Registration Packet Due
May 16, 2025

Dear Friends,

We are offering various life experiences for individuals with disabilities starting at age 8 and up at our Life Steps Camp this summer, "Lifestyles Adventures at the Ranch." This year our camp will be held at the Medina Creative Ranch and the Medina Creative Treehouse "Pieh's Paradise," located at **5200 Lake Rd. Medina, OH 44256**. The facility is handicap accessible with an open plan for easy movement throughout. We will be providing access to the community through scheduled outings and field trips. All campers will also have an opportunity to participate in therapeutic horseback riding at Medina Creative Therapy Ranch. Lessons will be held outdoors as long as the weather permits or in our indoor riding arena during inclement weather. (If your child plans to ride horses you must fill out the enclosed Medina Creative Therapy Ranch horseback riding packet also).

We encourage all applicants to apply; however, please note we are not staffed to serve high medical needs. Our camp is staffed according to group ratio, and those requiring individual assistance would need to provide their own daily staff to meet their needs.

One of the goals of our program is to provide opportunities for individuals with disabilities in a home-like setting to prepare them for a future of as much independence as possible. By providing enriching experiences, we will lay a lifetime foundation for increased independence and future independent living transitioning. Our life skills camp will also provide exciting recreational community and therapeutic activities.

Please review the enclosed packet and the deadline dates. Please give detailed information regarding your campers' needs. This will help provide a safe and fun-filled experience for all. All forms must be completed and submitted by **May 16, 2025**. These will be accepted on a first-come first-serve basis. Please send completed forms to: 224 N. Court St. Medina, Ohio 44256 Information concerning fees and financial aid for Medina County residents is included in the attached packet. We accept private pay; Family Resources; IO, Self-Waiver, and Level One Waiver; ESY (extended school year). Upon request, scholarships may be available based upon financial need, up to $300, and must be approved. Camp is $375.00 per week ($75.00 per day).

Checklist of items due by May 16, 2025:

*Registration Packet
*Parent/Guardian/Camper Consent form
*Activities of Daily Living Form

Once your documentation is received, we will send a confirmation to you with the date(s) your camper is registered to attend via email. If you need to cancel your camper's registered week, please tell us as soon as possible. Please note, your $100.00 deposit will be non-refundable upon cancellation. We hope you join us for a new Life Skills experience.

We look forward to welcoming your child to Life steps Camp and fostering their summer growth and development.

Sincerely,

Kim Headrick
COO | Medina Creative Accessibility
kheadrick@medinacreativeaccessibility.com
330-591-4434, ext. 7014

LIFE STEPS
Training Today for Independence Tomorrow

MEDINA CREATIVE HOUSING
Creating Opportunities. Building Hope.

Registration Packet Due
May 16, 2025

CAMPER REGISTRATION

Please mark an "X" on all weeks that your camper wishes to attend.

Camper's Name_____

_____**Aquatic Explorers Week** June 2-6
_____ **Destination Imagination Week** June 9-13
_____ **The Makers Journey Week** June 16-20
_____ **Paw-sitive Vibes Week** June 23-27
_____ **Liberty & Laughter Week** June 30 – July 3
_____ **Wizarding Wonders Week** July 7-11
_____ **Wild & Wonderful Week** July 14-18
_____ **Ride & Thrive Week** July 21-25
_____ **Fair-Tastic Sweet-O-Rama Week** July 28 – August 1
_____ **Master Chef Adventures Week** August 4-8
_____ **Adventure Seekers Week** August 11-15

Amount of deposit **$**_____ **($100.00 non-refundable deposit for each week** - Balance must be paid PRIOR to week attending.)

Indicate form of payment:

_____Check enclosed _____Family Resources _____Waiver _____Private _____School

_____Family First _____Campership Request _____Morning Sun _____Scholarship

Other

Person, agency, or organization responsible for payment:

Agency: _____
Name: _____
Position: _____
Contact Phone: _____
Contact Email: _____
Fax: _____

Return registration forms with deposit to:
Medina Creative Accessibility
Life Steps
224 North Court St. Medina, Ohio 44256
330-591-4434

LIFE STEPS
Training Today for Independence Tomorrow

MEDINA CREATIVE HOUSING
Creating Opportunities. Building Hope.

