



ROLLING RASCALS June 2024

Dear prospective camper and family,

Thank you for your interest in the next annual Rolling Rascals Camp. This camp is designed for individuals to experience self-directed mobility and communication in a fun, interactive outdoor environment. Incorporating technology to support participation in meaningful activities is the primary focus. Camp is at NO cost. The number of campers in attendance is based on cabin and staff availability. Each camper is expected to bring at least one parent or caregiver and camp supplies, as provided later. Parents/caregivers will be responsible to dispense all medications. Family members and other team members welcome.

Campers are encouraged to reach their potential. Through outings, games, swimming, crafts, fishing, and evening events, campers are assisted to explore and engage with others. Many opportunities will be provided for campers to have fun and make new friends.

We anticipate several therapists, including PT's, OT's, and SLP's, as well as other professionals to participate in the activities. A nurse will also be on site. Camper application is attached to this letter.

Please return via **email** to Christina at **RollingRascalsCamp@yahoo.com**.

Thank you for your interest.

Christina Guisbert, PT, ATP/SMS, SEP (304-482-5037)

DATES: Sunday, June 9 (evening arrival) to Wednesday, June 12 (evening exit), 2024. Monday **JUNE 10** will be an "Education Day", incorporating individuals into the learning experience. This day will include exposure to multiple access methods, various technologies, adaptive equipment, mobility/seating/positioning, and how they relate to each other.

LOCATION Hidden Hollow Camp: 5127 Possum Run Rd. Bellville, Ohio 44813

****Cabins are equipped with lights and electrical outlets.**

****If possible, any evaluations or status updates from therapists, medical professionals would be helpful to include with the application.**

ROLLING RASCALS!

Hidden Hollow Camp OHIO

June 9-12, 2024

CAMPER APPLICATION

General Information

Camper's Full Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Age: _____ Date of Birth: _____ Sex: _____ T-shirt size: _____

Each camper required to bring a parent/caregiver. Cabins are equipped with electrical outlets and lights.

Name of primary person attending with camper: _____ Relationship: _____
Others attending with camper and relationship: _____

Does camper attend school? If so, please print the full name of the school, including grade level:

Hobbies/interests: _____

Parent/Legal Guardian Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home phone number: () _____ Work Phone: () _____
Mobile phone: () _____

Person to notify in an EMERGENCY:

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ Relationship: _____

Medical History

Diagnosis/Disability: _____

Allergies

Is camper allergic to the following (please check):

Medication ___ Food ___ Latex ___ Poison Ivy ___ Insect Bites ___ Other _____

If any above is marked, please elaborate: _____

Symptoms with allergies: _____

Assistance

Does the camper require the use of any medical equipment?

Please list adaptive equipment:

Toileting/Shower: _____

Transfers: _____

Other: _____

Means of mobility? –walk, manual chair, powerchair? Please provide further details: _____

Does camper have kidney/bowel control limitations during the Daytime? Yes () No ()

During Nighttime? Yes () No () Please explain: _____

Restrictions/Limitations

Does the camper have any diet restrictions? Please list: _____

Does the camper have any limitations on the following (please check):

Swimming _____ (ear plugs/flotation devices to be provided by camper if possible) Sun _____ Heat _____

Strenuous Activity _____ Other _____ Please list other limitations: _____

Medical Limitations

Does the camper have/had an of these medical conditions? Please mark HAD or HAS:

Diabetes _____ Asthma _____ Chicken Pox _____ date: _____

Surgery _____ Measles _____ German measles/Rubella _____ Seizures _____

Sleeping Disorder _____ HIV _____ Hep B _____ Hep C _____

Hearing Impairment _____ Cardiac _____ Respiratory/COPD _____

Other _____

Please explain: _____

Are camper's immunizations current? Yes () No (). Date of last tetanus: _____

Current Medication List

Please list all current medications on the following form. (Include over the counter drugs, vitamins, and herbal remedies. Attach additional pages if necessary).

DRUG	DOSE	FREQUENCY

Special Instructions: _____

Personal Belongings

Please provide a list of belongings with each camper. Please be as specific as possible in describing items including color and number sent. **PLEASE MARK ALL ITEMS WITH A PERMANENT MARKER.**

DATES of Camp: Ideally, attending for the entirety is recommended for the full experience, but also realize limitations exist. Please indicate times camper will attend and check whether the camper intends to stay overnight:

June 9th: Evening arrival _____	Overnight _____
June 10th: Daytime-evening _____	Overnight _____
June 11th: Daytime-evening _____	Overnight _____
June 12th: Daytime-evening _____	

Email: _____
How did you hear about Rolling Rascals?: _____
Referring therapist/individual: _____

Please return to your contact therapist or you can email directly
RollingRascalsCamp@yahoo.com. THANK YOU.

Thank you –get ready for a memorable experience!