



### Travel Participant Application

COMPLETE APPLICATIONS are due as soon as possible. We will not guarantee a spot until the completed application and trip deposit has been received.

Applicant's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Is applicant their own guardian? Yes\_\_ No\_\_

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Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Parent/Guardian Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Email \_\_\_\_\_  
Parent/Guardian Place of Employment \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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Agency/Facility Serving Applicant \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
House Manager \_\_\_\_\_ Contact after hours \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_

HAS APPLICANT ATTENDED CAMP ECHOING HILLS BEFORE? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

Who should we contact if we have questions regarding this application?  
Name \_\_\_\_\_ Best Contact # \_\_\_\_\_  
Email \_\_\_\_\_

Dates of Camp Trip applying for: \_\_\_\_\_

Please Mail the application to:  
Camp Echoing Hills • 36272 CR 79 Warsaw, OH 43844  
E-Mail [dkpeterson@ehvi.org](mailto:dkpeterson@ehvi.org) • Fax 740.327.2333



## In Case of Emergency

We will attempt to contact Parent/Guardian first. Must List 2 additional contacts.

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Applicant's SS# \_\_\_\_\_ Medicaid # \_\_\_\_\_  
Medicaid Effective Date: \_\_\_\_\_ Medicare # \_\_\_\_\_  
Applicant's Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

### Pick up Authorization

I authorize my child/adult to be released/picked up only by the following persons. Please include parents if applicable. I will notify Camp Echoing Hills of any changes in this information.

**Please do not leave this section blank**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

## How would you like to pay for your services?

Funding Contact Name \_\_\_\_\_

Funding Contact Email \_\_\_\_\_

Funding Contact Phone (\_\_\_\_) \_\_\_\_\_

Cash Payment

Check or Money Order

\*Please note that camp trips are not funded in any way by though Ohio Medicaid Waiver services.

\*Notes for travel program regarding care:

- Hoyer lifts may not be available for all trips. Not all hotel beds have space for Hoyer lifts. We cannot bring a Hoyer lift on a cruise
- If applicant needs pureed or mechanical soft foods please send a portable food processor.
- Please send necessary care supplies (i.e. briefs, chucks, wipes, hygiene items etc.)

**APPLICANT'S DISABILITY AND PRESENT CONDITION**

Cause and onset of disability: At birth \_\_\_\_\_ Illness \_\_\_\_\_ (year \_\_\_\_\_) Accident \_\_\_\_\_ (year \_\_\_\_\_)

Please give diagnosis and fully describe the extent and degree of disability: \_\_\_\_\_

**MEDICAL INFORMATION** (please fill in all applicable information) Sex \_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**\*DIABETES:** Is Applicant Diabetic? : Yes ( ) No ( ) How is Diabetes being controlled? \_\_\_\_\_  
Applicant's typical blood sugar range? \_\_\_\_\_ Testing schedule? : \_\_\_\_\_

Does applicants use a sliding scale? : Yes ( ) No ( ) *Please send copy of sliding scale to camp if applicable.*  
Any additional information we should know pertaining to applicant's diabetes? : \_\_\_\_\_

**Note: Please send the necessary supplies for testing.**

**\*Seizures and Convulsions**

Does applicant have a history of seizures? Yes ( ) No ( ) If yes, how often? \_\_\_\_\_  
What type(s) of seizure does camper have? \_\_\_\_\_ How long do they last? \_\_\_\_\_

Please describe a typical seizure, medication used and precautions for reducing onset of seizures:

What are seizures triggered by?: \_\_\_\_\_ Please explain: \_\_\_\_\_

Are there special precautions to be taken, such as wearing protective headgear? \_\_\_\_\_  
Have seizures medications been changed recently? \_\_\_\_\_ Is there a protocol to be followed for frequent or prolonged seizures?: \_\_\_\_\_ Please explain: \_\_\_\_\_