Registration Packet Due
May 16, 2025

EMERGENCY MEDICAL FORM (Page 1)

Camper Name: _____ (Last / First / M.I.)	Name / location of Preferred Hospital: _____
Phone Number: _____	Individual own guardian: Yes No
Date of Birth: _____	
Current Address _____ (Street / City / State / Zip / Unit #)	
E-Mail: _____	
Guardian Name & Email: _____	

Existing condition(s) for which medical interventions, special accommodation needed:

Existing Condition	Intervention

List of Medications

Medication Name	Reason for Medication

Dietary and Allergen Information

Dietary Restrictions:

◯ Yes, please list: _____ ◯ No

Individual's allergies (food, medication, environmental, insect stings, etc.)

◯ Yes, see below: ◯ No known allergies ◯ Epi-Pen

Allergen	Symptoms

LIFE STEPS
Training Today for Independence Tomorrow

MEDINA CREATIVE HOUSING
Creating Opportunities. Building Hope.

Registration Packet Due
May 16, 2025

EMERGENCY MEDICAL FORM (Page 2)

Authorization for Emergency Medical Treatment
I give my permission to Medina Creative Accessibility to seek medical care if needed in case of injury or illness. I also give my permission to Medina Creative Accessibility to act on my behalf in the event of an emergency and to administer CPR/First Aid if needed.
Signature of Applicant:_____ Date:_____ Signature of Parent/Guardian:_____ Date:_____

In Case of an Emergency Contact	
PRIMARY Name:_____ Last First	Phone No.:_____
Current Address_____ Street City State Zip Unit #	
E-Mail:_____	
2nd EMERGENCY CONTACT Name:_____ Last First	Phone No.:_____
Current Address_____ Street City State Zip Unit #	
E-Mail:_____	

LIFE STEPS
Training Today for Independence Tomorrow

MEDINA CREATIVE HOUSING
Creating Opportunities. Building Hope.

Registration Packet Due
May 16, 2025

CAMPER INFORMATION

Camper's Name: _____
Last First M.I.

Brief Description of Camper's Disability/Special Needs

_____
_____
_____

Does the Camper Have any of the Following? Copies MUST be provided

Individual Education Plan (IEP)	◯ Yes	**Name of School District:** _____
Behavioral Support Plan (BSP)	◯ Yes	**Reason for Behavioral Support Plan:** _____ _____ _____
Individual Support Plan (ISP)	◯ Yes	**Name of County the ISP is with:** _____ **Name of Service & Support Administrator:** _____ _____
Seizure Plan	◯ Yes	**Please include a copy of the Seizure Plan outlined and signed by the Camper's Physician with this application.**
Require Communication Assistance	◯ Yes	**Description of communication devices, programs, or strategies:** _____ _____ _____ _____

Explanation to Enhance this Camper's Experience

_____
_____

List Some Activities the Camper Enjoys, Additional Comments, or Suggestions

Behavioral Triggers / Strategies to De-Escalate

LIFE STEPS
Training Today for Independence Tomorrow

MEDINA CREATIVE HOUSING
Creating Opportunities. Building Hope.

Registration Packet Due
May 16, 2025

Camp Medical Record (page 1)

(This is a required form To Be Completed By Physician for all campers.)

If the camper is taking prescription medication an exam must be performed within 12 months of arrival at camp. We will also accept a copy of another examination signed by camper's doctor if within these time frames.

PHYSICIAN STATEMENT

Please Print Carefully:

Camper's Name_____

Date of Birth:_____Age:_____

Please list **Allergies** if any:_____

Parent/Guardian:_____Phone:_____

Name of Physician prescribing medication:_____

Contact Information: _____

TETANUS SHOT CURRENT (Within last 10 years): Yes_____ No_____

Medical Diagnosis:_____

Camper is to take Medications while at Life Steps (9:00 am – 2:00 pm):

Yes_____No_____

(**If YES, fill out page 2, Physician Order form for Medication Administration.)

Please list all health concerns that staff should be aware of: _____

_____

List any accommodations needed: _____

_____

Dietary Restrictions: _____

Medical History: _____

I certify the above applicant is fit to participate in the Life Steps program and is free of communicable disease.

Physician Signature: _____ Date: _____

LIFE STEPS
Training Today for Independence Tomorrow

MEDINA CREATIVE HOUSING
Creating Opportunities. Building Hope.

