The Arc, Ocean County Chapter
NEW!
Southern Recreation Events
The meet and pick up location will be 900 West Bay Ave, Barnegat NJ 08005

COST:

Circle Method of Payment Note: support program units also require cost of ticket to be paid

DATE	EVENT	TIME	SUPPORT PROGRAM UNITS	COST OF TICKET *WITH* SUPPORT PROGRAM UNITS	SELF-PAY COST	TOTAL:
Wednesday, January 2	Women's Basketball Game @ Stockton	6:15 - 9:30pm (7pm game)	9 CI 55 miles	N/A	$70.00	
Friday, January 4	Mary Poppins Returns @ Regal theater Manahawkin	TBA	10 CI 15 miles	$12.00	$50.00	
Wednesday, January 9	Men's Basketball Game @ Stockton	5:15 - 8:30pm (6pm game)	9 CI 55 miles	N/A	$70.00	
Friday, February 15	Candle making at Wick it Candle Factory	6:00 - 8:30pm	10 CI 35 miles	$25.00	$80.00	
Sunday, March 31	Wonder Park @ Regal theater Manahawkin	TBA	10 CI 15 miles	$12.00	$50.00	
Saturday, April 13	Art walk @ Historic Smithville	9:00 - 2:00pm	16 CI 50 miles	$25.00 (Lunch)	$112.00	

PARTICIPANT NAME: _____

AMOUNT ENCLOSED: _____

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MEDICATION ADMINISTRATION POLICY

In order for The Arc, Ocean County Chapter Staff to administer medication to participants during program and events, the following criteria must be met for *each medication*:

- Current prescription for each medication to be administered.
- Medication must be in pharmacy labeled packaging, blister pack, bottle box, etc. Loose medication will not be accepted by The Arc, Ocean County Chapter Staff.
- All medication must be directly delivered to The Arc, Ocean County Chapter Staff by guardian, family member, sponsor, or direct support provider.
- Medications to be administered during programs, events, outings must be listed below.

MEDICATION TO BE ADMINISTERED DURING PROGRAM, EVENTS, OUTINGS- PLEASE COMPLETE

MEDICATION NAME	DOSAGE	TIME	INSTRUCTIONS

Allergies:_____

Special Diet:_____

Other Special Needs:_____

Participant Name:_____ DOB:_____ Medicaid #:_____

Participant Street Address: _____City:_____Zip Code:_____

Guardian/Direct Support Provider Name:_____ Email:_____

Guardian Phone Number:_____

DDD ID #/MIS:_____ Support Coordinator Name:_____

Support Coordination Agency: _____SC Phone #:_____

Emergency Contact to be reached during the scheduled program or activity:

Name:_____ Phone:_____

Name:_____ Phone:_____