

Stellar Care Day Trips and Vacations

Personal Growth...Recreation...Socialization

Name of Traveler _____

Name of Trip _____

Dates of Trip _____

FORMS ON FILE

- Registration Form
- Traveler Profile
- Terms and Regulations
- Medications Form
- Copy of Identification
- Passport (if trip is outside U.S.)
- Stellar Care Trip Consent Signatures
- Stellar Care Release and Waiver

Cost of Trip \$ _____

50% Deposit of \$ _____

Date due: _____

Date received: _____

Final Payment: \$ _____

Date due: _____

Date received: _____

Staff member assigned _____



Stellar Care Day Trips and Vacations

REGISTRATION FORM

GENERAL INFORMATION

Name of Traveler as it appears on government-issued photo ID (required by TSA)

Traveler's Legal Name: _____ Date of Birth: _____ Age: _____

Street Address _____ City _____ State _____ Zip _____

Phone # (_____) _____ Sex: Male Female

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Health Insurance Provider _____ Med. Ins. # _____

Medicare # _____ Soc. Sec. # _____

(Attach a copy of Health Insurance and State ID cards)

Primary Physician: _____ Physician Phone # (_____) _____

PASSPORT INFORMATION *(Passports required outside of U.S., including Canada, Mexico, and the Bahamas)*

Name on Passport: _____ Passport Number: _____

Date Issued: _____ Expiration Date: _____ Country of Issuance: _____

LIVING SITUATION: Family Group Home Host Home Independent Other

Agency Name : _____

Address: _____

Contact Name: _____ Contact Phone: _____

EMERGENCY CONTACTS:

Name: _____ Relationship: _____ Phone # 1 (_____) _____

Address: _____ Phone # 2 (_____) _____

Name: _____ Relationship: _____ Phone # 1 (_____) _____

Address: _____ Phone # 2 (_____) _____

Name: _____ Relationship: _____ Phone # 1 (_____) _____

Address: _____ Phone # 2 (_____) _____



Stellar Care Day Trips and Vacations

TRAVELER PROFILE

Name: _____ **DIAGNOSED DISABILITY:** _____

We want to make certain that each trip is appropriate for the client's personal abilities and chaperone assignment. Please complete this profile of client's behaviors, medical history, daily routines, and personal assistance required. If client has a Behavior Management Plan, attach a copy to this form.

BEHAVIORAL CONCERNS *(Check all that apply):*

- Hitting
- Swearing
- Refusal to take medications
- Vehicle Safety
- Yelling
- Refusal to leave an area
- Self Injurious
- Throwing objects
- Crying for no apparent reason
- Biting
- Physically aggressive
- Verbally aggressive
- History of stealing
- Not listening to adults
- Wanders away from group
- Sleep disorders (sleep walking, wandering)
- Fears (elevators, escalators, heights, water, animals, boats)
- History of sex offenses (exposing oneself, attaching oneself to the opposite sex, etc.)
- Other behaviors or issues *(please specify):* _____

Please describe what typically precedes a target behavior, how often the behavior occurs (# of times a day/week), and how staff should best respond to deescalate client's behaviors. (Attach additional information that would assist us in meeting client's needs ~ example: BISSP, psychiatric evaluations, protocols)

MEDICAL HISTORY *(Check all that apply):*

- Seizure Disorder *(please attach Seizure Protocol)*
- Difficulty Breathing
- Heartburn
- Headaches
- Sleep Apnea
- Stomach Problems or Ulcers
- Heart Problems
- Asthma
- Catheter
- Pacemaker
- Pulmonary Disease
- Ostomy
- Communicable Disease *(specify):* _____
- High Blood Pressure
- Edema
- Uses Tobacco Products *(specify):* _____
- Bleeding Disorder
- Diabetes *(type and protocol):* _____
- Other (Specify): _____

IS CLIENT SELF-MEDICATING? Yes No *(Please attach a current List of Medications, regardless of answer.)*

ALLERGIES: Does client have any allergies? Yes No *If Yes, please list allergies and reactions below:*

Medicines: _____

Food Allergies: _____

Other Allergies: _____

Describe Allergic Reaction: _____

DIET: Is client on a Special Diet? Yes No *(If Yes, please specify below):*

Special Diet and/or Food Restrictions: _____

Name: _____

DAILY ROUTINES:

Usual Bed Time: _____ P.M.

