



★ What is SUCCEED?

SUCCEED is a two year post-secondary program at UMSL for students with intellectual and developmental disabilities. While enrolled in SUCCEED, students live in Oak Hall, participate in campus activities, complete vocational training and vocational experiences, enroll in UMSL credit courses ,and complete noncredit curriculum that focuses on independent living, self-advocacy, self-determination, and social skill development.

★ What is the SUCCEED Summer Enrichment Camp?

The SUCCEED Summer Enrichment Camp provides students ages 17 and up the SUCCEED college experience. Students will stay overnight in Oak Hall, utilize a meal plan on campus, take various academic workshops, complete vocational training, and engage in recreational and traditional camp activities on campus.

★ What are the qualifications to participate in the SUCCEED Summer Enrichment Camp?

- *Student must be between the ages of 17 and up*
- *Student must be able to manage medication independently*
- *Student must be able to navigate basic hygiene and self-care independently*
- *Student must be able to function successfully with a 3 to 1 staff to student ratio*
- *Student must provide diagnosis of intellectual or developmental disability*

★ Important Information:

- *If Please turn application for Summer Camp in with Succeed Program Application.*
 - *If you are selected for a Succeed Program interview that will count as your camp interview as well.*
 - *Pick between two dates: June 10th-14th OR July 15th-19th*
 - *The Cost for the Succeed Summer Enrichment Camp will be \$600*

**University of Missouri-St. Louis SUCCEED 2024
Summer Enrichment Camp Application**



Student Information:

First Name		Last Name	
Gender	Date of Birth		Age
Street Address			
City	State	Zip Code	
Phone (Cell)	Phone (Home)	Email Address	

Parent/Guardian Information:

First Name		Last Name	
Street Address			
City	State	Zip Code	
Phone (Cell)	Phone (Home)	Email Address	

Emergency Contacts:

Provide 1 additional emergency contact in addition to the above parent/guardian whom shall be notified in case of an emergency.

First Name		Last Name	
Street Address			
City	State	Zip Code	
Phone (Cell)	Phone (Home)	Email Address	

Relationship to student: _____

If accepted, method of payment will be:

- Summer Camp Voucher Check Money Order Credit card/Debit Card

There are limited scholarships available for students in financial need that do not have access to a Summer Camp Voucher. Please check box, if you believe you fall into this category and would like to be considered for scholarship opportunities.

Medical Insurance:

A copy of the student's current insurance card should be attached and will remain on file for use if emergency medical care is needed.

_____	_____	_____
Insurance Company		Policy Holder
_____	_____	_____
Policy #	Group #	Phone

Preferred Hospital		

Privacy Statement:

The SUCCEED Summer Enrichment Camp will not disclose personal information to any other entity except when necessary to ensure that proper and appropriate medical treatment is provided in the event that the student must be treated on site or transported to a medical facility or emergency room. No information will be disseminated to any outside agency.

_____	_____
Student Signature	Date
_____	_____
Parent/Guardian, if applicable	Date

Emergency Medical Care:

I hereby give permission to the University of Missouri-St. Louis SUCCEED to secure emergency medical treatment in the event of an emergency. The student will be held accountable for costs of such treatments.

_____	_____
Student Signature	Date
_____	_____
Parent/Guardian, if applicable	Date

Photo Release:

The University of Missouri-St. Louis SUCCEED utilizes photographs of students, staff, and volunteers for publicity and educational purposes including end of camp slideshow, pamphlets, flyers, television, newspaper, magazine, website, advertisements, social media, and other communications. By signing below, I authorize the usage of photographs.

_____	_____
Student Signature	Date
_____	_____
Parent/Guardian, if applicable	Date

Release of Liability:

Safety is our main concern in all camp activities. The University of Missouri-St. Louis SUCCEED has taken precautions to provide the proper equipment and qualified instructors/staff for all summer camp activities. It is impossible to eliminate all of the risks involved; however, it is our commitment to uphold a high standard of risk management. I acknowledge the inherent risks in summer camp activities. I hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify the University of Missouri-St. Louis and its agents, officers, directors, employees, volunteers, and representatives from any and all liability including any cause of action, claims, or demands of the University of Missouri-St. Louis and its agents or employers.

