



## Rotary Camp Onseyawa Application

(Revised 02/2023)

Dear Parent, Guardian, Primary Care Provider:

The Rotary Clubs of Ontario, Seneca, Yates and Wayne Counties annually provide a cost-free overnight summer camping experience for children with disabilities at the end of August. Camp Onseyawa is held at Camp Whitman in Penn Yan, NY. Camp Onseyawa serves campers between the ages of 8-16, with a wide variety of disabilities.

This year's camp dates are Monday, August 14th – Friday, August 25th.

### **Applications are due by June 1<sup>st</sup>, 2023.**

For consideration by the Camp Onseyawa Selection Committee, a child must:

1. Be a resident of Ontario, Seneca, Yates or Wayne County, between the ages of 8 and 16 inclusive, as of August 1 of that year.
2. Have a handicap sufficiently severe to preclude admission to the average summer camp for children, but **NOT** involving:
  - a. Conditions requiring constant nursing care.
  - b. Communicable diseases in an infectious stage.
  - c. Behavior which constitutes a danger to self, others and/or property.
  - d. Acute illness (unless we have doctor's permission).
3. Be at least semi-ambulatory (use of wheelchair, braces, etc. is permissible).

Please read over the instructions and questions carefully. Please answer every question completely if it applies to your child. Please sign ALL releases as necessary. Failure to do these things and to return forms promptly will result in delayed processing and possible refusal of the application. Please return the Parent Forms, Free Lunch Form and Teacher Forms as soon as possible. We understand it may take longer for your physician to complete the medical form.

On the following page you will find instructions for completing the application. Please be sure to do every step! Don't be shy about asking questions. Call the Camp Onseyawa phone ((315) 332-1020), email ([onseyawa@gmail.com](mailto:onseyawa@gmail.com)) or your local Rotary representative.

You will be notified regarding the committee's decision after all applications have been reviewed. You should receive notification via email or mail by July 10th. Thank you for your help. We hope to see you this summer.

This packet has been optimized for 2-sided printing and copying, with teacher and medical provider packets printing after the parent section.



## Application Instructions

\_\_\_\_\_ **1.** Complete "Camper Application Form" pages 1-6

- Pages 1-3: Camper Information
- Page 4: Signed Release Statements
- Page 5-6: Summer Food Service Program Form

The FOOD SERVICE FORM IS REQUIRED to be on file, even if you do not believe your child qualifies.

\_\_\_\_\_ **2.** Please send pages 1-6 of the "Camp Onseyawa Application" by mail, fillable form (Pages 1-3 ONLY), or email. **ONLY doctor forms can be received via fax.**

Mail: Rotary Camp Onseyawa  
Camp Director  
Joanna Meyer  
PO Box 95  
Marion, NY 14505

Email: [onseyawa@gmail.com](mailto:onseyawa@gmail.com)

\_\_\_\_\_ **3.** Send a recent photo of your child, with their name. You may send this via email

\_\_\_\_\_ **4.** Make an appointment for a doctor's examination for your child as soon as possible. Give the "STATEMENT OF ATTENDING PHYSICIAN" form (cover page and 4 form pages) to the doctor to complete, sign, and return by June 1<sup>st</sup>. If you think your doctor needs more information about Camp Onseyawa or has requested information, please call the Camp Onseyawa Phone or send us an email. **THE DOCTOR MUST SIGN & DATE ALL MEDICAL RELATED FORMS.**

If your camper(s) need medication(s) given while at camp, the **medication(s) must come to camp in the original container(s)**. The label must correctly state the medication, the dose and when it is to be given.

***If there are any changes in medication(s) after the medical form is sent in, we must receive them in writing (with a doctor's signature) prior to opening day of camp.***

In order to give even over-the-counter medications at camp, a doctor's order is necessary. Please have the doctor indicate on the medical form any over-the-counter medications you would like your child to receive during camp.

\_\_\_\_\_ **5.** Give the "STATEMENT OF TEACHER" form (cover page and 2 page form ) to your child's teacher to complete and return by June 1<sup>st</sup>. If they would like more information about Camp Onseyawa please call the Camp Onseyawa phone or send us an email.

All forms MUST be completed and signed in order for your child to be accepted to Camp.

