

Weekend Information

Hello our fellow travelers, families, and caregivers!!! Below is some information for the upcoming weekend trip. We will have the Soc/Rec cell phone with the following number for the weekend: 610-506-6723.

We will be meeting at Helping Hands on Friday at **1:00pm**. Staff will quickly be “checking in” each traveler for emergency information, etc., in our lunchroom area. Note: We will take the applications from the summer program, so if there are no changes since summer/fall, you do not need to fill out the form attached more than writing “no changes”.

If desired, please pack a “carry-on” bag for the van ride down/back. Feel free to bring your music/headphones, puzzle books, reading material, or snacks or any other items you would like to help pass the time. Please note, once we board the vans, we will not have access to your luggage until you are at the house.

***NOTE: Please do NOT pack your medications in your luggage. Staff will be checking in medications, etc upon arrival. Please make sure that all of your medications are appropriately labeled for administration. If they are not in blister packs or bottles, you will NEED a printout with a very clear description for staff. **If this is not done adequately enough, you may risk not being able to participate in the trip.**

Packing suggestions: We will be outdoors for a good bit of this trip, so please keep that in mind when packing.

- twin size sheets
- towel/washcloth
- 2-3 pants
- 3 shirts
- sweatshirt or jacket
- socks
- sneakers (at least one pair for walking)
- pajamas or sleepwear
- toiletries- shower/shaving/teeth/hair
- rain jacket- optional and weather dependent
- clothing to be outdoors/boardwalk
- additional spending money- all meals are included, however snacks, extra drinks,

souvenirs, and any shopping is not included. **Most folks bring approximately \$50.00 unless you are a "big spender."

- undergarments
- deodorant
- sunglasses or a hat
- down time activities
- camera and film- Optional
- medications (please see above info.)



We plan to return at approximately **7:00pm on Sunday**. If we will be more than half an hour late, we will contact you in advance at home or the designated telephone numbers.

If you have any further questions, feel free to contact me at the office or via email.

Thanks,

Laura



HELPING HANDS, INC 2017 SOCIALIZATION/RECREATION PROGRAM
EMERGENCY SHEET FOR VACATION TRIPS

~Name of Participant:

~Age:

~Date of Birth:

~Home address:

~Home Telephone Number:

~Family/Caregiver Cell Phone Number(s) to be used for the trip:

~Other Emergency Contact Information for usage during the trip:

1. Name _____
Phone Number _____
Relationship _____

~Primary Physician's Name and Phone Number:

~Social Security Number:

~Insurance Information- (Policy Numbers, Insurance Co Name, etc.)

~Any known allergies:

~Current Medications: PLEASE BE SPECIFIC, INCLUDING TIMES AND METHOD OF ADMINISTRATION (CRUSHED OR W/ WATER, ETC.) AND UTILIZE THE BACK IF NEED BE...

~Is the participant permitted to have alcohol? If yes, does he/she have a limit?

~Are there any activity limitations?

~Will there be traveling with any medical equipment/supplies? (Glasses, hearing aids, etc.)

~Any other Medical Information (Seizure Disorder, Diabetes, Dietary Restrictions, Ambulation Information, Abnormal Sleeping Patterns, Extra Sensitivity to Sun, etc...)