be released to: _____

Signature of parent or guardian _____ Date: _____
 (Circle appropriate title)

HEALTH HISTORY

Please supply dates and check which diseases camper has had and which vaccinations they've received.

| | DATE | DISEASE | VACCINATIONS |
|-----------------------------|-------------|---|--|
| Frequent Ear Infections | _____ | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Chicken Pox |
| Heart Defect/Disease | _____ | <input type="checkbox"/> Measles | <input type="checkbox"/> Measles |
| Convulsions/Seizures | _____ | <input type="checkbox"/> German Measles | <input type="checkbox"/> German Measles |
| Diabetes | _____ | <input type="checkbox"/> Mumps | <input type="checkbox"/> Mumps |
| Bleeding/Clotting Disorders | _____ | <input type="checkbox"/> Other: | <input type="checkbox"/> Hepatitis A |
| Hypertension | _____ | | <input type="checkbox"/> Hepatitis B |
| Mononucleosis | _____ | | <input type="checkbox"/> Hepatitis C |
| Last Tetanus Booster Shot | _____ | | <input type="checkbox"/> TB Mantoux Test |
| | | | Date: _____ |
| | | | Results: Positive <input type="checkbox"/> Negative <input type="checkbox"/> |

Operations or serious injuries (dates): _____

Disability or chronic recurring illness: _____

Other infectious diseases or details of above: _____

Name of family physician: _____ Phone: _____

Date of last physical examination (must have been within the last 24 months): _____

Family medical/hospital insurance carrier: _____ Policy or Group # _____

(For female) Has this person menstruated? Yes No If no, has she been told about it? Yes N

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. Attach additional pages for more medications.

This person takes NO medication on a routine basis

This person takes medication as follows:

Med#1 _____ Dosage: _____ Times Taken Each Day: _____
Reason for Medication: _____

Med#2 _____ Dosage: _____ Times Taken Each Day: _____
Reason for Medication: _____

Med#3 _____ Dosage: _____ Times Taken Each Day: _____
Reason for Medication: _____

Identify any medications taken during the school year that participant does/may not take during the summer: _____

ALLERGIES

List all known! Describe reaction and management of the reaction to Medication, Food or other Allergies (please list):

| Medication Allergies | Describe reaction and management of the reaction |
|----------------------|--|
| | |
| | |
| | |
| Food Allergies | Describe reaction and management of the reaction |
| | |
| | |
| | |
| Other Allergies | Describe reaction and management of the reaction |
| | |
| | |
| | |

GENERAL LIABILITY:

I understand that the YMCA of Greater Grand Rapids assumes no responsibility for injuries, which I or my child may sustain as a result of my or my child's physical condition or resulting from my or my child's participation in any activities, programs, exercise, or the use of any facility, equipment, or other activities organized or sponsored by the YMCA of Greater Grand Rapids & Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the YMCA, I hereby voluntarily release and discharge the YMCA of Greater Grand Rapids, its agents, servants, and employees from any and all claims for injury, death, loss or damage that I or my child may suffer. I understand the YMCA of Greater Grand Rapids is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

PHOTO RELEASE:

We love taking pictures of our guest enjoying their time at Camp Manitou-Lin. We often use these photos in our marketing and promotional efforts. By signing this waiver, you agree to give the YMCA of Greater Grand Rapids permission to use any media of me or my child at camp for purposes of promoting or interpreting YMCA Programs. If you'd prefer your photo not be used, please let us know in writing prior to your camp experience.

Signature of parent or guardian _____ Date: _____
(Circle appropriate title)

EMERGENCY AUTHORIZATION

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for myself or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the named person above.

Signature of parent or guardian _____ Date: _____
(Circle appropriate title)

YMCA CAMP MANITOU-LIN
CAMPER INFORMATION SHEET

SEND WITH CAMPER OR SEND TO:
YMCA Camp Manitou-Lin
1095 Briars Rd., Middleville, MI 49333

Camper Name: _____

What activities does your child enjoy? _____

What does your child find soothing? _____

What methods do you use for positive feedback? _____

What are you child's social strengths and weaknesses? _____

Is there a time of day when your child is more tired or more active? _____

Is your child prone to meltdowns? _____

What generally works to avoid or diffuse a meltdown? _____

What types of situations cause your child stress? _____

What behaviors does your child exhibit when stressed? _____

Can you share successful management tools? _____

Does your child need frequent restroom reminders? _____

How does your child indicate that they need to use the restroom _____

Do you have any comments, concerns or helpful hints? _____