Registration Packet Due
May 16, 2025

Physician Order Form for Medication Administration (page 2)

(This is a required form To Be Completed By Physician For Medications That Need Administered During Camp Hours 9:00 am – 2:00 pm)

Individual's Name: _____ DOB: _____

Medications/Treatments:

Please indicate the reason(s) the individual is taking each medication. For PRN medications, please indicate parameters in which the medication should be given. Please include any OTC medications which should be administered on a scheduled/**PRN basis by delegated non-licensed staff.**

Name of Medication	Dosage and Frequency	Dispensing Method	Time of Med

Notes: _____

_____

Physician's Signature: _____ Date: _____

**Physician orders are valid for one (1) year from the date of signature. Orders need to be attached to this document. Orders reviewed by MCA RN/Quality Assurance Staff _____
RN/Quality Assurance Staff will determine if appropriate for camp

Registration Packet Due
May 16, 2025

Physician Order Form for As Needed Medication Administration

This Is A Required Form To Be Completed By The Physician For:
*** **Medications That May Need Administered During the Life Steps Summer Camp Program Hours 9:00 am – 2:00 pm*****

Individual's Name: _____ DOB: _____

Are there any Advanced Directives for this individual? □ Yes / □ No. If so, please attach.

Ordering Physician/Provider: _____

Physician Contact Number: _____

Allergies: _____

Dietary Restrictions: _____

Medical History: _____

_____

Medications/Treatments:

1) **Acetaminophen 325 mg (Tylenol)** Give 650 mg (2 tabs) by mouth every 4 hours as needed for headache, pain or temperature of 100F or higher. Not to exceed 3250 mg (5 doses) in 24 hours.

2) **Ibuprofen 200 mg (Advil/Motrin).** Give 400 mg (2 tabs) by mouth every 4 hours as needed for headache, pain or temperature of 100F or higher. Not to exceed 3200 mg (8 doses) in 24 hours.

3) **Magnesium hydroxide 400mg/5mL (Milk of Magnesia).** Give 30 mL once by mouth as needed for constipation lasting longer than 24 hours.

4) **Colace Docusate Sodium 100mg** Give 100mg (1 capsule) by mouth for slight discomfort from constipation OR Give 200mg (2 capsules) by mouth for moderate to severe discomfort from constipation by mouth once a day.

5) **Aluminum hydroxide 200 mg, magnesium hydroxide 200 mg, simethicone 20 mg per 5 mL (Maalox)** Give 15 mL by mouth every 6 hours as needed for diarrhea or upset stomach. Do not exceed 4 doses in 24 hours. Discontinue use and contact physician for diarrhea lasting longer than 48 hours.

6) **Bismuth subsalicylate 525 mg/30 mL Susp. (Pepto-Bismol)** Give 30 mL by mouth every 1 hour as needed for diarrhea or upset stomach. Do not exceed 8 doses in 24 hours. Discontinue use and contact physician for diarrhea lasting longer than 48 hours.

7) **Loperamide hydrochloride 2 mg (Imodium)** Give 1 tablet by mouth as needed for diarrhea lasting longer than 12 hours. Not to exceed 3 doses in 24 hours. Discontinue use and contact physician for diarrhea lasting longer than 48 hours.

8) **Dextromethorphan hydrobromide 15mg/5mL (Robitussin)** Give 10 mL by mouth every six hours as needed for cough lasting longer than 12 hours.

9) **Benzocaine 15 mg / Menthol 2.6 mg lozenge (Cepacol Extra Strength)** Allow 1 lozenge to dissolve slowly in the mouth; may be repeated every 2 hours as needed for sore throat, sore mouth, minor mouth irritation, pain associated with canker sores. May use for up to 24 hours, if individual has no fever of 100F or higher.

10) **Pseudoephedrine 30mg (Sudafed)** Give 30 mg (1 tablet) by mouth every 4 hours as needed for nasal congestion. Not to exceed 240mg (8 doses) in a 24 hour period.

11) **Hydrogen Peroxide** May apply to minor cuts and abrasions as needed.

12) **Bacitracin 400 units, neomycin 3.5 mg, polymyxin B 5000 units (Triple antibiotic ointment)** Clean the affected area with soap and warm water. Apply a small amount (equal to the surface area of the tip of a finger) to the area up to 3 times daily as needed for small cuts, scrapes, and minor burns without a blister.

13) **Americaine Benzocaine Topical Antiseptic Spray** Apply to affected areas for temporarily relief of pain and itching associated with: minor cuts, scrapes, minor burns (sun burns), insect bites

14) **Sun Protection (sunscreen)** SPF #30 or greater. Apply to skin that may be exposed to the sun every hour as needed to protect from a sun burn.

15) **Moisturizing Lotion**. Apply to skin or lips as needed for dry skin.

