

UCP Camp Harkness 2018



Packet #2

Guardian Authorization Forms

In this packet, you'll find these forms:

- Camp Harkness Authorization Form
- Special Note on Potassium Iodide
- Notice of Privacy Practices
- UCP Camp Harkness Exclusion Policy
- High Hopes Registration and Release Form

All forms must be filled out completely and signed by the legal guardian.

Please note: The last 3 pages of this packet is the registration and release form for the High Hopes Therapeutic Riding Program. This form only needs to be filled out for campers who intend to participate in this program.

Packets #2 and #3 must be completed and returned no later than April 1, 2018. Failure to submit Packets #2 and #3 by April 1 will result in a loss of session reservation and the camper will be put on our waiting list. Campers requesting an exception to the April 1 due date should contact Cheryl Scott at 860-712-9444. Campers who have a yearly physical date which occurs after April 1 will be granted an exception.

CAMP HARKNESS AUTHORIZATIONS FORM

Please note: All areas require your review and signature before applicant will be admitted to camp.

Consent for Medical, Surgical, or Dental Treatment:

I hereby give permission to the Director and/or Medical Personnel to authorize emergency medical, surgical or dental treatment, including administration of medications, immunizations, an anesthesia for:

Camper's Name _____ Date: _____

_____ Date: _____

Signature of applicant, parent or legal guardian

In a community hospital, clinic, nursing facility, or private office if considered necessary or desirable by a physician or dentist.

Camper's Name _____ Sponsoring Agency: _____

Activities Consent:

Applicant's Name _____

I give permission for applicant to participate in all planned activities and trips of the agency.

_____ Date: _____

Signature of applicant, parent, or legal guardian

Photo Release:

I give permission to the agency to photograph the applicant. I understand that the photograph may be used for educational purposes and in some instances, for the public information through the news media.

YES NO

_____ Date: _____

Signature of applicant, parent, or legal guardian

**Please note: A photo of the camper will be taken and kept on file for medical and identification purposes. The camp nurse, to positively identify the camper for medication administration, will use this photo. The above release relates to other photos, which may be taken in the course of the camper's day.*

Special Note on Potassium Iodide

In response to the events of September 11, 2001, we have all received information of emergency preparedness from our local municipalities as well as the media. Camp Harkness is in close proximity to the Millstone Nuclear Power Station in Waterford, CT. As a precaution, Potassium Iodide tablets have been issued to everyone who resides or works within a (10) mile radius of Millstone.

To administer this medication to your family member, the information below must be completed and signed by the camper or their legal guardian. The primary physician must sign the Doctor's Order. UCP Camp Harkness will provide each camper with the medication if necessary.

Individual, Parent, or Guardian:

I give permission for _____ to receive Potassium Iodide (KI) according to the instructions on the signed Doctor's Order.

Signature

Date: _____

NOTICE OF PRIVACY PRACTICES

CONSUMER

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

All information that you share with us about you is considered confidential. Personal and medical information must be treated by us, your service provider, with specific attention to the need for confidentiality and privacy. During the time that you choose to receive services from us, we often receive information about you from other sources. Keeping the information private that you share, or the information we receive as part of our service to you is important.

We are required by law to maintain the privacy of health information about you and to provide all those to whom we provide services with notice of our legal duties and privacy practices with respect to health information. Review the information written here.

Be informed about information we may collect about you and with whom we may share that information. We comply with all of the laws about handling non-public medical information.

A copy of the current Notice of Privacy Practices is included in our Policy and Procedure Manual. Your local Executive Director may be contacted to get you a copy of the current notice of Privacy Practices.

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all health information that we maintain, including that created or received by us prior to the effective date of the new notice.

I. We may collect personal information and personal medical information about you that is considered to be non-public (not for distribution to others in the public). These examples of personal/medical, non-public information:

A. Personal

- Name
- Address
- Phone number
- Social security number
- Immigration number
- Driver's License number

B. Medical

- Physical Examination
- TB Test
- Medications
- Physician Orders and Notes
- Nursing Notes
- Health & other insurance information

II. We do not give out medical information about you to anyone, except as permitted and required by law. Information is never given to any party that is not legally authorized to receive such information. Our Policies and Procedures dictate that a Release of Information must be completed by you (or your legally authorized representative) BEFORE any information about you is released.

