Silver Towers Application - 2025

Please review the schedule for 2025 carefully when choosing your preferred sessions. Campers will be placed on a first come, first serve basis with those returning completed paperwork being placed in their preferred session. Each week we can accommodate up to 60 campers.

Camp will close at the end of each Session to be deep cleaned. No exceptions to this policy. This does prevent any camper from staying more than two weeks in a row.

No camper will be able to stay overnight between sessions this year. Each session will consist of two weeks. If a camper is coming for two weeks in one session, they will be able to stay over on the Saturday night between weeks.

Please send in your applications as soon as possible to ensure the weeks you are looking for. **Please note that we are not asking for a deposit this year to accompany the application. Invoices will be sent with the total amount for the sessions you have requested after we have received the following.**

_____ 1. **Fully Completed Camper Application**.

_____ 2. **Medical Information: The physical/medication list has changed. Please read that carefully and make sure any lists you send, have the signature of the campers Physician. Any medication changes occurring prior to camp will need new orders and must be sent in prior to check in. This allows for a smooth check in process. We also need a copy of ALL the camper's immunizations, and insurance cards.**

NO CAMPER WILL BE ALLOWED TO STAY AT SILVER TOWERS WITHOUT COMPLETE and SIGNED ORDERS FROM THE PHYSICIAN AS WELL AS ALL MEDICATIONS IN THEIR ORIGINAL PACKAGING.

Mail completed application:
Carolyn Ravenna, Director
241 Lincoln Avenue
Rutland, VT 05701

The cost of tuition is $700.00 per week. This payment must be paid in full before the campers attends their session.

***Some partial scholarships may be available by contacting Carolyn Ravenna directly.

Please arrange for payments ahead of time as no camper will be allowed to attend until payment is made in full.

The camp will not bill ARIS for you. This is your responsibility. **PLEASE DO THIS AS SOON AS YOU RECEIVE THE INVOICE. Please contact me directly at 802-345-4209 with questions.**

Silver Towers Camp 2025

Name: _____ Date of Birth _____ Age _____ Sex M ___ F ___

Email Address: _____ Phone # ( ) _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Tee Shirt size: SM MED LRG XL 2XL 3XL Other:

Names and Numbers of those people who will be contacted in case of an Emergency.

Home Provider or Care Giver _____ Phone # ( ) _____

Address _____ City _____ St. _____ Zip _____

Parents or Legal Guardian _____ Phone # ( ) _____

Address _____ City _____ St. _____ Zip _____

Additional Contact in Case of Emergency: Phone #

Health Insurance Coverage

Is the Camper covered by family medical/ hospital insurance? Yes _____ No _____

Medicare # _____ Medicaid # _____

► **Photocopy of front and back of health insurance card must be attached to this form as well as ALL Vaccination Records.**

This section must be completed by the parent/guardian for camper's attendance.

Permission to Provide necessary Treatment or Emergency Care: I hereby give permission for medical personnel selected to order and approve various medical/treatment; to release any records necessary for insurance purposes; to provide/arrange necessary transportation for the Camper in the event I cannot be reached in an emergency. I hereby give permission to the medical personnel to secure and administer treatment, including hospitalization for the person named above. I agree to abide by the restrictions as specified above during camp.

Printed Name of Parent/Guardian or Adult Camper: _____

Signature of Parent/Guardian or Adult Camper: _____

NEW SESSIONS SCHEDULE, PLEASE REVIEW CAREFULLY

There will Not be any overnights between Sessions.

Session 1:	_____	**Week 1: June 22 – June 28**	(ages 35 – 80)	
	_____	**Week 2: June 29– July 5**	(ages 35 – 80)	**(*No Overnight 7/5*)**
Session 2:	_____	Week 3: July 6 – July 12	(ages 35 – 80)	
	_____	Week 4: July 13 – July 19	(ages 35 – 80)	**(*No Overnight 7/19)***
Session 3:	_____	**Week 5: July 20 – July 26**	(ages 35 – 80)	
	_____	**Week 6: July 27 – Aug. 2**	(ages 35 – 80)	***(No Overnight 8/2)***
Session 4:	_____	Week 7: Aug. 3 – Aug. 9	(ages 10 – 35)	
	_____	Week 8: Aug. 10 – Aug. 16	(ages 10 – 35)	***(Camp Ends 8/16)***

Special Diet Instructions:
We have many campers with special diets. We will do everything in our power to modify these diets to the best of our abilities. If your camper has an Allergy to a specific food, that is important to us. If your camper is a picky eater, we will do our best to make sure they eat. **PLEASE DO NOT SEND YOUR CAMPER TO CAMP WITH BAGS OF SNACKS, CANDY or SODA.**
Please read this section and check all that apply:

Chopped _____ Pureed _____ Food Moistened _____
Meat Cut Small _____ All Food Cut Small _____
Lactose Intolerant _____ Gluten Free _____Specific Food Allergy _____
Please list here: _____

What best describes Camper's vision?

