



Summer On the Hill 2019 Application

Application deadline: June 1, 2019

Space is limited

Process:

1. Return application and deposit to: SUMMER ON THE HILL
Spectrum Community, Betty Williams
24650 Blanco Rd
San Antonio TX 78260

2. Schedule an interview:

After the application is received, the applicant will be contacted to schedule an interview.

Applicant Information

Last Name _____ First Name _____

Preferred Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Cell Phone _____ Email _____ Date of Birth _____

Primary Diagnosis/Disability _____

Gender Male Female Age _____ Height _____ Weight _____

Adult Shirt Size XS S M L XL XXL XXL

Parent/Guardian Information

Name _____ Relation to Student _____

Address _____ City _____ State _____

Zip _____ Day Phone _____ Evening Phone _____

Cell Phone _____ Email _____

Emergency Contact Person #1 (This person must be available during session)

Same as Parent/Guardian? yes no (if no please complete the information below)

Name _____ Relation to Student _____

Address _____ City _____ State _____

Zip _____ Day Phone _____ Evening Phone _____

Cell Phone _____ Email _____

Emergency Contact Person #2 (This person must be available during session)

Name _____ Relation to Student _____

Address _____ City _____ State _____

Zip _____ Day Phone _____ Evening Phone _____

Cell Phone _____ Email _____



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Please indicate the most recent educational program or residential care environment in which the applicant has participated. Elaborate as needed to illustrate achievements and/or to identify areas for improvement. Continue on additional sheets if necessary.

Name of school or program _____ Dates/years attended _____

If applicant is not currently enrolled in this program, please explain the reason for leaving: _____

Briefly describe the applicant's overall experience with this program (strengths, areas for improvement, etc.)

Hobbies: _____

Favorite sports and athletics: _____

Level of participation in the sports listed above: _____

Favorite forms of entertainment: _____

Assistance/Guidance needed for any recreational activities: _____

Please describe the applicant's reading, listening, and speaking ability: _____

If you answer Yes to any of the questions below, please attach an explanation.

Has applicant ever been convicted of a crime? yes no

Does the applicant have any pending criminal charges? yes no

Does the applicant have a history of alcohol abuse? yes no

Does the applicant have a history of drug abuse? yes no



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Name of Applicant _____

Chronological Age _____ Mental Age _____

Diabetic

- Yes (see eating/diet section) Insulin Dependent
 No

Eating/Diet

- Diabetic Diet Special Diet
 No help needed at meals
Food must be: cut chopped mashed
 Retainer Braces Dentures

Allergies

- None Yes (list below) Epi-Pen

Food: _____

Medicine: _____

Other: _____

Seizures

- None Regularly one or two as child
 currently controlled with medication

Type(s): _____

Date of Last Seizure: _____

Usual Frequency: _____

Usual duration of seizures: _____ minutes

Triggered by: _____

Ambulation

- Walks unassisted
Walks using: walker crutches braces cane
Wheelchair: manual electric – bring charger

Diagnosis: Please list all (ex. Seizures, asthma, diabetes, MR, Psychosis, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

Medications

- No Meds PRN meds only

Medication	Dose	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

****attach additional sheet if needed****

- Student can administer medication independently
 Student needs reminder, but can administer independently
 Student needs help administering medication

Medication Policy

All prescription medications the student will bring should be recorded on this form regardless of whether or not he/she is administering independently. All prescription medication must be in the original prescription container and should contain only the amount of medication needed for the duration of Summer on the Hill.



Communication

- No problems
- Limited but can communicate daily needs
- Non-verbal Sign Language

Vision

- Normal
- Glasses/Contacts
- Blind

Hearing

- Normal
- Hard of Hearing
- Aids
- Deaf

Sleep

- No Problems Usual bed time: _____
- Walks in sleep Awakes at: _____

Personal Hygiene: Brush Teeth, Bathe, Toilet, Dressing

- Completely independent
- Needs some help with: _____

- Needs total help in all areas

Additional Instructions _____

Please Note:

1. *Summer on the Hill* is for individuals who are willing to participate in group activities.
2. *Summer on the Hill* is not appropriate for individuals requiring one-on-one supervision.
3. Smoking is not allowed.
4. Behaviors disrupting the normal functioning of *Summer on the Hill* may result in dismissal and no refund of fees will be granted. Such behaviors include, but are not limited to:

- Wandering, running away
- Foul language, cursing
- Fighting
- Tantrums
- Refusal or inability to sleep
- Incontinence
- Sexual acting out
- Refusal or inability to eat
- Self-injurious behavior
- Extreme hypochondria
- Throwing objects
- Emotional outbursts
- Inability to assimilate SOTH
- Willful destruction of property

Behavior Issues (i.e. stressed induced pacing, frustration producing crying, leaving etc.

Triggered by: _____

Suggested Strategies: _____



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Name of Applicant _____

Social Security Number _____ Date of Last Physical Exam _____

Insurance Carrier _____ Group Number _____

Member Name _____

Physician _____ Phone _____

Please attach copy of medical insurance card.

Immunization or Date of Illness

Polio _____ type _____

Diphtheria/Pertussis/Tetanus _____

Measles _____

Rubella _____

HIB _____

Permission to Give Over-The-Counter (OTC) Medications as Needed

Please initial each medication /or generic equivalent that may be administered to your student. Write "No" beside any medications you do not wish administered. NOTE: You must have a physician's written orders for any OTC medications to be given on a regular, scheduled basis.