**The application should be received no later than June 1st, 2023.**



**2023 ROTARY CAMP ONSEYAWA**  
**Camper Application Form: PAGE 1**  
**(VERY IMPORTANT!! PRINT CLEARLY)**

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

First

Last

DOB:	Age as of August 1:	Sex: Male Female
Height:	Weight:	Shirt Size: Adult OR Child? (circle)

Address \_\_\_\_\_

Address

City/Town

State

Zip Code

County

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

How would you prefer to be notified? *Please check one or both.*

- Email
- US Postal Mail

**Guardian #1**

First Name	Last Name	relationship	Main Phone	Alternate Phone

**Guardian #2**

First Name	Last Name	relationship	Main Phone	Alternate Phone

List all others living at this address: \_\_\_\_\_

If child does **not** live with parents, give the name and address of a parent:

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

City/Town \_\_\_\_\_ Zip code \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

We will NOT accept a child without an additional contact person. Please list name and phone number of an additional person we can notify in case of an emergency -- *not the same phone(s) as above:*

Name \_\_\_\_\_

Main Phone (\_\_\_\_) \_\_\_\_\_ Alternate Phone(\_\_\_\_) \_\_\_\_\_



2023 ROTARY CAMP ONSEYAWA  
Camper Application Form: PAGE 2

Name \_\_\_\_\_  
First Last

**Doctor/Medical Information:**

Child's Doctor: \_\_\_\_\_ Hospital \_\_\_\_\_

Address \_\_\_\_\_  
Address City / Town State Zip Code

Phone (\_\_\_\_\_) \_\_\_\_\_

What is your child's Medical Insurance? \_\_\_\_\_ Policy # \_\_\_\_\_

**Previous Camp Experiences:**

Did your child attend Camp Onseyawa last summer?  Yes  No

If No, did your child ever attend Camp Onseyawa?  Yes  No

What was the most recent year? \_\_\_\_\_

Will your child attend any other camp this summer?  Yes  No

If yes, which camp? \_\_\_\_\_

**School Information:**

What **school/agency** does your child attend? \_\_\_\_\_ Grade \_\_\_\_\_

Please list your child's social worker/caseworker (if applicable) \_\_\_\_\_

Phone \_\_\_\_\_

What is your child's disability? \_\_\_\_\_

Please write down a brief description of your child's disability including any behavioral problems and any special needs he/she may have, which will help in the staff's understanding of your child.

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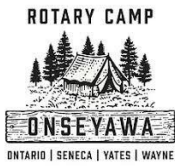
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2023 ROTARY CAMP ONSEYAWA  
Camper Application Form: PAGE 3

Name \_\_\_\_\_  
First Last

1. Does your child have seizures?  Yes  No

What date did the most recent seizure? \_\_\_\_\_

Describe a typical seizure. \_\_\_\_\_

On average, how many seizures does your child have per year? \_\_\_\_\_

2. Should your child have any activity restrictions at camp?  Yes  No

If yes, what do you recommend? \_\_\_\_\_

3. Are special rest periods, other than one in the afternoon, needed?  Yes  No

If yes, what do you recommend? \_\_\_\_\_

4. Does your child require a wheelchair and/or other special equipment?  Yes  No

If yes, what is it? \_\_\_\_\_

Is there special care required for this equipment? \_\_\_\_\_

(We recommend that, unless absolutely necessary to the child's welfare, "fancier", more expensive equipment be substituted with rugged, expendable equipment during the two weeks)

5. Does your child have bedtime concerns?  Yes  No

If yes, what is it? \_\_\_\_\_

6. Does your child have any allergies?  Yes  No

If yes, what are they? \_\_\_\_\_

7. Does your child have any special dietary needs?  Yes  No

If you answered yes, please specify:

Celiac Disease  Dairy Free  Soy Free  Wheat Free  Dye Free

Other: \_\_\_\_\_

\*Please submit Doctor's orders for special dietary requirements with this application.

Other comments or information you would like the selection committee and the staff to have about the needs of your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*  
Rotary Camp Onseyawa participates in the "U.S. Surplus Food Program" and does not discriminate by race, color, national origin, sex, age, religion, or disability.  
Rotary Camp Onseyawa is licensed by the Yates County Department of Health and is required to be inspected yearly. Inspection reports will be on file at the Yates County Health Department and at the Camp Office.