___ Wears Glasses ___ Normal Vision ___ Has Functional Vision

___ Is Legally Blind ___ Blind

How does Camper communicate with others? ___ Uses Speech ___ Understands Speech

___ Uses Sign Language ___ Understands Sign ___ Uses Adaptive Communication Device

What is the best way to communicate with Camper if they are non-verbal?

Camper's Hearing

___ Has Normal Hearing ___ Has Functional Hearing

___ Is Hard of Hearing ___ Is Deaf

Behavioral Challenges:
Indicate those that best describe the Camper in the last 5 years:

___ Aggression toward people ___ Tantrums ___ Self-Injury ___ Hyperactive

___ Aggression toward objects ___ Manipulative ___ Swears ___ Poor Peer Relations

___ Inappropriate Sexual Behavior ___ Withdrawn ___ Non-Compliance

If you checked any of the above, please explain or attach documentation in regards to the Challenge: We reserve the right to deny the application if we feel this camper may be a threat to themselves or others. We will not accept the Camper without documentation of Plans in place. Use additional paper if needed.

_____

_____

Other Challenges not listed: _____

_____

_____

What is the most effective way to deal with Camper's Behavioral Challenges? _____

_____

_____

_____

_____

_____

Describe Campers Daily Living Skills: Campers must be self-sufficient in these areas needing minimal assistance from counselors: Please circle one of the following and explain if necessary.

Toileting	Independent	Needs Assistance	_____
Eating	Independent	Needs Assistance	_____
Hygiene	Independent	Needs Assistance	_____
Dressing	Independent	Needs Assistance	_____
Bathing	Independent	Needs Assistance	_____

Does the Camper Wet the Bed?: YES or NO If YES, how often? _____.
We have limited laundry facility. You will need to provide extra bedding, night time pull ups, padding for bed, laundry soap, etc.

Please use this space to provide any further information that will help us better serve your Campers Daily Living Skills NEEDS:

_____

_____

_____

_____

_____

Camper's Physical Challenges

___ Cerebral Palsy ___ Spina Bifida ___ Muscular Dystrophy ___ Quadriplegic

___ Paraplegia ___ Ambulatory ___ Uses Wheelchair ___ Uses Crutches

___ Walks with assistance _____Other: Please explain:

Camper's Intellectual / Cognitive Challenges

___ Developmentally Delayed _____ Mild _____ Moderate _____ Severe

___ Autism Spectrum Disorder _____ Mild _____ Moderate _____ Severe

___ Emotionally Behaviorally Disturbed _____ Mild ____ Moderate ____ Severe

___ Down Syndrome ___ Mild ____ Moderate ____ Severe

Other diagnosis if not listed above: _____

History of physical, mental, or sexual abuse which may have an impact on the Campers experience at camp:

_____

_____

_____

Does this Camper have one to one support on a daily basis? **YES or NO**

IF yes, then you must get approval to bring a one to one support person to Silver Towers.

There is a form to be filled out ahead of time by the support person. Notify us as soon as possible.

We will not be able to provide one to one support while at camp.

MUST BE SIGNED BY PHYSICIAN BEFORE SUBMISSION

PHYSICAL Form for Silver Towers Camp 2025

This must be completed by a certified and licensed physician, (MD, DO), nurse practitioners, or physician assistants.

This form must be completed, signed and returned one month prior to camper's session. The physical and medication forms are only good for one year. Please note: Every camper must use this NEW FORM for 2025 attendance.

Camper's Name: _____ Date of Birth: _____

HEALTH HISTORY and CAMP PHYSICAL

Has the camper ever been diagnosed with or experienced any of the following conditions? Please circle Yes or No.

Loss of Consciousness	No Yes	High Blood Pressure	No Yes	Stroke/TIA	No Yes
Dizziness during or after exercise	No Yes	High Cholesterol	No Yes	Concussions	No Yes
Headache during or after exercise	No Yes	Abdominal/Stomach problems	No Yes	Asthma	No Yes
Chest pain during or after exercise	No Yes	Digestive Problems	No Yes	Diabetes	No Yes
Shortness of breath during or after exercise	No Yes	Enlarged Spleen	No Yes	Hepatitis	No Yes
Irregular, racing or skipped heart beats	No Yes	Urinary Discomfort	No Yes	Single Kidney	No Yes
Congenital Heart Defect	No Yes	Osteoporosis	No Yes	Spina Bifida	No Yes
Heart Attack	No Yes	Osteopenia	No Yes	Arthritis	No Yes
Cardiomyopathy	No Yes	Sickle Cell Disease	No Yes	Heat Illness	No Yes
Heart Valve Disease	No Yes	Constipation Problems	No Yes	Broken Bones	No Yes
Heart Murmur	No Yes	Easy Bleeding	No Yes	Dislocated Joints	No Yes
Endocarditis	No Yes	Runs a normal temperature	No Yes		

If you answer Yes to any of the following, please provide additional information.