**\*Allergies**

Medication Allergies: \_\_\_\_\_  
Food Allergies: \_\_\_\_\_  
Other Known Allergies: \_\_\_\_\_

Is applicant allergic to bee stings or other insect bites? Yes ( ) No ( ) If yes, please describe the reaction and how it should be treated: \_\_\_\_\_

Does applicant use an Epi-pen? \_\_\_\_\_ What is Epi-Pen used for? \_\_\_\_\_  
*Camp Echoing Hills does not provide Epi-pen injection supplies. Traveler must bring any needed supplies, properly labeled and identified.*

**\*Medication Information**

Does the traveler experience any side effects from their medication i.e. mood behavior changes, upset stomach, etc.? Yes ( ) No ( )  
List below any special instructions or additional information regarding the medications that would be helpful to Health Care Staff.

How are medications given? With Water \_\_\_\_ With Juice \_\_\_\_ With Pudding \_\_\_\_ With Applesauce \_\_\_\_

Through G-Tube/J-Tube \_\_\_\_ Other \_\_\_\_\_

Can applicant use acetaminophen for minor problems (headache, low grade fever)? \_\_\_\_\_



**\*Other Medical Information**

Does the applicant sunburn easily? Yes ( ) No ( ) If yes, list restrictions that apply: \_\_\_\_\_

Should applicant avoid exertion due to heart or other health concerns? \_\_\_\_\_

Please describe other allergies, health concerns or sensitivities that may hinder applicant's participation: \_\_\_\_\_

\*\*Does the applicant have Asthma? Yes ( ) No ( )

What causes an asthma attack? \_\_\_\_\_

What is your procedure following asthma attack? \_\_\_\_\_

Please list medications, inhalers, etc. and how they are used \_\_\_\_\_

\*\*Does applicant have bedsores, pressure areas or decubitus ulcers that are being treated? \_\_\_\_\_

If yes, please specify location of area and describe treatment: \_\_\_\_\_

\*\*Illnesses applicant has had: (please check all that apply)

- |                    |                        |                                    |
|--------------------|------------------------|------------------------------------|
| Frequent Colds ( ) | Fainting Spells ( )    | Low Blood Pres. ( )                |
| Frequent Sore ( )  | Skin Rashes ( )        | High Blood Pres. ( )               |
| Throat Ear ( )     | Heart Disease ( )      | General Blood Pressure Range _____ |
| Infections ( )     | Breathing Problems ( ) |                                    |

Please explain any chronic or recurring illnesses, rashes or infections: \_\_\_\_\_

Applicant's Physician's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Most recent physical exam, date and findings: \_\_\_\_\_

**MOBILITY** (please check all that apply)

- |                      |                           |                      |
|----------------------|---------------------------|----------------------|
| Normal Walking ( )   | Cane(s) ( )               | Walker ( )           |
| Slow Walking ( )     | Crutches ( )              | Hoyer Lift ( )       |
| Unsteady Walking ( ) | Wheelchair: Manual ( )    | Legs Bear Weight ( ) |
| No Walking ( )       | Electric ( )              |                      |
| Braces ( )           | When are they worn? _____ |                      |

Describe best way to transfer applicant from wheelchair: \_\_\_\_\_

**Please note: Camp Echoing Hills cannot provide wheelchairs. All wheelchairs must have a safety belt to protect the applicant. Always check wheelchairs before an event to assure safe working order.**

**EATING** (please check all that apply)

- |                            |  |
|----------------------------|--|
| Eats independently ( )     | Has trouble swallowing: Solid foods ( ) Liquids ( )      |
| Needs help eating ( )      | Needs to be fed: Some foods ( ) All food ( )             |
| Needs food cut up ( )      | Needs to eat: Mechanical Soft foods ( ) Pureed foods ( ) |
| Uses straw for liquids ( ) | Describe appetite: Poor ( ) Normal ( ) Overeats ( )      |
| Uses gastronomy tube ( )   | Please describe any adaptive eating equipment: _____     |



Please describe any food allergies or food to avoid: \_\_\_\_\_

Other information regarding applicants eating habits: \_\_\_\_\_

\*Please note: Camp Echoing Hills will modify diets if there is a specific medical need to do so. Every effort is made to monitor amounts served, but we may not be able to adhere to general weight restricting diets.