Preferred activity length: _____

- Slow to get started in the morning
- Takes naps throughout the day
- Is alright in larger group settings
- Is alright in loud settings
- Has difficulty going to bed
- Is OK with sharing a room with another client

TOILETING:

Urination control: No Problem Some Problem Incontinent

Control of Bowels: No Problem Some Problem Incontinent

- Can tell staff when he/she needs to use the restroom
- Needs no help using the toilet
- Needs staff assistance in restroom

PERSONAL ASSISTANCE REQUIRED *(Check all that apply):*

EATING: Can read a menu Can eat independently Needs staff's help to eat

DRESSING: No help needed Needs staff's help getting dressed

SHOWERING: No help needed Needs staff's help showering/bathing

HYGIENE: Can brush teeth Wears dentures Can groom self Needs staff's help

VISION: No problems Wears glasses Wears contact lenses

HEARING: No problems Need to speak slowly Must repeat Wears hearing aids

SPEAKING: No problems Speaks slowly Speaks with great difficulty

SWIMMING: Independent Needs life jacket/floats Needs to stay waist deep Can't swim

AMBULATION: No help needed Needs help on unstable ground Needs hand-over-hand assistance
 Uses a walker Uses a wheelchair

DOES TRAVELER SMOKE? Yes* No *(*If yes, attach written permission from guardian)*

ADDITIONAL COMMENTS/CONCERNS:

(Please give us any further details of likes/dislikes, additional health concerns, additional assistance needed, and other information that staff needs to know to help client have an enjoyable experience on this trip):

Form completed by: _____ Date: _____



Stellar Care Day Trips and Vacations

TERMS AND REGULATIONS

PARTICIPANT REGISTRATION: To participate on any trip, a **Registration Form** and a **Traveler Profile Form** must be fully completed and submitted to our office. Stellar Care Vacations reserves the right to deny admission to any applicant we deem unsuitable to the program.

COST OF THE TRIP: Unless otherwise noted in the trip write-up, the price of a trip includes accommodations, transportation, all meals, accident coverage, supervision and activities. The price does not include personal spending money or incidental expenditures. Any incidental expenditures incurred by a participant while on a trip are the responsibility of the participant and must be reimbursed to Stellar Care Vacations within 30 days of invoice receipt. All trip prices and itineraries are subject to change due to factors beyond Stellar Care's control.

PAYMENT AND DEPOSIT SCHEDULE: To reserve a place on any trip, a deposit of fifty per cent (50%) of the total trip price is necessary. No reservation will be confirmed until a deposit is received. The balance due is payable up to 14 days prior to the scheduled trip departure date. If final payment is not received by such time, the full deposit will be forfeited and the reservation will be lost. Registrations submitted within 30 days of departure date must be accompanied by full payment.

REFUND POLICY / TRANSFERS & CANCELLATIONS: All cancellations and transfers must be received in writing. Stellar Care Vacations cannot be held responsible for transfers or cancellations not received in writing. Cancellation and change refunds will be calculated as of the date we receive your written cancellation. Stellar Care Vacations reserves the right to cancel reservations that are not paid in full at any time after final payment is due, in which case cancellation penalties will apply. A transfer is defined as cancelling off of one trip and registering onto an alternate trip. The following refunds relate to ALL transfers/cancellations, regardless of the reason (health, psychological, etc.). For trips using cruise ships or air transportation, transfers/cancellations may be subject to stricter penalties.

1. For transfers/cancellations made 35 or more days before departure date, all money received will be refunded minus \$50.00 and the cost of any pre-purchased tickets.
2. For transfers/cancellations made between 34 - 14 days before departure date, all money received except one half of the total trip cost will be refunded.
3. For transfers/cancellations made less than 14 days before departure date and for no-shows, no refund will be issued.

SUBSTITUTIONS: A substitution is defined as one participant being replaced by another, prior to trip departure. The following refunds relate to ALL substitutions, regardless of the reason (health, psychological, etc.).

1. Arrangements must be made at least one week prior to the trip departure.
2. Person must be deemed suitable to participate on trip.
3. Substitutions are contingent upon travel restrictions.
4. Additional costs may be incurred and must be paid 3 days prior to trip departure.

CHECK-INS / CHECK-OUTS: To ensure the pleasure and safety of our participants, we ask that a staff/parent/guardian accompany each participant to check-in the participant at the trip meeting location. This person should be prepared to meet with the trip leaders and discuss medication and any other pertinent information regarding the participant. Additionally, at the end of the trip, a staff person/parent/guardian should meet the participant at the pre-arranged meeting location for check-out and to receive any leftover medications, spending money or other relevant materials. We must be notified at least two weeks prior to trip departure regarding any special arrangements.