Difficulty controlling bowels or bladder **No Yes** _____
Any past broken bones or dislocated joints: **No Yes** _____
Numbness or tingling in legs, arms, hands or feet **No Yes** _____
Weakness in legs, arms, hands or feet **No Yes** _____
Epilepsy or any type of seizure disorder **No Yes** list type and last seizure: _____
_____
Pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet **No Yes** _____
Self-injurious behavior during the past year **No Yes** _____
Aggressive behavior during the past year **No Yes** _____
Depression (diagnosed) **No Yes** _____
Anxiety (diagnosed) **No Yes** _____
Describe any additional health or mental health concerns: _____
_____
_____
List surgeries and hospitalizations within the last three years: _____
_____

- **Date of Camp Physical Exam**: _____ **Date of Last Tetanus vaccination**: _____
- **Camper's Height**: _____ **Weight**: _____ **Blood Pressure**: _____**Pulse**: _____
- **O_2 Sat:** _____ **Temperature**: _____
- **Indicate if abnormal**:

___Head ___Eyes ___Ears ___Abdomen ___Genitalia ___Nose ___Lungs ___Heart ___Mouth ___Extremities ___Neurological

Please List Any Allergies:

_____

Certification of Participation must be signed by checked off by campers Physician.

____ I certify that I have reviewed the Health History and examined this person and find no contradictions for participation in camp experience.

___ I certify that I have reviewed the Health History and examined this person and find they may participate in camp activities with the following restrictions (please list):

Physician's Signature: _____
Date: _____
Physician's Name (please print) _____
Phone & Fax #: _____

MUST BE SIGNED BY PHYSICIAN BEFORE SUBMISSION

2025 Medications to be dispensed while attending Silver Towers Camp:

Campers Name: _____ DOB _____

Please have your physician fill out this entire form and sign it. We need a signature on Both pages of this physical/medication form. If there is a medication change by the time the camper comes to camp, new signed orders must be sent to camp prior to check in. If your camper uses an epi-pen or diastat or has a specific allergy or seizure plan, please make sure that you attach the signed allergy or seizure plan.

If the camper has trouble taking medications, please list the best way to administer medicine. _____

1. Medication_____ Dosage_____ Times taken _____
   Reason for taking_____
   Prescribing Physician_____Phone_____
2. Medication_____ Dosage_____ Times taken _____
   Reason for taking_____
   Prescribing Physician_____Phone_____
3. Medication_____ Dosage_____ Times taken _____
   Reason for taking_____
   Prescribing Physician_____Phone_____
4. Medication_____ Dosage_____ Times taken _____
   Reason for taking_____
   Prescribing Physician_____Phone_____
5. Medication_____ Dosage_____ Times taken _____
   Reason for taking_____
   Prescribing Physician_____Phone_____
6. Medication_____ Dosage_____ Times taken _____
   Reason for taking_____
   Prescribing Physician_____Phone_____
7. Medication_____ Dosage_____ Times taken _____
   Reason for taking_____
   Prescribing Physician_____Phone_____
8. Medication_____ Dosage_____ Times taken _____
   Reason for taking_____
   Prescribing Physician_____Phone_____
9. Medication_____ Dosage_____ Times taken _____
   Reason for taking_____
   Prescribing Physician_____Phone_____
10. Medication_____ Dosage_____ Times taken _____
    Reason for taking_____
    Prescribing Physician_____Phone_____
11. Medication_____ Dosage_____ Times taken _____
    Reason for taking_____
    Prescribing Physician_____Phone_____
12. Medication_____ Dosage_____ Times taken _____
    Reason for taking_____
    Prescribing Physician_____Phone_____
13. Medication_____ Dosage_____ Times taken _____
    Reason for taking_____
    Prescribing Physician_____Phone_____

Physician Signature is required on this form and any additional printouts of medications.

Physician's Signature: _____ Date: _____

Physician's Name (please print) _____ Phone & Fax #: _____

IMPORTANT UPDATED MEDICAL INFORMATION

A camper must have a current Physical and Medication list to attend camp. The Physical, Medication list and the Over-the-Counter Medication list must be filled out on the Silver Towers Physical Form 2025. All Physical and medication orders are only good for one year. Please be aware if the Physical will expire prior to attending camp or during the campers stay and you are not able to schedule a Physical until after their selected week you must pick a different week. No exceptions will be made. We encourage you to call your campers Physicians and ask when their last Physical was and schedule their next Physical so that you will not run into any problems this summer with expired Physicals.