2023 ROTARY CAMP ONSEYAWA  
Camper Application Form: PAGE 4

Releases: To be signed and dated by Parent(s) or Legal Guardian

Camper's Name: \_\_\_\_\_

Parent(s) or Legal Guardian (Please Print): \_\_\_\_\_

1. I/We understand that the entire expense involved will be borne by the camp and that no charges will be payable by or for such child. In consideration of this, I/we agree to hold the camp and its staff blameless for any and all claims, such as, by not limited to, loss of, or damage to, camper clothes, personal articles, special equipment, and/or prosthetic devices.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

2. I/we consent to allow the camp to use video & pictures and the name of my/our child for Public Relations.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

3. The health history is correct as far as I/we know, and the child described has my permission to engage in all prescribed activities, except as noted by myself (us) and/or the examining physician.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

4. I/We give permission for the prescription and over-the counter medication(s) signed off by child's Doctor or Nurse Practitioner to be administered by camp nursing staff as per the medication orders and/or camp application statement of attending physician form.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

5. I/We give permission for my / our child to engage in **regular/restricted** swimming activities under appropriate staff supervision (*Any restrictions should be indicated clearly on application*).

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

6. In the event of an emergency, after every reasonable effort has been made to contact the parents or legal guardian and family doctor, I/we give my/our permission to the doctor, medical director or camp nurse selected by the camp director to provide whatever emergency medical treatment is needed.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

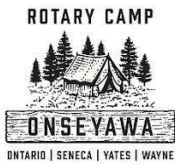
7. I/We give permission to the doctor whose name appears in the applicaion and my/our child's teacher/case worker to release the information presented in this application to the camp. I/we also give camp senior staff and medical staff permission to contact the doctor, teacher and/or caseworker for additional information if necessary.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

8. \_\_\_\_\_ **will** be picking up my child on the closing day of each week (August 18 and August 25).

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Main Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_



# 2023 ROTARY CAMP ONSEYAWA

## Camper Application Form: PAGE 5

### Summer Food Service Program Form

Attachment 10  
2022 SFSP

#### INCOME ELIGIBILITY FORM SUMMER FOOD SERVICE PROGRAM (For Use by Camps and Closed Enrolled Sites)

Please complete the following form using the instructions below. Sign the form and return it to: Name of Sponsor

If you need help, call phone number of Sponsor

<p><b>Follow these instructions, if your household gets SNAP (Food Stamps) TANF or FDPIR:</b></p> <p><b>Part 1:</b> List participant's name and a SNAP (Food Stamp), TANF or FDPIR case number.  <b>Part 2:</b> Skip this part.  <b>Part 3:</b> Skip this part.  <b>Part 4:</b> Sign the form. A Social Security Number is <u>NOT</u> required.  <b>Part 5:</b> Answer this question if you choose to.</p>
<p><b>If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:</b></p> <p><b>Part 1:</b> Enter the child's name.  <b>Part 2:</b> Please contact us at <u>phone number of Sponsor</u>  <b>Part 3:</b> Complete this part if you are applying for other children in the household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.  <b>Part 4:</b> Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.  <b>Part 5:</b> Answer this question if you choose to.</p>
<p><b>ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:</b></p> <p><b>Part 1:</b> List each participant's name.  <b>Part 2:</b> Skip this part.  <b>Part 3:</b> Follow these instructions to report total household income from last month.              <b>Column A—Name:</b> List the first and last name of <b>each</b> person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.              <b>Column B—Gross income last month and how often it was received.</b> Next to each person's name, list each type of income received last month, and how often it was received.              In box 1, list the <b>gross income</b> each person earned from work. This is not the same as take-home pay. <b>Gross income is the amount earned before taxes and other deductions.</b> The amount should be listed on your pay stub, or your boss can tell you. <u>Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).</u>              In box 2, list the amount each person got last month from welfare, child support, alimony.              In box 3, list Social Security, pensions, and retirement.              In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. <u>Next to the amount, write how often the person got it.</u> If you are in the Military Housing Privatization Initiative do not include this housing allowance.              <b>Column C—Check if no income:</b> If the person does not have any income, check the box.  <b>Part 4:</b> An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.  <b>Part 5:</b> Answer this question if you choose to.</p>
<p><b>Privacy Act Statement:</b> The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.</p> <p><b>Non-discrimination Statement:</b> In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.</p> <p>To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <a href="https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf">https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf</a>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:</p> <ol style="list-style-type: none"> <li>1. <b>mail:</b>              U.S. Department of Agriculture              Office of the Assistant Secretary for Civil Rights              1400 Independence Avenue, SW              Washington, D.C. 20250-9410; or</li> <li>2. <b>fax:</b>              (833) 256-1665 or (202) 690-7442; or</li> <li>3. <b>email:</b>  <a href="mailto:program_intake@usda.gov">program_intake@usda.gov</a></li> </ol>
<p><b>This institution is an equal opportunity provider.</b></p>



