Silver Towers Application - 2026

Please review the schedule for 2026 carefully when choosing your preferred sessions. Campers will be placed on a first-come, first-serve basis with those returning completed paperwork being placed in their preferred session. Each week we can accommodate up to 60 campers.

Camp will close at the end of each Session to be deep cleaned. No exceptions to this policy. This does prevent any camper from staying more than two weeks in a row.

No camper will be able to stay overnight between sessions this year. Each session will consist of two weeks. If a camper is coming for two weeks in one session, they will be able to stay over on the Saturday night between weeks.

Please send in your applications as soon as possible to ensure the weeks you are looking for are available.

Invoices will be sent with the total amount for the sessions you have requested after we have received Completed Camper Application pages one, two and three.

Physical Form 2026: Please read this document carefully and make sure any lists of medications you send have the signature of the campers Physician. Any medication changes occurring prior to camp will need new orders and must be sent in prior to check-in. This allows for a smooth check-in process. We also need a copy of ALL the camper's immunizations (if you gave this to us last year, you do not have to send in a new list) All copies of insurance cards need to accompany the Physical Form.

NO CAMPER WILL BE ALLOWED TO STAY AT SILVER TOWERS WITHOUT COMPLETE and SIGNED ORDERS FROM THE PHYSICIAN AS WELL AS ALL MEDICATIONS BUBBLED/BLISTER PACKAGED. SEE IMPORTANT UPDATED MEDICAL INFORMATION FOR MORE DETAILS.

Mail completed application:
Carolyn Ravenna, Director
241 Lincoln Avenue
Rutland, VT 05701

The cost of tuition is $750.00 per week. This payment must be paid in full before the campers attend their session.

***Some partial scholarships may be available by contacting Carolyn Ravenna directly for information regarding the process of applying.

Please arrange for payments ahead of time as no camper will be allowed to attend until payment is made in full.

The camp will not bill ARIS for you. This is your responsibility. **PLEASE DO THIS AS SOON AS YOU RECEIVE THE INVOICE. Please contact me directly at 802-345-4209 with questions.**

Silver Towers Camp 2026

Name: _____ Date of Birth _____ Age _____ Sex M ___ F ___

Email Address: _____ Phone # ( ) _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Tee Shirt size: SM MED LRG XL 2XL 3XL Other:

Names and Numbers of those people who will be contacted in case of an Emergency.

Home Provider or Care Giver _____ Phone # ( ) _____

Address _____ City _____ St. _____ Zip _____

Parents or Legal Guardian _____ Phone # ( ) _____

Address _____ City _____ St. _____ Zip _____

Additional Contact in Case of Emergency: Phone #

Health Insurance Coverage

Is the Camper covered by family medical/ hospital insurance? Yes _____ No _____

Medicare # _____ Medicaid # _____

► **Photocopy of front and back of health insurance card must be attached to this form as well as ALL Vaccination Records.**

This section must be completed by the parent/guardian for camper's attendance.

Permission to Provide necessary Treatment or Emergency Care: I hereby give permission for medical personnel selected to order and approve various medical/treatment; to release any records necessary for insurance purposes; to provide/arrange necessary transportation for the Camper in the event I cannot be reached in an emergency. I hereby give permission to the medical personnel to secure and administer treatment, including hospitalization for the person named above. I agree to abide by the restrictions as specified above during camp.

Printed Name of Parent/Guardian or Adult Camper: _____

Signature of Parent/Guardian or Adult Camper: _____

NEW SESSIONS SCHEDULE, PLEASE REVIEW CAREFULLY

There will Not be any overnights between Sessions.

