

# SKILL BUILDER'S CAMP



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

Child's First and Last Name: \_\_\_\_\_

Child's Date of Birth (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birth Sex: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child suffer from any medical conditions? 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 guardian Date

# SKILL BUILDER'S CAMP



## Skill Builder's Camp Information

Schoolcraft Memorial Hospital's Rehabilitation Services Department has planned a 5-week summer camp to support children in experiencing positive play and achieving age-appropriate developmental milestones.

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 5-7 and will be held from 9:30am-10:30am on Wednesdays.

**SESSION 2** is for ages 8-11 and will be held from 11:00am-12:00pm on Wednesdays.

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

### LOCATION OF CAMP:

Skill builder's camp will be held at Emerald Elementary school. The entrance for camp will be on the east side of the building. See picture.



**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 parents(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

### CONSIDERATIONS FOR CAMP:

- If your child struggles with violent behaviors in a group setting which could impact the safety of your child or an additional group member, please plan to attend the camp with your child.
- Provide your child with clothes allowing them to move, play outside, get wet or dirty.
- Provide any emergency medications such as epinephrine to camp leaders and please notify staff ahead of time regarding your children's allergies or precautions.

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## 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. Chelsee has experience working with children ages 0-18 in an outpatient and school setting using a strength-based approach to address areas such as self-regulation, sensory processing, gross/fine motor skills, social skill and play skills to support children in thriving throughout their daily routines.



**Jacklyn Masch** is a licensed Clinical Fellow Speech-Language Pathologist in Michigan with a strong focus on supporting children with language disorders, Autism Spectrum Disorder, and articulation disorders. She is dedicated to person-centered care, using individualized strategies to strengthen vocabulary, speech clarity, and expressive and receptive language skills. Jacklyn is passionate about empowering children to confidently communicate their wants and needs, fostering growth in both academic and social settings

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

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## 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 Schoolcraft Memorial Hospital (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 provide, whether I sign this authorization.

Some news outlets share information amongst themselves or with their national affiliates. Except for SMH, these new 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 disclosure 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, newspaper), SMH marketing purposes or publications, and SMH media sites.

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

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Name of participant parent/legal guardian

Date

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Signature of participant parent/legal guardian

Date



# SKILL BUILDER'S CAMP



## Accident Protocol

**Event:** Skill Builder's 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.

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Name of participant parent/legal guardian

Date

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Signature of participant parent/legal guardian

Date