# 2023 ROTARY CAMP ONSEYAWA

## Camper Application Form: PAGE 6

### Summer Food Service Program Form

Attachment 10, Continued  
2022 SFSP

<b>Part 1. Children enrolled in Camp or Closed Enrolled Sites.</b>	
Names (First, Middle Initial, Last)	SNAP (Food Stamp), TANF or FDPIR case # (if any). <b>Skip to Part 4 if you listed a case #.</b>

**Part 2. Foster Child**  
 Foster children eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact **[name of Sponsor]** at **[phone number]**. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

<b>Part 3. Total Household Gross Income—You must tell us how much and how often</b>					
A. Name (List <b>everyone</b> in household, including children)	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if <b>NO</b> income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
1.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
2.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
3.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
4.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
5.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
6.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
7.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
8.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
9.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
10.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
11.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
12.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

**Part 4. Signature and Social Security Number (Adult must sign)**  
 An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)  
*I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*  
 Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Last four digits of Social Security Number: \_\_\_\_-\_\_\_\_  I do not have a Social Security Number

**Part 5. Participant's ethnic and racial identities (optional)**

Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12  
 Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year  
 Household size: \_\_\_\_\_  
 Categorical Eligibility: \_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_  
 Reason: \_\_\_\_\_  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## 2023 ROTARY CAMP ONSEYAWA Statement of Attending Physician

(revised 02/2023)

Dear Physician,

The Rotary Clubs of Ontario, Seneca, Yates and Wayne Counties annually provide a cost-free summer camping experience for children with disabilities. Campers attend an overnight session of Rotary Camp Onseyawa in August. The camp is at the facilities of Camp Whitman in Penn Yan, NY. Camp Onseyawa serves campers between the ages of 8 and 16. The success of this camp for individuals with disabilities largely depends upon the camper. Those responsible for selection of eligible campers do not as a rule meet the campers until after their arrival at camp.

It is exceedingly important therefore, that you answer all the following questions completely and candidly. *Please fill out the following 4 pages or an equivalent form which includes ALL relevant information, including dispensation of all prescription and over the counter medications (this is an OVERNIGHT camp) and immunizations.* You may be assured that all information will be kept in strict confidence. We will use the information only to help us in selection of campers and to provide adequate care during their time with us. **The selection committee will not accept a camper until all the forms have been received.**

Please send completed form by June 1<sup>st</sup>, 2023 to:

Rotary Camp Onseyawa  
Joanna Meyer, Director  
PO Box 95  
Marion, NY, 14505  
phone: (315) 332-1020  
fax: (833) 207-1947  
onseyawa@gmail.com

Delay in processing the child's application and possible applicant refusal will result if this form is incomplete or ambiguous. We appreciate your cooperation in helping us select individuals who are able to participate in the activities of our summer overnight camping experience.

Sincerely,

Rotary Camp Onseyawa Selection Committee

ROTARY CAMP



ONSEYAWA

ONTARIO | SENECA | YATES | WAYNE

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2023 ROTARY CAMP ONSEYAWA  
**Statement of Attending Physician: PAGE 1**  
*Must be completed by the Doctor or Nurse Practitioner*

PLEASE PRINT OR TYPE

Child's Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Home Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_

Parents or Legal Guardian \_\_\_\_\_

\*\*\*\*\*

Primary Handicapping Condition \_\_\_\_\_

Additional Diagnoses \_\_\_\_\_

**Required Immunizations: Td, Dpt, Polio, MMR, Hepatitis B**

**\*\*\* Please provide a record of these and any other immunizations, including dates.**

Physical Restrictions:

- None
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Equipment:

- None
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions:

- None
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies:

- None
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical/Surgical History:

- None
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Seizure History: \_\_\_Yes \_\_\_No

Type: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_

Special Exercises/Treatment:

- None
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments/Concerns:

- None
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



2023 ROTARY CAMP ONSEYAWA  
**Statement of Attending Physician: PAGE 2**  
Must be completed by the Doctor or Nurse Practitioner

Child's Name \_\_\_\_\_

The following is a list of over-the-counter medications available for dispensing at camp. Please indicate with a check mark if this patient may receive these medications.