Physician's Signature: _____ **Date**: _____

Physician orders are valid for one (1) year from the date of signature. *

MCA Staff: _____ **Date:** _____
Orders reviewed by MCA RN/Quality Assurance

Legal Guardian/Parent(s): _____ **Date:** _____

LIFE STEPS
Training Today for Independence Tomorrow

MEDINA CREATIVE HOUSING
Creating Opportunities. Building Hope.

Registration Packet Due
May 16, 2025

LIFE STEPS Consent Form

Camper's Name:_____

___Yes ___No I authorize Life Steps staff to act for me in a responsible manner in case of an emergency that requires medical care.

___Yes ___No I authorize the Camp staff to administer the campers prescription and/or over the counter PRN medications as listed on their medical form and ordered by their physician.

___Yes ___No I give permission for Life Steps staff to transport camper for outings and activities.

___Yes ___No I give MCA permission to photograph or video tape Camper while they are engaged in activities. I also give permission for the public dissemination of this material for education and promotional purposes.

I authorize the following individuals listed to pick up my camper.

_____

_____

_____

Parent or Legal Guardian Signature_____
Date:_____

Please provide a copy of the Legal Guardianship documents.

LIFE STEPS
Training Today for Independence Tomorrow

MEDINA CREATIVE HOUSING
Creating Opportunities. Building Hope.

Registration Packet Due
May 16, 2025

ACTIVITIES OF DAILY LIVING FORM

CAMPER'S NAME: _____ DATE_____

Please be as specific as possible:

EATING/DRINKING:
___Independent
___Difficulty swallowing
___Needs food cut up and special plate or utensil (list:_____)
___Must be fed
___Can use straw
Explain:_____
_____

DIET:
___Normal ___Low salt
___Low calorie – Total calories (_____)
___Diabetic – Total calories (_____)
___Knows limits
___Chopped food ___Blended/pureed food
List food restrictions:_____
_____
List food allergies:_____
_____

MOBILITY:
___Walks independently
___Walks: Needs assist w/ slopes, rough areas
___Wheelchair: Independent
___Wheelchair: Assist w/ slopes, rough areas
___Wheelchair: Needs assist at all times
___Wheelchair: Long distances only
___Requires rest during the day

TRANSFERS:
Camper weighs:_____lbs.
___Can make independently
___Pivot transfers/can bear weight on feet
___Must be lifted *
Please explain:_____
_____
* must provide own Hoyer, if needed.

DRESSES/UNDRESSES:
___Independent
___Needs partial assistance
___Needs total assistance
Explain:_____
_____
_____

ADAPTIVE EQUIPMENT:
___Glasses
___Contacts
___Hearing Aid
___Dentures
___Other (list)_____
_____

BATHROOM:
___Independent
___Bladder incontinence
___Bowel incontinence
___Requires prompting for toileting
___Needs transfer to toilet
___Needs assistance wiping
___Needs total assistance
___Uses toilet chair
___Uses special undergarments

SWIMMING:
___ Requires Life Jacket or Floatation Device

SUPERVISION LEVEL:
___Independent ___Auditory ___Visual

Parent or Legal Guardian Signature_____
Date:_____

Registration Packet Due
May 16, 2025

LIFE STEPS
CAMPERSHIP APPLICATION

Assistance may be available for those unable to attend for financial reasons. Please indicate the amount you are able to pay in the space provided below. Partial payment allows us to grant camperships to more individuals. To apply for this assistance, please fill in the following information and a representative will contact you.

(Please Circle) Camper will attend: Week 1 2 3 4 5 6 7 8 9 10
Please indicate amount you are able to pay towards camp fee: $_____

Waiver funding: Yes _____ No_____
Family Resources: Yes_____No_____
Private: Yes_____No_____
Scholarship: Yes _____No _____

If yes, the amount applied toward Life Steps Camp: $ _____
Camper's Name:
_____

Address: _____

Phone: _____

Email:_____

Please show verification of fiscal need and a brief explanation of need:

_____

_____

LIFE STEPS
Training Today for Independence Tomorrow

MEDINA CREATIVE HOUSING
Creating Opportunities. Building Hope.

Registration Packet Due
May 16, 2025

LIFE STEPS FINANCIAL RESPONSIBILITY FORM

I fully understand that if a funding source fails to pay for the cost of Life Steps Camp, I will be held responsible for any and all unpaid balances. I understand that I need to pay a $100.00 deposit per week that is non-refundable if my child does not attend a registered camp week.

_____ _____

Signature Date

_____ _____

Legal Guardian Signature Date