Session 1:	_____	**Week 1: June 28 – July 4**	(ages 35 – 75)	
	_____	**Week 2: July 5 – July 11**	(ages 35 – 75)	(***No Overnight 7/11***)
Session 2:	_____	Week 3: July 12 – July 18	(ages 35 – 75)	
	_____	Week 4: July 19 – July 25	(ages 35 – 75)	(***No Overnight 7/25***)
Session 3:	_____	**Week 5: July 26 – Aug 1**	(ages 35 – 75)	
	_____	**Week 6: Aug. 2 – Aug. 8**	(ages 35 – 75)	***(No Overnight 8/8)***
Session 4:	_____	Week 7: Aug. 9 – Aug. 15	(ages 12 – 35)	
	_____	Week 8: Aug. 16 – Aug. 22	(ages 12 – 35)	***(Camp Ends 8/22)***

Special Diet Instructions:
We have many campers with special diets. We will do everything in our power to modify these diets to the best of our abilities. If your camper has an **Allergy** to a specific food, that is important to us. If your camper is a picky eater, we will do our best to make sure they eat. More detailed information on their pickiness should be provided to the camp in writing prior to checking in,

Please read this section and check all that apply and make sure to attach a written description of that specific request. Ex. Lactose Intolerant may have a pill to be taken beforehand. Meat cut small, should bacon be cut small? Gluten Free, we offer Gluten-Free options, but our Kitchen is not gluten free. Cross contamination is possible. While we take precautions, we cannot guarantee any item is 100% free from gluten.

_____**Lactose Intolerant**
_____**Gluten Free**
_____**Specific Food Allergy**
_____**Meat Cut Small**
_____**All Food Cut Small**
_____**Food Pureed**

What best describes Camper's vision?

___ Wears Glasses ___ Normal Vision ___ Has Functional Vision

___ Is Legally Blind ___ Blind

How does Camper communicate with others? ___ Uses Speech ___ Understands Speech

___ Uses Sign Language ___ Understands Sign ___ Uses Adaptive Communication Device

What is the best way to communicate with Camper if they are non-verbal? _____

Camper's Hearing

___ Has Normal Hearing ___ Has Functional Hearing

___ Is Hard of Hearing ___ Is Deaf

Behavioral Challenges:

Indicate those that best describe the Camper in the last 5 years:

___ Aggression toward people ___ Tantrums ___ Self-Injury ___ Hyperactive

___ Aggression toward objects ___ Manipulative ___ Swears ___ Poor Peer Relations

___ Inappropriate Sexual Behavior ___ Withdrawn ___ Non-Compliance

If you check any of the above, you must attach documentation about the Challenge. We reserve the right to deny the application if we feel this camper may be a threat to themselves or others. We will not accept the Camper without documentation of Plans in place. Use additional paper if needed.

_____

Other Challenges not listed: _____

_____

Describe Campers Daily Living Skills: Campers must be self-sufficient in these areas needing minimal assistance from counselors: Please circle one of the following and explain if necessary.

Toileting	Independent	Needs Assistance	_____
Eating	Independent	Needs Assistance	_____
Hygiene	Independent	Needs Assistance	_____
Dressing	Independent	Needs Assistance	_____
Bathing	Independent	Needs Assistance	_____

Does the Camper Wet the Bed? YES or NO If YES, how often? _____
We have limited laundry facilities. You will need to provide extra bedding, night-time undergarments, padding for bed, laundry soap, etc.

Please use this space to provide any further information that will help us better serve your Campers Daily Living Skills NEEDS:

_____
_____
_____
_____
_____

Camper's Physical Challenges

___ Cerebral Palsy ___ Spina Bifida ___ Muscular Dystrophy ___ Quadriplegic

___ Paraplegia ___ Ambulatory ___ Uses Wheelchair ___ Uses Crutches

___ Walks with assistance _____Other: Please explain:

Camper's Intellectual / Cognitive Challenges

___ Developmentally Delayed	_____ Mild	_____ Moderate	_____ Severe	
___ Autism Spectrum Disorder	_____ Mild	_____ Moderate	_____ Severe	
___ Emotionally Behaviorally Disturbed	_____ Mild	____ Moderate	____ Severe	
___ Down Syndrome	___ Mild	____ Moderate	____ Severe	

Other diagnosis if not listed above: _____

History of physical, mental, or sexual abuse which may have an impact on the Campers experience at camp:

_____
_____
_____

Does this Camper have one-to-one support on a daily basis? **YES or NO**

IF yes, then you must get approval to bring a one to one support person to Silver Towers.