As required by law and to insure your service needs are met, we do give medical information about you to all or some of the following people, agencies and departments:

- State Funding Agencies
- State, Local and Federal Monitoring Agencies
- Hospitals
- Health Professionals
- Insurance Companies
- Local Executive Director, Office Manager and other designated staff and consultants for your service record
- Corporate Risk Management Department

I have read, understood and acknowledge receipt of the information contained in the Notice of Privacy Practices.

Date: Month/Day/Year _____

Consumer Full Name (Please Print) _____

Witness Full Name/Title (Please Print) _____

Consumer Signature/Mark _____

Witness Signature _____

Consumer's Legally Authorized Representative
Full Name (Please print) _____

Consumer's Legally Authorized Representative
Signature _____

High Hopes

HORSES AND HUMANS
IMPROVING LIVES

UCP Equestrian Activities Summer

This summer, High Hopes Therapeutic Riding, Inc. is offering three exciting and therapeutic equine assisted activities. Please read the descriptions and complete the form below to indicate which activities you would like to participate in this year. Trained and certified High Hopes instructors will make final determined of activities in order to promote a safe, positive, and educational experience.

Therapeutic Riding Lessons are planned with the individual's educational, physical, social and recreational goals in mind. Lessons may include warm-up exercises, riding skill development, activities and games to reinforce skills, and trail rides. *Participants must be under 180 pounds and should be able to comfortably sit astride, mount and dismount the horse with minimal to moderate support (one person supporting). A physician's signature verifying current weight and absence of contraindications is required.*

Therapeutic Carriage Driving Lessons add another dimension to the overall equine experience. The stability offered by the seat in the vehicles enables individuals to be more independent without relying upon side-walkers or support. Carriage driving lessons may include skill development, obstacle courses, and training techniques. *Participants must be able to sit independently (with a small back rest) and should be able to stand and step across an 18" gap with moderate physical assistance (one person supporting) in order to safely enter the carriage. A physician's signature verifying absence of contraindications is required.*

Equine Learning Program (ELP) sessions are unmounted and accessible to all. ELP sessions allow for interaction and relationship development with the horses from the ground, and provide opportunities to explore the stable, learn about horses and achieve personal goals through working with horses. Activities may include petting, handling and stable management.

Please complete the following to indicate your interests and help us plan for camp this year!

Session: _____

Check one, or indicate 1st, 2nd, and 3rd choice:

- Therapeutic Riding Lesson (Physical requirements apply, Physician's signature required)
- Therapeutic Carriage Driving Lesson (Physical requirements apply, Physician's signature required)
- Equine Learning Program (ELP)

To learn more about horses & humans improving lives, visit us at www.highhopestr.org

UCP CAMP HARKNESS SESSION RESERVATION & PAYMENT RECORD - 2018

Name: _____

Circled below is your **CAMP RESERVATION** for the 2018 season:

Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
6/24-6/29	7/1-7/6	7/8-7/13	7/15-7/20	7/23-8/3	8/5-8/10

Important Due Dates

- **All payment balances are due by June 1, 2018.** Lack of payment by this due date will result in the loss of your session reservation unless a prior arrangement has been made with Peter Cavanagh, Camp Coordinator.
- **All medical forms in Packet #3 are due by May 14, 2018.** Exceptions will be made for individuals whose annual medical physical is after the May 14 due date. Individuals requiring an exception should contact Cheryl Scott, Camp Coordinator.

How to Make Your Payment

- We can only accept checks made payable to:
United Cerebral Palsy of Greater Hartford
- Mail your packets and all payments to:
*United Cerebral Palsy of Greater Hartford
80 Whitney Street
Hartford, CT 06105
Attention: Cheryl Scott*

UCP Session Reservation Policy

In order to meet the needs of our campers, your session selection(s) is not guaranteed. It is UCP's intent to balance the sessions based upon campers' medical needs and overall assistance. Please note that incomplete applications or applications received without a deposit will not be processed. These campers will be placed on a waiting list until all complete forms are submitted; you will be notified in writing of your acceptance to camp. Confirmations will not be given over the phone.