LATENESS: Because of the great inconvenience to all involved, prompt meetings for departures (pick-ups) and returns (drop-offs) are of utmost importance. Participants are required to check-in at least 1 hour prior to departure. For safety reasons, Stellar Care Vacations must provide staff until all participants have been picked up. Any expenses incurred by Stellar Care Vacations due to a late pick-up, including, but not limited to, increased staff costs, additional meals, communication costs and transportation costs, will be the liability of the participant and must be paid in full to Stellar Care Vacations within thirty (30) days of invoice receipt.

CONDUCT: Stellar Care Vacations reserves the right to expel any participant from a trip for any lawful reason, including, but not limited to, violation of Stellar Care Vacations rules, conduct detrimental to him/herself, other participants, the general public, or Stellar Care Vacations agents or employees. Any expenses incurred by Stellar Care Vacations due to the expulsion of a participant, including, but not limited to, increased transportation, accommodation and communication costs, will be the responsibility of the participant and must be paid in full to Stellar Care Vacations within thirty (30) days of invoice receipt.

SUPERVISION: Stellar Care Vacations strives to provide one on one chaperoning for each client's individual vacation. Stellar Care Vacations reserves the right to alter this ratio based on actual group size, trip location or specific circumstances. Stellar Care Vacations offers 24 hour supervision as needed.

MEDICATIONS: A Stellar Care Vacations **Medications List** must be submitted listing all oral, topical and comfort medications, the dosage and any special instructions. Please pack only medications that are absolutely necessary for the trip. Stellar Care's medication policy is to hand our participants their medications and to supervise the participant's administration of their own medication. All medications must be clearly labeled with the participant's name, type of medication, dosage and times of medication. Liquids, drops, creams or inhalants should be sent in their original container with clear instructions. Any additional equipment such as blood pressure meters or glucose test strips must be provided by the participant. Any participant who arrives with medications not packed according to these specifications may not be allowed to go on the trip. For participants who are self-medicating a **Medications List** is still required.

TRAVEL DOCUMENTS: Any person traveling with Stellar Care Vacations is responsible for providing his or her own travel documents. Participants are required to have picture ID's for any trip using air transportation. Non-U.S. citizens are responsible for checking with U.S. or foreign authorities to determine and arrange for the proper paperwork. No refund will be issued if a participant is refused boarding due to the lack of proper identification. A **PASSPORT** is now REQUIRED to travel anywhere outside the United States - this includes Canada and Mexico **and the Bahamas**. A PASSPORT BOOK (about \$100) allows you to travel internationally via any means (air, land, water). A PASSPORT CARD (about \$45) allows travel internationally by LAND ONLY. If you have any plans to travel outside the United States we suggest you start the process of securing a passport. The process is easy, but it will take up to 6 weeks, so don't delay. To apply for either type of passport log on to www.travel.state.gov or call 1-877-487-2778. Passports are valid for 10 years.

LOST ITEMS: Stellar Care Vacations is not responsible for any items lost during a participant's trip. Personal items must be labeled with traveler's name. Luggage tags should be prominently displayed.

INSURANCE: Vacation participants should have appropriate insurance to cover loss or accident. Stellar Care Vacations does not provide traveler's insurance to cover trip cost cancellation penalties. We recommend that travelers consider purchasing their own Travel/Cancellation Insurance. The cost of the coverage varies depending upon which plan you choose, but usually ranges between 5-10% of the total trip cost.

We pride ourselves in making each trip as meaningful as possible for each individual traveler.

SAFETY:

1. We will follow detailed medication sheets that are traveler specific.
2. We will also adjust the med passing times to accommodate for time changes due to time zones.
3. We will safely accommodate for most medical equipment/needs.
4. We will call 911 and emergency contacts if there is a medical emergency.

STAFF:

1. Our travel team will consist of highly trained, top-notch people that work together to provide the highest standards of care.
2. Staff of the same gender will be provided to assist and support with personal care when able or necessary.

QUALITY:

1. We will only use non-stop flights unless absolutely impossible to do so.
2. It is company policy that no one will ever share a bed with anyone, unless it is requested and approved prior to the trip by the traveler and/or his/her guardian. Rooms will be shared by clients & chaperones.
3. Everyone involved in the trip (consumers, guardians, staff, etc.) will be given contact information, and phone calls will be returned as soon as possible.
4. Our travel team member to traveler ratio will typically be 1:1.