There is a form to be filled out ahead of time by the support person. Notify us as soon as possible.

We will not be able to provide one to one support while at camp.

MUST BE SIGNED BY PHYSICIAN BEFORE SUBMISSION

PHYSICAL Form for Silver Towers Camp 2026

This must be completed by a certified and licensed physician, (MD, DO), nurse practitioners, or physician assistants.

This form must be completed, signed and returned one month prior to camper's session. The physical and medication forms are only good for one year. Please note: Every camper must use this NEW FORM for 2026 attendance.

Camper's Name: _____ Date of Birth: _____

HEALTH HISTORY and CAMP PHYSICAL

Has the camper ever been diagnosed with or experienced any of the following conditions? Please circle Yes or No.

Loss of Consciousness	No Yes	High Blood Pressure	No Yes	Stroke/TIA	No Yes
Dizziness during or after exercise	No Yes	High Cholesterol	No Yes	Concussions	No Yes
Headache during or after exercise	No Yes	Abdominal/Stomach problems	No Yes	Asthma	No Yes
Chest pain during or after exercise	No Yes	Digestive Problems	No Yes	Diabetes	No Yes
Shortness of breath during or after exercise	No Yes	Enlarged Spleen	No Yes	Hepatitis	No Yes
Irregular, racing or skipped heart beats	No Yes	Urinary Discomfort	No Yes	Single Kidney	No Yes
Congenital Heart Defect	No Yes	Osteoporosis	No Yes	Spina Bifida	No Yes
Heart Attack	No Yes	Osteopenia	No Yes	Arthritis	No Yes
Cardiomyopathy	No Yes	Sickle Cell Disease	No Yes	Heat Illness	No Yes
Heart Valve Disease	No Yes	Constipation Problems	No Yes	Broken Bones	No Yes
Heart Murmur	No Yes	Easy Bleeding	No Yes	Dislocated Joints	No Yes
Endocarditis	No Yes	Runs a normal temperature	No Yes		

If you answer Yes to any of the following, please provide additional information.

Difficulty controlling bowels or bladder **No Yes** _____
Any past broken bones or dislocated joints: **No Yes** _____
Numbness or tingling in legs, arms, hands or feet **No Yes** _____
Weakness in legs, arms, hands or feet **No Yes** _____
Epilepsy or any type of seizure disorder **No Yes** list type and last seizure: _____
_____
Pinched nerve or pain in the neck, back, shoulders, arms, hands, buttocks, legs or feet **No Yes** _____
Self-injurious behavior during the past year **No Yes** _____
Aggressive behavior during the past year **No Yes** _____
Depression (diagnosed) **No Yes** _____
Anxiety (diagnosed) **No Yes** _____
Describe any additional health or mental health concerns: _____
_____
_____
List surgeries and hospitalizations within the last three years: _____
_____

- **Date of Camp Physical Exam**: _____ **Date of Last Tetanus vaccination**: _____
- **Camper's Height**: _____ **Weight**: _____ **Blood Pressure**: _____**Pulse**: _____
- **O_2 Sat**: _____ **Temperature**: _____
- **Indicate if abnormal**:

___Head ___Eyes ___Ears ___Abdomen ___Genitalia ___Nose ___Lungs ___Heart ___Mouth ___Extremities ___Neurological

Please List Any Allergies:

_____

Certification of Participation must be signed and checked off by campers Physician.

____ I certify that I have reviewed the Health History and examined this person and find no contradictions for participation in camp experience.

