

Overnight Trip Policy

Individuals who wish to attend any overnight trips must meet specific guidelines and expectations, as established in the SRSNLC Overnight Trip Guidelines & Expectations. These guidelines and expectations have been established to ensure the safety and enjoyment of the participants, staff, and volunteers in attendance. Participant, staff, and volunteer safety is our utmost priority for the duration of a trip.

Participation in an overnight trip is at the discretion of SRSNLC member districts' staff and the trip coordinator. Overnight trip registrations require preapproval by the SRSNLC member districts' Program Manager to determine eligibility prior to registration. Because of financial and staffing limitations, among other factors, trips are designed for adults with special needs that can function with minimal assistance. All registrations (and associated requests for accommodation, if any) will be reviewed on a case-by-case basis.

Overnight trips include both planned and impromptu activities. SRSNLC cannot guarantee the complete accessibility of all trip activities, but will make reasonable accommodations when doing so does not create an undue hardship, does not fundamentally alter the nature of the program, and does not pose a direct threat of safety to the patron or to others.

All participants are required to complete an Overnight Trip Form, Medication Dispensing Release Form, provide a copy of a valid government issued identification card, and provide a copy of his/her current medical insurance card one week prior to the departure date. Participants may or may not share a double/queen/king size bed. Staff may or may not be in the same room as your adult participant.

Failure to comply with these requirements by the established deadline will result in cancellation and the forfeiture of the participant's deposit and/or trip fee.

Guidelines & Expectations

Staff / Participant Ratio:

Participants must be able to function in a 1:6 staff to participant ratio throughout the duration of the trip.

Independent Living Skills:

Independent Living Skills are defined as a participant's ability to function independently during most everyday situations. Independent Living Skills are a necessary component of all overnight trips. Participants must be able to perform Independent Living Skills including but not limited to:

- Personal, Physical, Vehicle & Travel Safety
- Interpersonal & Socialization Skills
- Time Management
- Following Group Directions/Instruction— Participant must possess the ability to stay with the group and not wander/stray away from staff and other participants.

Behavioral Management Skills:

Behavioral Management Skills are defined as a participant's ability show that they can manage conflict with other participants and staff without becoming physically or verbally aggressive. Participants with multiple minor and/or one serious Discipline Action Report(s) within the year of a trip will not be allowed to attend any overnight trips until they can demonstrate significant improvement in their own behaviors on other programs.

Self-Care Skills:

Self-Care Skills are defined as a participant's ability to take responsibility *for their own health and well-being*.

Self-Care Skills are a necessary component of all overnight trips. Participants must be able to perform Self-Care Skills including but not limited to:

- Personal Appearance
- Cleansing/Personal Hygiene
- Toileting
- Resting/Sleep
- Meal Management
- Medication

SRSNLC has established three Self-Care Principles:

- Participants must make informed choices to manage their self-care needs.
- Participants must effectively communicate individual self-care needs.
- Participants must have the ability to manage self-care needs.

Money Management Skills:

Money Management Skills are defined as a Participants ability to maintain their own spending money, personal items, and purchases. Participants will be responsible for their money and any items purchased during the trip. SRSNLC member districts' staff and volunteers cannot be held responsible for lost or stolen money/souvenirs.

SRSNLC Program Participation:

Participants must complete a minimum of one hundred contact hours in SRSNLC programs in a variety of program settings (i.e., day camp, athletics, day trips, etc.) prior to attending an overnight trip.

Refund Policy: No refunds are given unless...

1. The trip is cancelled by the park district.
2. The person desiring a refund finds a replacement.
3. The district has a waiting list for the trip.
4. Other circumstances as may be deemed necessary to comply with the law or as may be fair and just.

OVERNIGHT TRIP FORM

TRIP NAME: _____

DATES: _____

SRSNLC STAFF CONTACT: _____

PARTICIPANT'S NAME: _____

PERSON COMPLETING FORM: _____

DAY PHONE #: _____

EVENING PHONE #: _____

THE SAFETY AND ENJOYMENT OF ALL PARTICIPANTS AND STAFF ATTENDING THIS TRIP IS VERY IMPORTANT. TO ENSURE A HIGH LEVEL OF SAFETY, SRSNLC REQUIRES ALL PARTICIPANTS TO BE ABLE TO PERFORM PERSONAL HYGIENE AND TOILETING SKILLS WITH MINIMAL ASSISTANCE FROM THE SRSNLC STAFF.

Please complete this form with as much detail as possible. The completion of this form will help our staff and ensure a safe and enjoyable trip for everyone.

If the parent/guardian plans to be out of town during the trip, please provide information on where you can be contacted in case of an emergency. _____

EMERGENCY CONTACT: _____

DAY PHONE #: _____

EVENING PHONE #: _____

RELATIONSHIP TO PARTICIPANT: _____

(We **MUST** have a contact of someone that will be in town in the event that we need to return early from our trip.)
If we need to return from our trip early for any reason beyond our control, (ie. Weather, health, injury, etc.) there will be no refunds due to the fact that we have already incurred the costs of the trip. We will make every attempt possible to see the trip through to the end.

PAYMENT INFORMATION:

Total Due: _____ Total Paid: _____ Still Due to SRSNLC: _____

PLEASE RETURN THIS FORM and FINAL PAYMENT TO THE SRSNLC OFFICE BY _____. **IF THIS FORM and FINAL PAYMENT ARE NOT RECEIVED BY THIS DATE, YOU WILL NOT BE ALLOWED TO LEAVE ON THE TRIP.**

Will participant initiate personal hygiene? YES _____ NO _____

Please check any areas where assistance is needed for personal hygiene:

_____ Operating Shower/Adjusting Water Temperature

_____ Brushing Teeth

_____ Washing Hair/Body

_____ Brushing/Styling Hair

_____ Getting Dressed/Undressed

_____ Choosing appropriate Clothing

_____ Packing Suitcase

_____ Lifting/Toileting Assist

Please comment in detail what type of assistance is needed (verbal prompts, hand over hand, etc)

Is the participant incontinent? YES _____ NO _____

Does the Participant have a tendency to wander from the group? YES _____ NO _____

Please check any areas where assistance is needed during meals:

_____ Reading Menus

_____ Ordering from Menu

_____ Choosing Food from Buffet

_____ Cutting Food

_____ Identifying Restricted Foods

Comments: _____

Please indicate any special dietary needs, food allergies, or restrictions:

Is the Participant sensitive to sun exposure? YES _____ NO _____

Precautions/Explanation: _____

Please check any area where assistance is needed for money management

_____ Carrying Money _____ Counting Money _____ Making Purchases
_____ Signing Name _____ Understands the Value of Money

How Much Spending Money is Being Sent? \$ _____

****PLEASE NOTE:** SRSNLC staff is not responsible for lost or stolen money.

Comments: _____

Does the participant know how to swim? YES _____ NO _____

Please comment on level and ability _____

How does the participant react to or have they had any problems when away from their home/family?

What type of instructions work best?

VERBAL _____ DEMONSTRATIVE _____ BOTH _____

Is the participant able to ask for help? YES _____ NO _____

Will the participant act on directions given? YES _____ NO _____

In an effort to reinforce appropriate behavior, please list areas of concern and explain current behavior management techniques used:

Please list any other concerns you may have regarding the trip, which may not be indicated, on this form (afraid of heights/elevators, claustrophobia, etc):

Please list any immediate allergies that we should be concerned about that the participant may have like bees, pollen, food, sun, etc:

Please provide a copy of the following documents:

- Government Issued Photo ID
- Current Insurance Card

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