United Cerebral Palsy of Greater Hartford- 2018 Payment Record

Date	Type	Description	Check Number	Amount
Balance:				

The amounts listed on this payment record were received in support of residential camping services at Camp Harkness for the 2018 season.

Cheryl Scott, Camp Coordinator

_____/_____/2018
Date

High Hopes Statement of Participant Eligibility or Dismissal

High Hopes Therapeutic Riding offers services to individuals with special needs. Eligibility for participation in High Hopes' programs is based upon an individual's ability to participate meaningfully and safely, provided the necessary resources are available including an instructor, horse, volunteers and class availability which meets an individual's needs. Financial consideration is not taken into account in determining the eligibility for participation.

As a fully accredited PATH Intl. operating center, High Hopes fully ascribes to the Precautions and Contraindications are recommended by the Medical Committee of PATH Intl. as well as Professional Standards. Therefore, our professional staff provides initial and ongoing evaluations for all prospective and active participants.

Due to the nature of therapeutic riding and other equine related activities, there are individuals for whom High Hopes' programs are deemed inappropriate during the evaluation process and are not accepted for enrollment or not eligible to continue in High Hopes' programs. This determination is made on the basis of physical, behavioral and other limitations.

Individuals accepted into High Hopes' programs are required to take part in periodic progress reviews and follow High Hopes' rules and procedures. During these reviews, or as the result of unusual occurrences during a program session, the High Hopes professional staff may find that continuance in the program for a given individual is inappropriate. For this reason, High Hopes reserves the right to discontinue the participation of an individual in its programs when it is deemed that discontinuance is in the best interests of High Hopes and/or the individual concerned.

High Hopes reserves the right to decide we are unable to serve an applicant due to unavailable resource(s) and/or safety concerns including PATH Intl. guidelines relating to contraindications for participation.

High Hopes
Therapeutic Riding, Inc.

REGISTRATION & RELEASE FORM/AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant's Name _____ Date of Birth: ____/____/____/ Age: _____

Weight: _____ Height: _____ Disability: _____

School or Institution Presently Attending: _____ Teacher's Name: _____

Primary Contact Name: _____ Relation: _____

Mailing Address: Street _____ City _____ State _____ Zip _____

Home Phone: () _____ Cell Phone: () _____ Email: _____

In the event of an emergency:

Preferred medical facility: _____

Emergency Contact 1: _____ Relationship _____

Home Ph: _____ Work Ph: _____ Cell #: _____

Emergency Contact 2: _____ Relationship _____

Home Ph: _____ Work Ph: _____ Cell #: _____

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize HIGH HOPES THERAPEUTIC RIDING, INC. to: 1) Secure and retain medical treatment and transportation, if needed. 2) Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) listed cannot be reached. In case of non-consent, please request non-consent form.

Date: _____ Consent Signature: _____

Client, Parent, or Legal Guardian

Photo & Publicity Release

_____ I hereby consent and authorize _____ I do not consent to, nor do I authorize

High Hopes Therapeutic Riding, Inc., to use my (my child's) photograph or image in its print, online and video publications;

Release High Hopes Therapeutic Riding, Inc., its employees and any outside third parties from all liabilities or claims that I might assert in connection with the above-described activities and;

Waive any right to inspect, approve, or receive compensation for any materials or communications, including photographs, videotapes, DVDs, website images or written materials, incorporating photos/images of me(my child).

Date: _____ Relation to Participant: _____

Signature (Client, Parent, or Legal Guardian) _____

Liability Release (required):

_____ (Name) would like to participate in the High Hopes Therapeutic Riding, Inc. Program. I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. I, hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against High Hopes Therapeutic Riding, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in the Program from whatever cause including but not limited to negligence of these released parties. The undersigned acknowledges that he/she has read this Registration and Release Form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Date: _____ Signature: _____

Client, Parent, or Legal Guardian