**SLEEPING ARRANGEMENTS** (please check all that apply)

Sleeps through night ( )      Sleeps with side rails ( )      Prone to bad dreams ( )  
Wets bed: Never ( )      Occasionally ( )      Frequently ( )

Please explain how bedwetting is handled: \_\_\_\_\_

Other information on sleeping arrangements: \_\_\_\_\_

**APPLICANT PERSONAL CARE AND HYGIENE** (please check all that apply)

	Independent	Needs Help	Total Care	Comments
Dressing	( )	( )	( )	_____
Showering	( )	( )	( )	_____
Washing Hands & Face	( )	( )	( )	_____
Brushing Teeth	( )	( )	( )	_____
Shaving	( )	( )	( )	_____
Washing Hair	( )	( )	( )	_____
Tying Shoes	( )	( )	( )	_____
Using Toilet	( )	( )	( )	_____
Menstruation (women only)	( )	( )	( )	_____

Other information regarding personal care: \_\_\_\_\_

**TOILETING NEEDS** (please check all that apply)

Uses: Portable urinal ( )      Bed pan ( )      Catheter ( ) Type \_\_\_\_\_  
Uses: Briefs ( )      Plastic pants ( )      Liners ( )      When: Night only ( )      Occasionally ( )      Always ( )

If applicant has occasional constipation, how is it managed? \_\_\_\_\_

Other information regarding toileting needs: \_\_\_\_\_

**\*SWIMMING** (please check all that apply) \*Note: Pool is only 5' deep

Swims independently ( )      Fears water ( )      Not allowed in pool at all ( )  
Enjoys water, cannot swim ( )      Does not need Life jacket ( )      Seizure Prone in Water ( )  
Needs life jacket ( )      Needs one-on-one attention in  
Wears ear plugs ( )      Pool ( )

*Please note: If applicant has toileting accidents or uses briefs, please send swim briefs or 4-6 cloth briefs with elastic pants for use in pool. Disposable products may not be used in the pool.*



**I LIKE TO DO:**

- Archery
  - Paintball
  - Go-Carts
  - Board/Card Games
  - Crafts
  - Dancing
  - Fishing
  - Group Activities
  - Nature Exploration
  - Sensory Activities
  - Singing
  - Sports
  - Swimming
  - Other
- 
- 

**I DO NOT LIKE OR MAY BE AFRAID OF:**

- Animals
  - Change in schedule
  - Insects
  - Large Groups
  - Loud Noises
  - Nurses/Doctors
  - Showers
  - Storms
  - The Dark
  - Toileting
  - Water
  - Other
- 
- 

**I COULD BECOME UPSET BECAUSE:**

- I am too hot or cold
  - I am not getting my way
  - I am being told "no"
  - I am being asked to wait
  - I am afraid
  - I am being asked to take turns
  - I am trying to communicate and am not being understood
  - There is a change in my schedule
  - Someone is bossing me around
  - I am in a crowd
  - I am ill / In pain
  - I am hungry or thirsty
  - I am asked to share
  - Other
- 
- 

**MY FRUSTRATIONS MAY APPEAR BY:**

- Bad language
  - Biting self or others
  - Crying
  - Hair pulling
  - Hiding
  - Hitting
  - Kicking
  - Inappropriate Touch
  - Refusing to move
  - Running away
  - Scratching
  - Screaming
  - Spitting
  - Throwing things
  - Undressing
  - Wandering
  - Other
- 
- 