- Acetaminophen 15mg/kg Q4hr PRN temp > 101 F, minor pain or discomfort.
- Acetaminophen 500mg tablets 1-2 tablets Q4hr PRN temp>101 F, minor pain or discomfort.
- Ibuprofen 200mg-400mg Q4-6hr PRN minor pain or discomfort.
- Robitussin DM 1-2 Tsp. PO Q6-8hr PRN coughing.
- Benadryl Elixir / capsule 15mg-25mg PO Q6-8hr (5mg/kg/24hr) PRN not to exceed 300mg/24hr, minor allergic reaction, severe pruritis.
- Milk of Magnesia 15cc-30cc PO QD PRN constipation.
- Chloraseptic Spray PO Q2-4 hr PRN minor throat discomfort.
- Triple Antibiotic Ointment apply topically to affected area PRN minor cuts / abrasions.
- Caladryl lotion apply topically to affected area PRN minor itching.
- Kaopectate: 30-60 ml PO PRN after each loose BM, not to exceed 6 doses/day or a period >48hrs
- "After Bite" (Ammonium Hydroxide) apply topically to insect bites PRN itching.
- Loperamide Hydrochloride 2mg Tablets/Capsules PRN after loose stools.
- Pepto Bismol 30ml every 1 hr. as needed for upset stomach.

NOTE: If there are any changes in medications or other medical information after this form is submitted, please notify the camp in writing.

**The following non-medical, topical applications may be applied by camper independently or with assistance of camp staff:**

- May apply sunscreen to exposed areas.
- May use bug spray



2023 ROTARY CAMP ONSEYAWA

**Statement of Attending Physician: PAGE 3**

Must be completed by the Doctor or Nurse Practitioner

Medication Orders

If a child is to get ANY medications during Camp (including Over-the-Counter medications), this form must be completed and provided to Camp before or at Check-in.

- Medication(s) must be in original containers with clear, correct labels.
- No changes will be made without a Doctors/Nurse Practitioner's written order

\_\_\_\_\_ should receive the following medications at camp:  
(Name of Child)

No prescription medication required.

Medication \_\_\_\_\_  
Strength (mg) \_\_\_\_\_  
Dose \_\_\_\_\_  
Frequency/Time to be given @ camp \_\_\_\_\_

Medication \_\_\_\_\_  
Strength (mg) \_\_\_\_\_  
Dose \_\_\_\_\_  
Frequency/Time to be given @ camp \_\_\_\_\_

Medication \_\_\_\_\_  
Strength (mg) \_\_\_\_\_  
Dose \_\_\_\_\_  
Frequency/Time to be given @ camp \_\_\_\_\_

Medication \_\_\_\_\_  
Strength (mg) \_\_\_\_\_  
Dose \_\_\_\_\_  
Frequency/Time to be given @ camp \_\_\_\_\_

Medication \_\_\_\_\_  
Strength (mg) \_\_\_\_\_  
Dose \_\_\_\_\_  
Frequency/Time to be given @ camp \_\_\_\_\_

Medication \_\_\_\_\_  
Strength (mg) \_\_\_\_\_  
Dose \_\_\_\_\_  
Frequency/Time to be given @ camp \_\_\_\_\_

Doctor's/ Nurse Practitioner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's/Nurse Practitioner's Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_



ROTARY CAMP ONSEYAWA

**Statement of Attending Physician: PAGE 4**

Must be completed by the Doctor or Nurse Practitioner

ADDITIONAL MEDICATION ORDERS

(please use this page ONLY if the previous one has been filled.)

\_\_\_\_\_ should receive the following medications at camp:  
(Name of Child)

Medication \_\_\_\_\_  
Strength (mg) \_\_\_\_\_  
Dose \_\_\_\_\_  
Frequency/Time to be given @ camp \_\_\_\_\_

Medication \_\_\_\_\_  
Strength (mg) \_\_\_\_\_  
Dose \_\_\_\_\_  
Frequency/Time to be given @ camp \_\_\_\_\_

Medication \_\_\_\_\_  
Strength (mg) \_\_\_\_\_  
Dose \_\_\_\_\_  
Frequency/Time to be given @ camp \_\_\_\_\_

Medication \_\_\_\_\_  
Strength (mg) \_\_\_\_\_  
Dose \_\_\_\_\_  
Frequency/Time to be given @ camp \_\_\_\_\_

Medication \_\_\_\_\_  
Strength (mg) \_\_\_\_\_  
Dose \_\_\_\_\_  
Frequency/Time to be given @ camp \_\_\_\_\_

Medication \_\_\_\_\_  
Strength (mg) \_\_\_\_\_  
Dose \_\_\_\_\_  
Frequency/Time to be given @ camp \_\_\_\_\_

Doctor's/ Nurse Practitioner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's/Nurse Practitioner's Name (*please print*): \_\_\_\_\_ Phone: \_\_\_\_\_



## 2023 ROTARY CAMP ONSEYAWA

### Statement of Teacher

(revised 02/2023)

Your student is submitting an application for attendance at Rotary Camp Onseyawa. We need your assistance in the camper selection process by providing as much and as accurate information as you are able regarding this child.