_____ Benadryl

_____ Midol

_____ Cortaid (skin cream)

_____ Emetrol (nausea)

_____ Pamprin

_____ Pepto-Bismol (upset stomach)

_____ Ibuprofen

_____ Robitussin (cough)

_____ Imodium (diarrhea)

_____ Sudafed (congestion)

_____ Lanacane

_____ Tylenol (acetaminophen)

_____ Dulcolax

_____ Maalox (heartburn)

_____ Other: _____

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Permission/Release Form

Medical Please initial each statement

_____ **Permission to Obtain Medical Treatment:** I give my consent by signature below for medical treatment to be obtained for my child/ward/self by a representative of *Summer on the Hill* in the event I (or my designee) am unable to.

_____ **Permission to share Medical Information:** I authorize the *Summer on the Hill* staff and volunteers to share, without restriction, my camper's health information and medical records with any person (whether or not affiliated with *Summer on the Hill*) as may be reasonably necessary in order to facilitate the medical care of my camper.

_____ **Prescription Medication Policy:** I affirm that I have read the policy concerning prescription medication.

_____ **Agreement to Pay for Medical Treatment:** I understand that in the event of a medical emergency affecting my child/ward/self, EMS may be called and my child/ward/self may undergo hospitalization and/or treatment. I agree to assume all costs associated with such summoning of emergency medical care, hospitalization, and treatment, and I hold *Summer On the Hill*, Directors, and volunteers harmless for any liability, medical or financial costs arising from such.

Transport for Off Campus Activities and Emergency Transport

_____ **Consent/Permission to participate in off campus activities** that are specific to the *Summer on the Hill* program.

_____ **Consent/Permission for *Summer on the Hill* staff to transport** the participant to off campus activities specific to the *Summer on the Hill* program

_____ **Consent/Permission for *Summer on the Hill* staff to transport** the participant in the event of a medical, facility, environmental, or natural disaster.

_____ **Consent/Permission for *Summer on the Hill* staff to transport the participant in their personal vehicle** for off campus activities specific to the *Summer on the Hill* program or in the event of a medical, facility, environmental, or natural disaster.



Permission/Release Form (continued)

Please initial each statement

Photographs/Videos

_____ **Consent/Permission for photos or videos** to be taken during the course of *Summer on the Hill* for the purpose of compiling a scrapbook/DVD to share among the staff and students.

_____ **Consent/Permission for photos or video** to be used by *Summer on the Hill* and Spectrum Community to portray or promote *Summer on the Hill* activities.

_____ **Consent/Permission** for the student's first name to be published in conjunction with photographs or video. (Last names **will not** be published.)

Release of Confidential Information

_____ **Consent/Permission for the participant's confidential information** to only be shared with the *Summer on the Hill* staff for programming purposes only.

I, _____, guarantee the information on this application is accurate and hereby release and forever discharge *Summer on the Hill*, *Spectrum Community*, and *Trinity University*, its members, employees, and volunteers from any liability, suit, claim, or demand, whether for personal injury to myself or members of my family including minor children, or for property damage which result from any participation in the camping session.

Student Signature _____

Date _____

Parent/Legal Guardian _____

Date _____



Summer on the Hill Behavior Checklist

Each applicant will be evaluated on an individual basis. Behaviors listed below occurring with enough frequency to disrupt the normal functioning of the program may result in dismissal with no refund of fees being granted.

	Yes	No
1. Wanders off or runs away	_____	_____
2. Throws Objects	_____	_____
3. Emotional Outbursts	_____	_____
4. Tantrums	_____	_____
5. Physically fights with others	_____	_____
6. Injures self	_____	_____
7. Willfully destroys property	_____	_____
8. Bites, Scratches, kicks	_____	_____
9. Foul language/cursing	_____	_____
10. Continually complains of unfounded illness	_____	_____
11. Hallucinates to the point of dysfunction	_____	_____
12. Needs assistance for toileting needs	_____	_____
13. Frequent insubordination	_____	_____
14. Difficulty working with peers	_____	_____
15. Needs one-on-one supervision	_____	_____
16. Demonstrates sexual advances toward others	_____	_____
17. Taunts or Bullies others	_____	_____

Explanation for any of the above that were answered “yes”: _____

I understand students unable to meet behavior criteria will be dismissed from the program and that program fees will not be refunded.

Applicant’s Signature _____

Parent/Guardian _____

Date _____



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Payment Information

Cost: \$900 (A \$100 non-refundable deposit required with application, but will be applied to the program fee. The deposit will be returned to those we are unable to accommodate). Total fee must be paid no later than June 23, 2019, the first day of Summer on the Hill 2019.

Check (payable to: Spectrum Community)

I have enclosed a check in the amount of: **\$100 (deposit)**

I have enclosed a check in the amount of: **\$900 total fee**

Credit Card Information

I authorize my credit card to be charged in the amount of: **\$100 (deposit)**

I authorize my credit card to be charged in the amount of: **\$900 (total fee)**

Please charge my: VISA MasterCard Discover American Express

Name as listed on card: _____

Account #: _____ Expiration Date: _____

Signature: _____

Final Payment is due by June, 23, 2019

I would like to donate to Summer on the Hill:

\$10 donation \$20 donation \$50 donation \$100 donation Other: \$_____

Please contact Betty Williams at (210) 610-8822 with any questions
info@sothill.com