If you are not able to fit all medications on MEDICAL FORM please continue list onto a separate piece of paper. **That paper will also need to be signed by Health Care Provider. If you provide a print out of medications, that form will also need to be signed by the provider.**

If your camper takes over the counter medications (examples: Calcium, Vitamins, Allergy medications, sleep aids, fiber, antacids, bowel mediations, pain relievers) in addition to the medications his/her Physician prescribes, the Physician will need to sign off on those medications.

It is very important that you take the time to carefully review the medication list with the Physician. Please make sure the list matches what is on the prescription bottle and the way you administer medication at home is consistent with what is on the prescription bottle.

If there are discrepancies at check in with the medication list the Physician provides and the medications brought to camp, your camper will not be allowed to check-in.

Please note if there is additional information about your camper i.e. diabetes, seizures, special treatments, etc., it will be your responsibility to get this information from your campers Physician and send it to Silver Towers. The nursing staff is extremely busy and should not have to track down this information for you.

If you have any questions, please call us so we can make sure the proper documentation is provided for a smooth check in when you and your camper arrive. We will continue to limit the number of people at check in this summer. **Please be respectful of the check in time you are assigned.**

Additionally, we are requesting a copy of your campers Immunizations. This is not something we have asked for in the past.

If a camper shows any signs of COVID – 19 during their stay at camp, we will test them and ask that they be picked up immediately by parent, guardian or caregiver if their test is positive or at the discretion of the Nurse on Duty.

See back of this form for Over-the-Counter Medication Permission.

Silver Towers Health Staff

PERMISSION FOR OVER THE COUNTER MEDICATIONS

(To be filled out and signed by parents, home providers, guardians or physicians)

Please check any medications that your camper CAN be given if they are sick or injured at camp:

**********This form must be signed at the bottom of the page.**

The following medications (or their generic equivalents) **May** be stocked in the camp Health Center and administered as needed. If your camper takes any of these on a regular basis, they must be provided by you/camper with a Physician's order stating that the camper takes this medication on a regular basis. This will allow our nursing staff to administer the over-the-counter medications as no oral medication of any kind may be kept in the dorm by campers or counselors.

Persistent conditions or those needing a physician's care will be referred to the parent/guardian. We will require you or a caregiver to come to camp and take the camper home or to any medical center to be evaluated. Reentry to camp will be determined by the Nursing Staff at Silver Towers Camp.

- ❒ Sunburn relief spray/cream (Solarcaine, Bactine, Aloe Vera)
- ❒ Antiseptic ointments (Bacitracin, Neosporin)
- ❒ Naproxen (Aleve)
- ❒ Cough Drops / throat lozenges
- ❒ Decongestant (Sudafed)
- ❒ Sore throat spray (Chloraseptic)
- ❒ Milk of Magnesia (for constipation)
- ❒ Anti-Diarrheal (Kaopectate, Imodium AD)
- ❒ Sting-Ease (for insect bites)
- ❒ Calamine/Caladryl Lotion (for insect bites, poison ivy, etc.)
- ❒ A & D Ointment (skin protectant)
- ❒ Aspirin
- ❒ Antiseptic Wound wash (minor cuts, scrapes, etc.)
- ❒ Ibuprofen (Advil)
- ❒ Acetaminophen (Tylenol)
- ❒ Loratadine (Claritin)
- ❒ Cough syrup (Robitussin DM)
- ❒ Antihistamine (Benadryl)
- ❒ Burn Gel (Aloe Vera)
- ❒ Antacids (Tums, Maalox)
- ❒ Pepto Bismal
- ❒ Stool Softener
- ❒ Hydrocortisone cream (rash, bug bites)
- ❒ Glucose (for diabetic emergency)
- ❒ Eye Rinse (eye irritation)
- ❒ Hydrogen Peroxide (minor cuts, scrapes)

OTHER

If your camper has a known allergy and carries an Epi-pen on a regular basis that must come to camp in the original prescription box with an Order from the prescribing physician.

Please be aware that if your camper experiences an undiagnosed life-threatening allergic reaction, nursing staff will treat the camper as needed with an Epinephrine (EPI-pen) and 911 will be called. **Please make staff aware if your camper has a known allergy to Epinephrine.**

Camper's Name: _____ **Date of Birth**: _____
(Please Print)

Parent/Guardian/Home Provider Name: _____ **Phone #**: _____
(Please Print)

Parent/Guardian Home Provider's Signature _____**Date**_____

*** **Please be sure to have this form signed.**