_____	_____
Student Signature	Date
_____	_____
Parent/Guardian, if applicable	Date

As a person who is not a student or employee of the University of Missouri-St. Louis, while on University property, I acknowledge that I am required to abide by University policies and regulations.

_____	_____
Student Signature	Date
_____	_____
Parent/Guardian, if applicable	Date

Medical Management Statement:

All items brought with the student will be the student’s personal responsibility. The University of Missouri-St. Louis cannot reimburse for lost or damaged items.

Students are responsible for storage of medications. Medications should be kept on the student’s person or in the student’s room. Students will be responsible for taking medications as prescribed and maintaining medication schedules. Parents/guardians are welcomed and encouraged to make contact to provide reminders or assistance to the student in medication management. However, the University of Missouri-St. Louis SUCCEED will take no responsibility for the assurance of medication management and compliance. Furthermore, students can be removed from camp if students become a hazard to their own health and well-being or to the health and well-being of others due to non-compliance of medication.

Student Signature	Date
Parent/Guardian, if applicable	Date

Student Release, Contact, and Pick-Up:

In addition to the guardian/parent listed above, the following individual(s) are authorized to pick up or make contact with student. A photo ID will be required by any party requesting student release.

- 1. Enter Full Legal Name: _____ Relationship: _____ Phone: _____
- 2. Enter Full Legal Name: _____ Relationship: _____ Phone: _____
- 3. Enter Full Legal Name: _____ Relationship: _____ Phone: _____
- 4. Enter Full Legal Name: _____ Relationship: _____ Phone: _____

Student Signature	Date
Parent/Guardian, if applicable	Date

Medical Profile:

Date of Last Physical: _____ Current Age: _____ Height: _____ Weight: _____

Primary Diagnosis: _____

Secondary Conditions and Other Medical Concerns: Circle All that Apply

- | | | | |
|-----------------------|---------------------------|-----------------------|-----------------------------|
| ADD/ADHD | Arthritis/Joint Condition | Anxiety | Behavioral/Conduct Disorder |
| Bipolar Disorder | Cardiac Condition | Chronic Pain | Cognitive Impairment- Mild |
| Cognitive Impairment | Depression | Diabetes | Digestive Condition/Problem |
| Hearing Impairment | Hydrocephaly | Infectious Disease | Migraines |
| Muscular Condition | Neurological Condition | Pica | Respiratory Condition |
| Schizophrenia | Scoliosis | Seizure Disorder | Sensory Processing Disorder |
| Skin Condition/Rashes | Speech Impairment | Swallowing Difficulty | Urinary Condition |
| Visual Impairment | None | | |

Other: _____

Briefly describe all medical conditions and concerns selected:

Allergies:

Enter 'NKA' if there are no known allergies

Environmental:

Food:

Medication:

Dietary Needs:

Please list all dietary restrictions and needs:

Assistive and Medical Devices: *Circle All that Apply*

- | | | | |
|---------------------|--------------------------|--------------------------|--------------------|
| Retainer/Braces | Dentures | Contacts/Glasses | Walker/Cane/Crutch |
| Wheelchair | Prosthetic | Brace/Supportive Device | VNS |
| Colostomy Appliance | Hearing Aid | Communication Device | Urostomy Appliance |
| Helmet | Adaptive Eating Utensils | Pace Maker/Defibrillator | CPAP |
| Nebulizer | Weighted Vest/Blanket | | |

Other: _____

Immunizations:

- | | | |
|-------------|-------------------------------------|---------------------------------------|
| Polio | <input type="checkbox"/> Up to Date | <input type="checkbox"/> Not Received |
| Mumps | <input type="checkbox"/> Up to Date | <input type="checkbox"/> Not Received |
| Measles | <input type="checkbox"/> Up to Date | <input type="checkbox"/> Not Received |
| Rubella | <input type="checkbox"/> Up to Date | <input type="checkbox"/> Not Received |
| Diphtheria | <input type="checkbox"/> Up to Date | <input type="checkbox"/> Not Received |
| Pertussis | <input type="checkbox"/> Up to Date | <input type="checkbox"/> Not Received |
| Hepatitis B | <input type="checkbox"/> Up to Date | <input type="checkbox"/> Not Received |
| Meningitis | <input type="checkbox"/> Up to Date | <input type="checkbox"/> Not Received |
| Tetanus | Date: _____ | <input type="checkbox"/> Not Received |

Medications:

Please list all medications the student CANNOT take due to allergies or other medication interactions.