**I COMMUNICATE BEST:**

- Non Verbal
  - Verbally
  - Writing Notes
  - Using sign language
  - Using gestures/pointing
  - Using simple words
  - Using body language and facial expressions
  - Using a communication device
- \*\* Will this be sent to camp?  
Yes \_\_\_ No \_\_\_

**YOU CAN HELP ME BY:**

- Offering Quiet space
- Offer me choices
- Speaking calmly and quietly
- Use fewer words
- Take a break
- Use picture schedule
- Provide pressure
- Provide sensory input  
(jumping, running, splashing)
- Talk to me about why I am upset
- Use first/then statements

**I have a behavior plan \_\_\_ Yes \_\_\_ No**

**\*\* (Must be sent prior to camp) \*\***

**I may exhibit sexual behavior: \_\_\_ Yes \_\_\_ No**

**Explain** \_\_\_\_\_



**REGISTRATION TIME FOR TRIPS VARY. PLEASE KEEP AN EYE OUT FOR EMAILED INFORMATION.**

**I Understand That:**

- This application must be completed in full, signed and mailed in with final payment. Incomplete applications will not be processed and will be returned. *Please include a picture of the traveler for identification purposes.*
- Application MUST be signed by the applicant's guardian if the applicant is not their own guardian.
- Camp Echoing Hills does not provide medications or personal supplies such as food processors or incontinent care.
- ALL MEDICATIONS MUST BE CHECKED IN AT REGISTRATION. Any medical items purchased for the individual will be charged to the applicant or payee.
- Camp Echoing Hills staff and volunteers accept no financial responsibility for damaged property. *Camp Echoing Hills asks that travelers keep damages in mind when sending personal items.*
- Travelers are responsible for their own transportation to and from the designated meeting place.
- Spending money must be sent with the traveler, not sent to the camp. Travelers will be responsible for any additional charges occurred on trip (ex. – oxygen for plane flight, plane ticket from somewhere other than designated meeting area, etc....) *In the event of rising costs on a trip, Camp Echoing Hills reserves the right to pass the increase on to its travelers.*
- Camp Echoing Hills reserves the right to cancel a trip due to insufficient registration. In the event that Camp Echoing Hills cancels a trip, all money will be refunded.
- Any traveler going on a trip including air transportation MUST have a Photo ID. Any traveler without a Photo ID will be denied upon arrival. For any trip going out of the United States, a passport is REQUIRED. *You must apply for a passport this at least six months in advance to guarantee getting it in time for your travels.*
- Camp Echoing Hills reserves the right to turn away potential travelers if they do not fit the traveler criteria:
  - 18 years or older
  - Diagnosed with a mental and/ or physical disability
  - Does not require constant overnight monitoring
  - Able to be up in a chair or on feet for up to 15 hrs./day
  - Has not had a med change within 3 weeks leading up to the trip
  - Does not have behaviors that could put self or others in danger
  - Can be transferred without a mechanical lift

**Refund Policy:**

- Any traveler that cancels after the registration deadline but more than 45 days in advance of the trip will be assessed a \$50.00 administrative fee plus any monies not refundable from vendors.
  - Trips requiring pre-paid purchases such as airline tickets and cruises have more narrow requirements and stronger penalties set by the airline or cruise companies.
- Any traveler that cancels less than 45 days but more than 2 weeks in advance of the trip will be assessed 50% of the total trip cost plus any monies not refundable from vendors.
- No refund will be given for travelers who are late on day of departure, do not show up, refuse to board a flight or cancel a vacation within 2 weeks of the departure date. Or does not have current identification or a valid passport.

**“I have read and understand the above items. Applicant has my permission to attend and participate in Camp Echoing Hills Travel Program. Camp Echoing Hills has my authorization to use the designated Camp physician for emergency treatment for the application. Medical information may be released by the attending physician as given on this application.”**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Or camper if own guardian)

**\*\* Please keep a copy of this form for your records.\*\***

