



Career Camp Location:

### CAREER CAMP APPLICATION

**NOTICE:** All campers are required to submit their latest IEP (or 504) and Behavior Plan (BIP) with their applications. Applications for campers without their IEP (or 504) and Behavior Plan (BIP) will not be considered.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Does your child have a Project Lifesaver Bracelet? If YES, what is the frequency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Teacher: \_\_\_\_\_

**Parent/Guardian 1:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address (required): \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address (required): \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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Cell Phone: \_\_\_\_\_

**Medical Information:**

Medical Diagnosis: \_\_\_\_\_

Is there a current condition or medical history of:

- A) Seizures \_\_\_\_\_
- B) Visual/Hearing Impairment \_\_\_\_\_
- C) Allergies \_\_\_\_\_
- D) Infections \_\_\_\_\_
- E) Other \_\_\_\_\_

Medications: \_\_\_\_\_

Will your child/children need medications while attending program?

\_\_\_\_\_ YES    \_\_\_\_\_ NO

**If you checked YES please complete the "Permission to Administer Medication" page.**

**Diet:**

Food allergies: \_\_\_\_\_

Specific diet: \_\_\_\_\_

Choking/swallowing risks: \_\_\_\_\_

**Behavior:** Please describe any behavior problems such as triggers, struggles, hitting, screaming, refusing to follow directions, self-abuse, etc. and how you would like the Program Staff to respond to such behaviors:

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## CAREER CAMP TUITION POLICY

Tuition for Career Camp is due ONLINE either in full (\$945) with your application or weekly by Thursday. **Failure to make payment by this day means your child will not be allowed to attend the following week.**

All payments must be made via this link: <https://soshealthcare.salsalabs.org/careercamp2019>

Please submit your application with your IEP (or 504) and BIP and the first payment of \$245 ASAP to reserve your spot. **Applications submitted without IEP (or 504) and BIP (if applicable) will NOT be considered.** This payment includes a registration fee of \$45 and first and last week's tuition.

You are required to pay for all weeks of camp regardless if your child is absent for any reason. Tuition may be paid for on a weekly basis (due on Thursdays) or in full at any time. If you wish to discontinue attendance at Career Camp, a written 2-week notice must be given to the Camp Manager.

Please sign and date below that you acknowledge and accept our payment policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**\*\*\*Speak to your case manager to apply for summer funds to assist with the cost of camp\*\*\***

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## MODEL RELEASE

I hereby give permission to SOS Healthcare, Inc. to use my name and photographic likeness in all forms of media for advertising, trade and any other lawful purposes. I am doing so without compensation of any sort.

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

**MINORS:** If camper is under 18; I am the parent/legal guardian of the individual named above. I have read this release and agree to its terms.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper's Signature (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

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## CAMP BEHAVIOR POLICY

The staff of SOS Health Care respects the dignity of the child in all their dealings with them. The children are expected to respect each other, just as the staff respects them.

Positive reinforcement is the best approach to motivate a child to appropriate behavior. Behavioral incidents will be dealt with judiciously. We always want to make sure that the safety of the children is our number one priority. In the event that a child becomes a danger to other children or his/herself, the child may be removed from the group and placed in the de-escalation room. For children who have self-injurious behaviors, the child may be restrained as well. Some behaviors may warrant removal from the camp environment. In this case, we will call you to pick up your child immediately, and he/she will be suspended for the following day. After three suspensions, SOS Health Care reserves the right to remove any child from the program if the safety of others continues to be at risk.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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## PERMISSION TO ADMINISTER MEDICATION

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

Medication/Amount: \_\_\_\_\_

Prescribed by: \_\_\_\_\_

Time of distribution: \_\_\_\_\_

How is medication administered: \_\_\_\_\_

Side effects: \_\_\_\_\_

Parent/Guardian's Name (print): \_\_\_\_\_

By signing below, I authorize the staff of SOS Health Care to administer my child their medication. No other person will have access to your child's medication.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

