



**Skill Builder's Day Camp
Registration Form & Medical Details**

Child's First and Last Name: _____

Child's Date of Birth: _____ / _____ / _____ Birth Sex _____

MM / DD / YYYY

Mailing Address: _____

City, State, Zip Code

Parent/Legal Guardian Name: _____

Address: _____

City, State, Zip Code

Phone Number: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Secondary Emergency Contact Name: _____ Phone: _____

Does your child suffer from any medical condition? Y/N _____

Does your child have any allergies Y/N: _____

Does your child have any special needs or accommodations Y/N _____

NAME OF PARTICIPANT PARENT/LEGAL GUARDIAN

DATE

SIGNATURE OF PARTICIPANT PARENT/LEGAL GAURDIAN

DATE

Skill Builder's Camp Information

Schoolcraft Memorial Hospital's Rehabilitation Services Department has planned a 5-week summer camp for children and families looking for supportive activities.

The 1 hour long camp sessions aim to support youth and build skills targeting speech, language, sensory, social, play and motor skills.

There will be two sessions based upon age.

Session 1 is for ages 3-6 and will be held from 9:30am-10:30 am on Thursdays.

Session 2 is for ages 7-12 and will be held from 11:00 am – 12:00 pm on Thursdays.

The 5-week course is Free and will be offered to youth in the community.

Location of Camp: Skill builders camp will be held at Emerald Elementary school.

The entrance for camp will be on the east side of the building. See picture below.

Address: 628 Oak Street, Manistique, MI 49854



Drop off and Pick up Instructions:

We ask that all children are picked up and dropped off by their parent(s) or guardian. If unable, please provide written consent for your child to be picked up or dropped off by another adult.

Drop off time and location: Emerald Elementary East Entrance

10 minutes prior to event

Pick up Time and location: Emerald Elementary East Entrance

At end of event

No-Show/Cancellation Expectations

We are requesting a minimum of 24 hours' notice if your child cannot make it to the day camp.

Contact information for cancellation: Schoolcraft Memorial Hospital 906-341-3254

Meet the Skill Builder's Camp Leaders



Chelsee Larsen is an Occupational Therapist in the Upper Peninsula area who specializes in working with children among the neurodivergent population and children who have experienced trauma throughout their childhood. Chelsee has experience working with children ages 0-18 in an outpatient and school setting.

Chelsee helps children and their parents develop strategies to implement throughout a child's daily routines to complete their daily occupations such as play, social, school, and self-care.

Chelsee also helps to facilitate children reengage appropriate developmental milestones in areas of gross, fine motor and visual motor skills.



Jennifer Carlson, a licensed Speech Language Pathologist in Michigan and Alaska, brings specialized expertise in tackling reading and literacy difficulties, Autism Spectrum Disorder, and Childhood Apraxia of Speech among children. She has successfully served a wide range of age groups across various settings such as schools, private practices, and outpatient facilities.

Jennifer's approach is centered on comprehensive interventions aimed at enriching vocabulary, enhancing literacy skills, and nurturing social and play competencies. Her goals are to empower children to seamlessly integrate into school environments and daily life activities, ensuring they

thrive academically and socially.

Together Chelsee and Jennifer are eager to create a space for children to interact, play and learn together in a safe and challenging environment.



Media Release

HIPAA (Health Insurance Portability and Accountability) Authorization to Use/Disclose PHI for Marketing Public Relations and External Communication Purposes

Event: Skill Builder’s Summer Rehab Camp
Purpose of disclosure: Skill Builder’s Summer Rehab Camp

I understand the following: This authorization will automatically expire one year from the date signed below or the date the minor child becomes an adult under state law.

I may choose to revoke this authorization at any time, except to the extent that action has already been taken to comply with it, by notifying SMH in writing. Information disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and is no longer protected by the HIPAA Privacy Rule. SMH will still provide treatment and seek payment for services provided, whether I sign this authorization.

Some news outlets share information amongst themselves or with their national affiliates. Except for SMH, these news outlets do not allow review of stories, videotape, or photographs before publication. I will be given a copy of this authorization upon fulfilling the request. I do not expect to receive financial compensation or consideration for use of the story.

I understand that the story and related materials are the property of SMH.

For marketing uses or disclosures SMH will not receive financial remuneration.

I hereby authorize Schoolcraft Memorial Hospital (SMH) to sue or disclose information, as described below to external media (local or national news stations, newspapers), SMH marketing purposes or publications, and SMH media sites.

Release Method: Appearance or interview on camera, Photographs, Video, Audio or Advertising.

NAME OF PARTICIPANT PARENT/LEGAL GUARDIAN **DATE**

SIGNATURE OF PARTICIPANT PARENT/LEGAL GAURDIAN **DATE**



Accident Protocol

Event: SkillBuilders Summer Rehab Camp

Accident Protocol

In the case of injury or illness, please review the following protocol for participants involved in an incident/accident:

- In the event a participant becomes injured, sick or is involved in an accident, every attempt will be made to notify the parent/guardian as quickly as possible. In the event the participant sustains a minor injury (something that can be handled with basic first aid), and/or is involved in a minor accident, the parent/guardian will be made aware of the situation when they arrive to pick up participant at the end of the program session and/or lesson.
- If the injury/illness is serious and/or life-threatening, professional medical personnel (911) will be notified immediately.
- If the parent/guardian cannot be reached, the secondary emergency contact will be called. In the event the participant must be transferred or moved from the Camp site/facility (i.e. taken to a hospital) and the parent/guardian has not yet arrived, the Camp staff and/or volunteers will accompany participant to the secondary location and remain with participant until parent/guardian arrive.

I have read and acknowledge the Accident Protocol.

NAME OF PARTICIPANT PARENT/LEGAL GUARDIAN **DATE**

SIGNATURE OF PARTICIPANT PARENT/LEGAL GAURDIAN **DATE**