___ I certify that I have reviewed this Campers Health History and examined this person and find they may participate in camp activities with the following restrictions (please list):

Physician's Signature: _____
Date: _____
Physician's Name (please print) _____
Phone & Fax: _____

2026 Medications to be dispensed while attending Silver Towers Camp:

Campers Name: _____ DOB _____

Please have your physician fill out this entire form and sign it. We need a signature on Both pages of this physical/medication form. If there is a medication change by the time the camper comes to camp, new signed orders must be sent to camp prior to check in. If your camper uses an epi-pen or diastat or has a specific allergy or seizure plan, please make sure that you attach the signed allergy or seizure plan.

If the camper has trouble taking medications, please list the best way to administer medicine. _____

1. Medication_____ Dosage_____ Times taken _____
   Reason for taking_____
   Prescribing Physician_____Phone_____
2. Medication_____ Dosage_____ Times taken _____
   Reason for taking_____
   Prescribing Physician_____Phone_____
3. Medication_____ Dosage_____ Times taken _____
   Reason for taking_____
   Prescribing Physician_____Phone_____
4. Medication_____ Dosage_____ Times taken _____
   Reason for taking_____
   Prescribing Physician_____Phone_____
5. Medication_____ Dosage_____ Times taken _____
   Reason for taking_____
   Prescribing Physician_____Phone_____
6. Medication_____ Dosage_____ Times taken _____
   Reason for taking_____
   Prescribing Physician_____Phone_____
7. Medication_____ Dosage_____ Times taken _____
   Reason for taking_____
   Prescribing Physician_____Phone_____
8. Medication_____ Dosage_____ Times taken _____
   Reason for taking_____
   Prescribing Physician_____Phone_____
9. Medication_____ Dosage_____ Times taken _____
   Reason for taking_____
   Prescribing Physician_____Phone_____
10. Medication_____ Dosage_____ Times taken _____
    Reason for taking_____
    Prescribing Physician_____Phone_____

Physician Signature is required on this form and any additional printouts of medications.

Physician's Signature: _____ Date: _____

Physician's Name (please print) _____ Phone & Fax #: _____

IMPORTANT UPDATED MEDICAL INFORMATION

*A camper must have a current Physical and Medication list to attend camp. The Physical, Medication list and the Over-the-Counter Medication list must be filled out on the Silver Towers Physical Form 2026. All Physical and medication orders are only good for one year. Please be aware if the Physical will expire prior to attending camp or during the campers stay and you are not able to schedule a Physical until after their selected week you must pick a different week. No exceptions will be made. We encourage you to call your campers Physicians and ask when their last Physical was and schedule their next Physical so that you will not run into any problems this summer with expired Physicals.

*****NEW INFORMATION REGARDING MEDICATIONS:**

*****ALL MEDICATIONS MUST BE TIME-OF-DAY MULTI DOSE BLISTER/BUBBLE PACKED BY YOUR PHARMACY.**

*Time-of-day bubble packs, or medication blister packs, organize pills for specific times like morning, noon, evening, and bedtime, often using colors or labeled sections, making it easy for patients and caregivers to track doses, reduce errors, and improve adherence, especially for those with complex medication schedules, with options for weekly or monthly cards and various fillable formats. We understand that some medications such as liquids, drops, creams, powders, inhaled, or injected medications cannot be blister packed and should be brought to camp in their original packaging. **We will not accept medication that has been sorted at home in your own containers**. Please start this process now by discussing whether your Pharmacy has this service. Many local Pharmacies along with PillPack by Amazon Pharmacy provide this service. (https://pharmacy.amazon.com/pillpack)

*If you cannot list all medications on MEDICAL FORM, please continue listing onto a separate piece of paper. **That paper will also need to be signed by Health Care Provider. If you provide a print out of medications, that form will also need to be signed by the provider.**

*If your camper takes over the counter medications (examples: Calcium, Vitamins, Allergy medications, sleep aids, fiber, antacids, bowel mediations, pain relievers) in addition to the medications his/her Physician prescribes, the Physician will need to sign off on those medications.