The Rotary Clubs of **Ontario, Seneca, Yates and Wayne** Counties annually provide cost-free summer camping experiences for children with disabilities. Campers attend an overnight session of Rotary Camp Onseyawa at the end of August. The Camp is held at the facilities of Camp Whitman in Penn Yan, NY. Camp Onseyawa serves campers between the ages of 8-16, with a wide variety of disabilities.

The success of this camp for disabled individuals largely depends upon the camper. Those responsible for selection of eligible campers do not as a rule see the campers until after their arrival at camp. It is exceedingly important therefore, that you answer all the following questions completely and candidly. You may be assured that all information will be kept in strict confidence and used only to help us in selection of campers who might benefit the most from our program and to assist us in providing the most appropriate programs for those who are selected. Upon completion of this form, please return it to the camp office as soon as possible, **but no later than June 1st, 2023**. Please send the completed form to:

Rotary Camp Onseyawa  
Joanna Meyer, Director  
PO Box 95  
Marion, NY, 14505  
(315) 332-1020  
onseyawa@gmail.com

The selection of campers in an efficient, organized and timely manner will be difficult if this form is incomplete, ambiguous or absent. **The selection committee will not be accepting campers until all forms are received.** We ask you to please take the time to fill out the form and return it, realizing very well that you have many such tasks to accomplish at this time of year. Your cooperation is much appreciated.

Sincerely,

Rotary Camp Onseyawa Selection Committee

ROTARY CAMP



ONSEYAWA

ONTARIO | SENECA | YATES | WAYNE

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## 2023 ROTARY CAMP ONSEYAWA

### Statement of Teacher (page 1)

Student's Name: \_\_\_\_\_

CSE Classification: \_\_\_\_\_ Ratio Students / Staff: \_\_\_\_\_ % day in Special Education setting: \_\_\_\_\_

Check those that apply:

- Co-taught classroom (regular grade \_\_\_\_\_)       In-district placement  
 Special Class       Outside of district placement (BOCES, etc)

Please complete each item below. **If applicable, please attach a current and specific behavior plan.**

#### 1. Motor Ability

- Walks Independently
- Uses brace(s)
- Uses crutch(es)
- Uses a wheelchair

#### 2. Eating Skills

- Eats independently
- Needs some assistance
- Needs total assistance

#### 3. Dressing Skills

- Dresses independently
- Needs some assistance
- Needs total assistance

#### 4. Toileting Skills

- Independent
- Needs to be reminded
- Needs some assistance
- Not toilet trained
- Uses catheterization techniques

#### 5. Socialization

- Follows adult directions
- Shares/takes turns
- Plays with others
- Aggressive
- Withdrawn/Negative
- Has temper tantrums

#### 6. Services Received

- Occupational Therapy
- Physical Therapy
- Adaptive Physical Education
- Speech/Language Therapy
- Individual Counseling

#### 7. Attention Span/Supervision

- Occupies self – unattended
- Occupies self – attended
- Needs constant supervision
- Has 1:1 supervision

reason: \_\_\_\_\_

#### 8. Communication (Receptive)

- Does not show understanding
- Follows simple directions
- Follows complex directions

#### 9. Communication (Expressive)

- Talks in sentences
- Uses short phrases
- Sometimes unintelligible
- Mostly unintelligible
- Uses alternative mode

Home: \_\_\_\_\_

School: \_\_\_\_\_

#### 10. Behavior Plans

- Uses reinforcers (list below)
- Uses time out (describe frequency and type below)
- Other \_\_\_\_\_



Student's Name: \_\_\_\_\_

**11.** What are situations that can be frustrating or difficult for this child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**12.** Other teacher comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Teacher** (please print): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **School Phone:** \_\_\_\_\_

**School/BOCES Program:** \_\_\_\_\_