



Angelwood Children's Programs

Proudly providing unparalleled services to children, adults and families living with disabilities

9100 North Regency Square Blvd.
Jacksonville, FL 32211

Telephone (904) 288-7259
Fax (904) 288-7260

2024

Dear Parents and Guardians,

This season of Angelwood Children's Programs is now here! My name is Demica Woodie and I am excited to be the Camp Director this year. I feel certain that this will be a terrific summer for your child.

The following is important information. Please read carefully and call me if you need any further information.

Camper Drop Off

- You may park in the parking lot by the courtyard of the Mandarin Presbyterian Church Loretto Campus (2501 Loretto Road Jacksonville, FL 32223).
- **Monday** – Extended day campers (7:00am-8:45am) need to be taken to room 9, but all other campers are to go to the courtyard (no earlier than 8:45am please). You must walk with your child to the mentioned areas. You will be met there to review your registration, meet the nurse to turn over any medications for the week, and be escorted to your child's camp group and counselors.
- **Tuesday – Friday** – Please walk your child to the courtyard to meet your child's camp counselor. Camp staff will be present to help guide you.
- **Parents/Guardians MUST walk their child from the cars to the building. Do not leave your child until you have personally seen that your child is with his/her camp counselor and you have signed him/her in. Under no circumstances should a child be dropped off at the parking lot and told to run in. EVERY CHILD has to be signed in and out every day!**

Camper Pick Up

- All campers will be in their designated groups during pickup time. Please see any camp counselors to pick up your child.
- If staff does not recognize the adult picking up a child, we may ask for identification before allowing a child to depart. Please do not be offended, this is for the safety of your child.

Medications

- All medications must be brought to camp in a child-proof, pharmacy-labeled container.
- Please make sure all medications are clearly labeled with the child's name, name of the medication, the time he or she is to take the medication, and how much he or she is to take.
- If your child takes their medication in yogurt, pudding, applesauce, etc., please make sure you send this in also with the child's name on it.
- **Only send enough medication for one week of camp. We are unable to keep medications over the weekend. You must pick up medications on Friday.**

Lunches/ Snacks

- Campers will need to bring a bag lunch to camp every day. We will have a refrigerator available if needed.

Dress

- If your child uses pull-ups or diapers, please send in enough for the day (or week). Also, please send in wipes if your child uses these, too.
- Camp can often be messy, or accidents may occur. **Please send your child to camp in play clothing that is allowed to get dirty.** Having a change of clothes each day would be helpful as well.
- Closed-toe shoes are best for camp. Please do not have your child wear "flip flop" type shoes.
- The camp will not have a pool, however, each **THURSDAY** we will have outside water games. Please send a clearly labeled bathing suit, towel, water shoes, and a full change of clothes with your camper for that day.

Remember, camp runs June 5-7, June 10-14, and June 17-21. Regular camp hours are from 9a-3p. Extended day runs from 7am-8:45am and 3pm- 5:30pm. Please make sure your child is **dropped off no earlier than 8:45am and picked up no later than 3pm!!** The camp is located at Mandarin Presbyterian Church Loretto Campus (2501 Loretto Road Jacksonville, FL 32223)

Please know that we do not have a phone on-site for you to call, but you may reach me on my cell phone for any questions, comments, notices, etc. (904-930-9010) during the duration of camp. Thank you for your interest in our program and for entrusting your son or daughter into our care.

I look forward to seeing each camper soon!

Sincerely,
Demica Woodie, Camp Director
904-288-7259 (office)
904-930-9010 (cell)
dwoodie@angelwoodjax.org

ANGELWOOD 2024 Children's Programs
Participant INFORMATION

Name _____

Date of Birth _____ Age _____

Diagnosis _____

Ethnicity: Asian American Indian African American
 Hispanic White Do not wish to disclose

Guardian name _____ Phone number _____

Address _____

Emergency Contact Name _____

Phone number _____

****T-SHIRT SIZE: Youth: S M L XL**
Adult: S M L XL 2XL

Special concerns and needs of child:

Favorite interests or activities of child:

There are a limited number of 1 on 1 slots available for camp. Does your child require a one-on-one for behavior problems? If yes, please describe.

Please explain any behaviors your child may have that would be helpful for our staff to know: _____

***Please note that if the Angelwood staff deems a child harmful to him/herself or to others, especially if no one-on-one was requested, you will be expected to pick up the camper with no refund of tuition.**

Please list any allergies your child has:

Does your child need assistance with any of the following?

Eating _____

Dressing _____

Toileting _____

Other _____

Does your child have a special diet or is he/she restricted from eating any foods? (Please send any special lunch or snack that he/she needs).

How does your child communicate? (i.e. verbally, sign language, facial expressions, communication device, etc.)

Please list any adaptive equipment your child uses. (i.e. wheelchair, walker, braces, crutches, positioning device, etc.)

Who has permission to pick up your child?