*It is very important that you take the time to carefully review the medication list with the Physician. Please make sure the list matches what is on the multi bubble/blister pack or prescription bottle if it cannot be bubble/blister packaged.

***If there are discrepancies at check in with the medication list the Physician provides and the medications brought to camp, your camper will not be allowed to check-in.**

***Please note if there is additional information about your camper i.e. diabetes, seizures, special treatments, etc., it will be your responsibility to get this information from your campers Physician and send it to Silver Towers. The nursing staff is extremely busy and should not have to track down this information for you.**

*If you have any questions, please call us so we can make sure the proper documentation is provided for a smooth check-in when you and your camper arrive. We will continue to limit the number of people at check-in this summer. **Please be respectful of the check in time you are assigned.**

***Additionally, all NEW CAMPERS to Silver Towers need to provide a copy of your campers Immunizations. You can obtain this through the campers physician or through the Department of Health Website.**

Silver Towers Health Staff

PERMISSION FOR OVER THE COUNTER MEDICATIONS

(To be filled out and signed by parents, home providers, guardians or physicians)

The following medications (or their generic equivalents) may be stocked in the camp Health Center and administered as needed. If your camper takes any of these on a regular basis, they must be provided by you/camper with a Physician's order stating that the camper takes this medication on a regular basis. This will allow our nursing staff to administer the over-the-counter medications as no oral medication of any kind may be kept in the dorm by campers or counselors.

Persistent conditions or those needing a physician's care will be referred to the parent/guardian. We will require you or a caregiver to come to camp and take the camper home or to any medical center to be evaluated. Reentry to camp will be determined by the Nursing Staff at Silver Towers Camp.

Please check any medications that your camper CAN be given if they are sick or injured at camp. If this form is blank, we will not be able to administer anything listed on this page. If your camper can be administered everything on the list, check the Box: ALL OF THE ABOVE and make sure to sign.

- ❒ Sunburn relief spray/cream (Solarcaine, Bactine, Aloe Vera)
- ❒ Antiseptic ointments (Bacitracin, Neosporin)
- ❒ Naproxen (Aleve)
- ❒ Cough Drops / throat lozenges
- ❒ Decongestant (Sudafed)
- ❒ Sore throat spray (Chloraseptic)
- ❒ Milk of Magnesia (for constipation)
- ❒ Anti-Diarrheal (Kaopectate, Imodium AD)
- ❒ Sting-Ease (for insect bites)
- ❒ Calamine/Caladryl Lotion (for insect bites, poison ivy, etc.)
- ❒ A & D Ointment (skin protectant)
- ❒ Aspirin
- ❒ Antiseptic Wound wash (minor cuts, scrapes, etc.)
- ❒ Ibuprofen (Advil)
- ❒ Acetaminophen (Tylenol)
- ❒ Loratadine (Claritin)
- ❒ Cough syrup (Robitussin DM)
- ❒ Antihistamine (Benadryl)
- ❒ Burn Gel (Aloe Vera)
- ❒ Antacids (Tums, Maalox)
- ❒ Pepto Bismal
- ❒ Stool Softener
- ❒ Hydrocortisone cream (rash, bug bites)
- ❒ Glucose (for diabetic emergency)
- ❒ Eye Rinse (eye irritation)
- ❒ Hydrogen Peroxide (minor cuts, scrapes

❒ ALL OF THE ABOVE

OTHER

If your camper has a known allergy and carries an Epi-pen on a regular basis, that must come to camp in the original prescription box with an Order from the prescribing physician.

Please be aware that if your camper experiences an undiagnosed life-threatening allergic reaction, nursing staff will treat the camper as needed with an Epinephrine (EPI-pen) and 911 will be called. **Please make staff aware if your camper has a known allergy to Epinephrine.**

Camper's Name: _____ **Date of Birth**: _____
(Please Print)

Parent/Guardian/Home Provider Name: _____ **Phone #**: _____
(Please Print)

Parent/Guardian Home Provider's Signature: _____**Date**_____

*** **Please be sure to have this form signed.**