CHOICES:

1. We will allow for a variety of dining experiences and limit fast food meals.
2. Each traveler’s opinions, choices and rights will be valued on every trip to ensure individual needs/desires are met. Alcohol consumption is allowed (client must be of legal age & be their own guardian)
3. We will plan each day with down-time to allow each traveler to explore, enjoy and relax at each activity on the trip.

WHAT TO PACK: We strongly request that Travelers bring only one suitcases and one carry-on bag. A large plastic garbage bag is helpful to use for dirty clothes. Suggested spending money amounts will be indicated on each detailed itinerary. The following is a suggested packing list:

General List:

- * Photo ID card (Required)
- * Passport (any trip leaving the USA)
- * Medications
- * Camera
- * Sunglasses
- * Suntan lotion
- * Personal items: Toothpaste, toothbrush, comb, deodorant, shaving supplies, shampoo, soap, personal hygiene, etc.

Clothes:

- * One change of clothes for each day
- * Comfortable walking shoes
- * Jacket, sweatshirt or sweater
- * Pajamas
- * Swim suit / goggles / “floaties” if needed
- * One “dressier” outfit

I have read, understood, and agree with all of Stellar Care Vacations’ terms and regulations.

Traveler’s Signature or Legal Guardian/Representative’s Signature (if participant is not self guardian)

Date

Name _____

Name and Date of Trip: _____

Contact Person: _____

Phone #: _____

Emergency Contact _____

Phone #: _____

Please pack only medications that are absolutely necessary for the trip. Advise us of any special instructions, such as if traveler has a history of falsely reporting illness, what flavor of medication is preferred, etc. Please do not pack comfort medications unless any of the listed symptoms/discomforts are expected to occur during the trip.

ORAL MEDICATIONS LIST

NAME OF MEDICATION	DOSAGE (# of tabs/dose)	FREQUENCY/TIME OF DAY	SPECIAL INSTRUCTIONS (take with food, etc.)

TOPICAL MEDICATIONS LIST

NAME OF MEDICATION	AMOUNT USED	FREQUENCY/TIME OF DAY	SPECIAL INSTRUCTIONS (wash area first, etc.)

COMFORT MEDICATIONS LIST

SYMPTOMS REQUIRING COMFORT MEDICATION	NAME OF MEDICATION TO BE GIVEN	DOSAGE	SPECIAL INSTRUCTIONS
Fever/Pain			
Sore Throat			
Colds			
Constipation			
Diarrhea			
Upset Stomach			
Heartburn			
Headache			



Stellar Care Day Trips and Vacations

TRIP CONSENT SIGNATURES

Traveler's Name: _____

ATTENDANCE RELEASE: I hereby give my permission for the traveler named above to participate in the mentioned Stellar Care Vacations trip. I have read, understood, and agree with all of Stellar Care Vacations' policies and procedures, and I certify that the information on the Registration Form, Traveler Profile, and other forms is true, accurate, and complete.

EMERGENCY MEDICAL CARE: I hereby give my permission for the non-medical travel staff selected by Stellar Care Vacations to provide routine health care, administer prescribed and standing order medications, and seek emergency medical treatment, including x-rays, if needed for the traveler named above. I understand that in the event of an urgent or emergency medical situation, Stellar Care Vacations will make all reasonable efforts to contact the traveler's legal representative. However, in the case of an urgent or emergency condition, appropriate medical care should never be withheld or delayed because of problems with obtaining consent from the legal representative, including hospitalization, injections, anesthesia, or surgery. In the case where the legal representative is not available in a reasonable time under the circumstances, I hereby give my consent to Stellar Care Vacations to obtain all emergency medical care prescribed by a duly licensed physician, health care provider or dentist. This care may be given under whatever conditions are necessary to preserve the traveler's life, limb or well being. I give permission to obtain copies of treatment and health records from any provider and I agree to the release of any information and records necessary for treatment. Stellar Care Vacations cannot assume responsibility for any medical expenses that may occur if medical care must be sought.