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

*****Please send in a copy of your child's current IEP*****

****FOR EVERY CHILD, YOU MUST INCLUDE A RECENT PHOTO****

ANGELWOOD CHILDREN'S PROGRAMS 2024

MEDICATION INFORMATION

NAME: _____ AGE: _____

Diagnosis: _____

Please list **ALL** medications your child is currently taking including the dose, time and prescribing physician. (Even those not given during the camp day)

Please list the medications Angelwood will be responsible to administer **during camping hours** including the dose, time and prescribing physician.

How does your child take his/her medications?

Please list any Over the Counter medications you will be sending with your child and the conditions under which they should be administered.

Is your child allergic to any medication? If yes, please explain.

Insurance Information (for emergency purposes only)

Carrier _____

Group # _____

Responsible party _____



agency for persons with disabilities
State of Florida

Informed Consent

Section 393.506, Florida Statutes, authorizes an independent direct service provider (including a direct service provider employee) not licensed to practice nursing or medicine to administer medication or supervise the self-administration of medication following completion of medication administration training and current annual competency validation by a licensed registered nurse or physician. This form authorizes medication assistance by a trained, validated provider.

I, _____, as the below-named client or client's legal
(Printed name of client or client's representative)

representative, contingent upon the authorization of my health care provider,

provide my consent to Angelwood Employees to:

(Printed name of validated medication assistance provider)

_____ Administer medications prescribed for me by my professional health care
provider; or

_____ Supervise my self-administration medications prescribed for me by my
professional health care provider.

Signature of Client or Client's Legal Representative

Date

Printed name of person signing

Date

(NOTE: A validated unlicensed direct service provider cannot consent as the client's legal representative.)

Signature of Witness No. 1

Printed Name of Witness No. 1

Date

Signature of Witness No. 2

Printed name of Witness No. 2

Date

This document remains effective until _____, unless I
(Twelve months from signature date)
elect to withdraw my consent.

ANGELWOOD, INC.

AUTHORIZATION FOR EMERGENCY MEDICAL/DENTAL CARE

I understand that the Angelwood, Inc. staff will make every effort to contact me in the case of an emergency requiring medical/dental care for my child. I give permission for the Angelwood staff to obtain emergency medical/dental care for my son/daughter if I cannot be reached or until such time that I am personally available.

I hereby authorize emergency medical/dental care for

_____ while he/she is in the
supervision of Angelwood, Inc.

Parent/guardian signature

Date

Print name

Witnessed By

Date

**THE FOLLOWING FORM MUST BE NOTARIZED:
GENERAL RELEASE**

FOR AND IN CONSIDERATION OF _____ being permitted to
(participant)

participate in the "ANGELWOOD CHILDREN'S PROGRAMS" and associated programs, the undersigned parent, guardian or legal representative on behalf of the participant and the participant's parents, personal representatives, assigns, heirs, next of kin, does hereby release and hold harmless Angelwood, Inc., their Board of Directors and any of their employees, agents, or volunteers participating in the "ANGELWOOD CHILDREN'S PROGRAMS" and their personal representatives and assigns from any loss or damage on account of any injury to the person or the personal property, or death of the participant while engaged as a participant in the "ANGELWOOD CHILDREN'S PROGRAMS" camp activities. This release further applies to any claim whatsoever on account of first aid, treatment or service or service rendered to the participant during "ANGELWOOD CHILDREN'S PROGRAMS" activities.

The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida in that if any portion of the Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, or legal representative further acknowledges that he/she is authorized to enter this agreement on behalf of the participant and the participant's parents, personal representatives, assigns, heirs and next of kin.

Permission is granted to photograph my child and to use, publish and release for publication such photos relating to our programs. The name of such person photographed may be used in connection with the above, with the understanding that there will be no exploitation and that any photographs used will conform to standards of good taste.

(Parent, Guardian or Legal Representative Signature)

GENERAL CONSENT

The undersigned, as parent and/or guardian of the above named, does hereby consent and grant permission for the said camper to attend "ANGELWOOD CHILDREN'S PROGRAMS." I hereby further give my consent for the child to take part in all camp activities including, but not limited to, athletic competition, crafts, music, field trips, etc.

I understand that my child's acceptance to attend "ANGELWOOD CHILDREN'S PROGRAMS" is conditional upon his/her adjustment to the routine at our program. If the staff and director decide that the child is not adjusting well to the program, the parent will be notified to take the child home. I further understand that my failure to return this registration to the Director on or before July 15th or it may result in the child's place being forfeited.

(Parent's signature)

AFFIDAVIT

State of Florida, County of _____

I hereby give permission to the Employee of "ANGELWOOD CHILDREN'S PROGRAMS" administer first aid or seek treatment for my child, _____. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director and Health Supervisor to hospitalize and secure proper treatment for my child.

(Parent's Signature)

I certify that all information provided in this registration and description is true and complete to the best of my knowledge and that my signature in each preceding require area represents my acceptance of the terms, conditions or understanding covered in that area.

(Date)

(Parent's Signature)

Personally known _____ Identification Produced _____

Sworn to and subscribed before me this _____ day of _____, 2024.

(Notary Public, State of Florida at Large)

My commission expires: _____