While the University of Missouri-St. Louis SUCCEED will NOT distribute, manage, or provide reminders for medication, the program would like a list of medications per student on file in the event of a student inquiry or emergency.

Medication 1: _____ Strength: _____ Dosage: _____

Frequency: _____ Times Taken: _____

Medication 2: _____ Strength: _____ Dosage: _____

Frequency: _____ Times Taken: _____

Medication 3: _____ Strength: _____ Dosage: _____

Frequency: _____ Times Taken: _____

Medication 4: _____ Strength: _____ Dosage: _____

Frequency: _____ Times Taken: _____

Medication 5: _____ Strength: _____ Dosage: _____

Frequency: _____ Times Taken: _____

Medication 6: _____ Strength: _____ Dosage: _____

Frequency: _____ Times Taken: _____

Medication 7: _____ Strength: _____ Dosage: _____

Frequency: _____ Times Taken: _____

Medication 8: _____ Strength: _____ Dosage: _____

Frequency: _____ Times Taken: _____

Medication 9: _____ Strength: _____ Dosage: _____

Frequency: _____ Times Taken: _____

Medication 10: _____ Strength: _____ Dosage: _____

Frequency: _____ Times Taken: _____

Camp Experience:

Is this your first time spending the night away from home without family? Yes No

Personal Habits:

Please answer the questions about your current personal habits completely and accurately.

Check all activities you enjoy.

- Swimming Rock climbing Walking Arts and Crafts Board games
- Puzzles Watching movies Sports Music Acting/Drama
- Singing Dancing Reading Drawing/Coloring Being outdoors

Do you have a current IEP, Behavior Plan or Social Story? Yes No
If yes, please provide current documentation attached to this application.

Please rate the frequency of each of the following behaviors:

	Always	Usually	Sometimes	Never	Unknown
Interacts well with peers					
Follows simple directions					
Refrains from behavior that is dangerous to self or others					
Takes care of personal belongings					
Takes items that belong to others					
Is self-abusive					
Physically aggressive or abusive to others					
Verbally aggressive or abusive to others					
Requires restraint or physical management					
Responds to redirection and prompting					
Participates in group activities					
Wets the bed					
Independently manages hygiene					
Has sensory support needs					

Activities of Daily Living:

Mobility

- Fully mobile Fully mobile using a mobility aid Requires assistance
- Difficulty with hills, uneven ground, or long distances

Toileting

- Completes independently Completes independently with prompting Needs assistance with personal hygiene

Dressing and Changing Clothes

- Completes independently Completes independently with prompting Does not complete independently

Eating

- Completes independently Requires minimal assistance Does not complete independently

Drinking

- Completes independently Requires minimal assistance Does not complete independently

Showering

- Completes independently Completes independently with prompting Does not complete independently

Provide additional information about student's ability to complete daily activities and assistance that may be required.

Please explain any behaviors or difficulties that student may experience while at camp. Please also provide verbal cues or other helpful hints that will assist us in providing a safe and fun experience.

- I certify that all information is up to date and accurate.
- I have included the following with this application:
 - a copy of my most recent IEP
 - a copy of my up to date medical insurance card
 - a recent photograph
- I understand that my application is not complete until my teacher recommendation has been received by UMSL SUCCEED.
- I understand I may be required to attend the Meet and Greet/Group Interview
- I understand I am responsible for the cost of this camp and that Summer Camp vouchers may be accepted.

Student Signature

Date

Parent/Guardian, if applicable

Date