Traveler's Signature or Legal Guardian/Representative's Signature (if participant is not self-guardian)

Date

PUBLICITY RELEASE: I hereby grant permission for Stellar Care Vacations to use any photographs, audio or video recordings, and any other media form taken of the traveler named above for publication in any marketing or advertising materials, including electronic formats, used by Stellar Care Vacations for purposes including but not limited to: public relations, fundraising, recruitment of potential travelers, employees, or volunteers, and promotion of future trips.

I understand that consent of publicity release is optional.

Traveler's Signature or Legal Guardian/Representative's Signature (if participant is not self-guardian)

Date

FINANCIAL RELEASE:

(check one)

I authorize Stellar Care Vacations to handle any or all of the personal funds of the traveler mentioned above while on the vacation. In which case funds will be handed over at check-in, and provided to the traveler as needed during the trip, or as requested. Funds remaining (after expenditures) will be returned at the end of the vacation.

I authorize that the traveler mentioned above will handle all of his/her own personal funds while on the trip. In which case funds will be handed over at check-in so that Stellar Care Vacations staff can confirm and record the amount brought with the traveler, then given back to the traveler after he/she signs a receipt confirming the balance of funds. I agree that Stellar Care Vacations will not be held responsible for any lost monies, overspending, or any other financial issue that may occur while on the vacation, and that the funds are the responsibility of the traveler at all times.

Traveler's Signature or Legal Guardian/Representative's Signature (if participant is not self-guardian)

Date



Stellar Care Day Trips and Vacations **RELEASE AND WAIVER**

I hereby release Stellar Care Vacations, its officers, directors, affiliates, employees, agents, volunteers, and each of them (collectively and individually, the releases are called "Stellar Care Vacations"), from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated, including personal injury or death, arising out of or in any manner resulting from my attendance and participation, or the attendance and participation of any ward under my guardianship, in travel and event activities sponsored, managed or conducted by or under the authority of Stellar Care Vacations, including without limitation any claims, damages, demands, rights of action or causes of action resulting from or arising out of the negligence of Stellar Care Vacations. Further, I and any ward under my guardianship hereby agree to waive any and all such claims, damages, demands, rights of action or causes of action, indemnify and hold harmless Stellar Care Vacations against the same, and covenant not to bring or file any lawsuit, claim or demand for damages on account thereof. Further, I and any ward under my guardianship hereby agree to release and discharge Stellar Care Vacations from any and all liability for any loss or theft of, or damage to, personal property. I understand that the specific nature of potential loss or injury is not known at this time, but it is my intention that this Release and Waiver apply to any such unknown future loss, damage or injury.

I am fully knowledgeable of the risks and dangers potentially incident to participation in the travel or other event sponsored, managed or conducted by Stellar Care Vacations, and agree on my behalf and that of any ward under my guardianship to assume the risk thereof. I understand that Stellar Care Vacations will make no evaluation or recommendation, and I will not construe any statement or action as an evaluation or recommendation, with respect to whether I am physically fit and able to participate in any such travel or event. I agree to advise Stellar Care Vacations of any advice or recommendations made by any healthcare professional with respect to particular needs or care that may be advisable with respect to participation in such travel or event by me or any ward under my guardianship.

I acknowledge that I have carefully read this Release and Waiver and fully understand its terms, and that I and any ward under my guardianship, are legally bound by its terms. I am signing this Waiver and Release:

on my own behalf, or

on behalf of the ward under my guardianship, whose name is: _____.

Name (print)

Signature

Date

Stellar Care Day Trips and Vacations

VACATIONS PHOTO RELEASE



Client or Staff Name: _____

I hereby authorize *Stellar Care Day Trips and Vacations, LLC* to use photographs of me, and my name, for the purpose of publicizing *Stellar Care* programs. The photos may be used in *Stellar Care Day Trips and Vacations* promotions which could include any of Stellar Care's official websites, brochures, newspaper articles, newsletters, or other publications.

I agree that my photo may or may not include an identifying caption when it is used. I acknowledge that since my participation in publications and websites produced by *Stellar Care Day Trips and Vacations* is voluntary, I will receive no compensation now or in the future.

I further agree that my participation in any publication and website produced by *Stellar Care Day Trips and Vacations* confers upon me no rights of ownership whatsoever, and the photo becomes the property of *Stellar Care Day Trips and Vacations*. I release *Stellar Care Day Trips and Vacations*, its contractors and its employees from liability for any claims by me or any third party in connection with my participation in Stellar Care publicity.

Signature: _____

Date: _____

Representative/
Guardian Signature: _____

Guardian Signature: _____

Date: _____