

# Instructions for Camp Turner Health Forms

Camper Information Form (pages one and two) are to be completed by the parent. The more information you provide the better we are able to care for your camper.

## Pages for Parents

**Camper Information** (two pages, must be signed by parent)

A good, recent **color photo** of your camper's face helps our nurse match the camper with the form, ensuring the best care. The more information you can provide, the better we will be able to care for your camper.

**Terms of Service** (two pages, must be signed by parent)

You must agree to the terms of service in order for your camper to attend. If there is something in this document that you cannot agree to, please call the director. Your signature will be required to indicate your agreement.

**Meningitis Vaccination Response Form** is required if your camper is staying more than six nights. That means CITs need this form or anyone staying two full sessions without going home in between.

## Pages for the Doctor

**Physicians Health Statement** (a camp form)– this indicates that your doctor has cleared your camper for stay in a highly active overnight camp living in close proximity to other campers. The statement the doctor signed for your child's attendance in school did not contain this strong a clearance.

**Individual Medication Orders** – We need this form completed and signed by the doctor for your camper to attend. Even if your camper takes no medication, this form will tell us that. Our Nurses cannot give a Tums or put Antibiotic cream on a cut without this form. It's the law.

# Camp Turner

## Camper Information Page 1



Camper's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

\_\_\_\_\_ Sessions Attending Arrival Date

Father / Guardian	Home Phone	Work Phone	Cell Phone
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Mother / Guardian	Home Phone	Work Phone	Cell Phone
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Alternate Emergency Contact Name	Home Phone	Work Phone	Cell Phone
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Camper's Primary Insurance Carrier	Group ID Number	Policy Holder's Name	ID Number
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Camper's Primary Care Physician	Physicians Location	Phone	
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Primary Insurance Carrier	Group ID Number	Policy Holder's Name	ID Number
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**Indicate if the camper has any of the following [leave blank if not]**

Camper should not have contact with: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Been Hospitalized? \_\_\_\_\_

Had surgery? \_\_\_\_\_

Have an infectious disease? \_\_\_\_\_

Had a recent injury? \_\_\_\_\_

Have wheezing or shortness of breath? \_\_\_\_\_

Have diabetes, seizures, or other chronic condition? \_\_\_\_\_

Had fainting or dizziness? \_\_\_\_\_

Passed out or had chest pain during exercise? \_\_\_\_\_

Had mononucleosis in the last 12 months? \_\_\_\_\_

Had problems falling asleep or sleep walking? \_\_\_\_\_

Had back or joint pain? \_\_\_\_\_

Have a history of bed wetting or incontinence? \_\_\_\_\_

Campers Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Camp Turner Camper Information Page 2**

Problems with diarrhea or constipation? \_\_\_\_\_

Traveled outside the US in the last 9 months? \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

IEP, Special Needs: \_\_\_\_\_

Swimming Ability: \_\_\_\_\_

Chronic Fears / Family Issues: \_\_\_\_\_

Agency Contact & Phone (if any): \_\_\_\_\_

**Has the camper had or been treated for any of the following?**

ADD or AD/HD: \_\_\_\_\_

Emotional or behavioral difficulties: \_\_\_\_\_

Depression: \_\_\_\_\_

Eating disorders: \_\_\_\_\_

Is the camper taking a medication holiday during the camping session?      YES                      NO

If female, has the camper been told about menstruation?                      YES                      NO

Has there been any recent crisis among family or close friends?              YES                      NO

Special Instructions for Nurse or Staff (Attach additional page if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All the information is complete and accurate to the best of my knowledge and belief. I understand that this information is confidential and will only be shared with those in direct care of my child. I have read the entire *Camp Turner Parent Handbook* including the *Terms of Service, Cancellation Policy, and Behavior Expectations*.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

Campers Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Terms of Service (2012) page one**  
**Refund Policy**

Cancellation at least 10 days prior to arrival, a full refund, less the deposit, will be issued. Inside of 10 days before arrival payments will not be refunded unless the camper becomes injured or contagious to other campers (with a doctor's note). In this case a refund less the deposit or a 100% credit may be issued for use on a future session. Once camper checks in at camp, no refund will be issued.

**Acknowledgement of Risk, Indemnity and Hold Harmless Agreement:** I understand that it is my responsibility to be readily available for contact by the camp in the event of an emergency. I acknowledge that participation in camp activities involves some degree of physical risk. I will notify the camp director in writing of any activity I do not wish my child to participate in. I agree to waive and relinquish all claims I may have against Camp Turner, the Youth Department and the Diocese of Buffalo, including any negligence claims on the part of its officers, agents, employees, representatives or volunteers arising out of or caused by any activity my child participates in connection with. I agree to indemnify and hold harmless Camp Turner, its employees and agents against all losses, damages, monetary awards and expenses, including all costs and attorney's fees incurred in connection with any and all claims, including claims of negligence on the part of Camp Turner or its employees or agents, brought by or on behalf of participants, parents, or legal guardians, his or her heirs, successors, assigns and legal representatives, for any injury, death, illness, disease, property damage arising from participation in any activity of Camp Turner.

**Permission to treat:** In the event of an accident or emergency involving my child, I give my permission to the representatives of Camp Turner to seek out and authorize emergency medical treatment including ordering x-rays or other routine tests, or surgical treatment that may be considered necessary or advisable in the event that I cannot be reached in a reasonable amount of time. I authorize any licensed physician or medical center chosen by representatives of Camp Turner to treat my child. I agree to the release of any records necessary for insurance purposes. I agree that my health insurance will be the primary payer for all medical care, treatments, legal services or other necessary services received by or performed on my child while in the care of Camp Turner or its agents.

**Permission to use public beaches:** Camp Turner swimming activities take place offsite at public beaches. These beaches are publicly guarded by certified lifeguards. Camp staff will also be present to supervise campers and implement buddy checks. Creek walks, hikes and other activities may also take place outside of the camp property both in NY state and across the nearby PA line. I grant permission for my child to participate these activities.

**Permission to transport, and cross State Lines:** Camp Turner sometimes takes campers on trips to town, including towns outside of New York State, across the nearby PA line. We may use buses, vans and passenger cars. Camp Turner has my permission to transport my child to sites within NY or PA for program purposes or medical emergency purposes if necessary or purposes of field trips included in the camping program.

**Image Release:** I give permission for photographs or video tape of program participants including my child to be used in publications, websites, brochures, flyers, social networking or other promotional materials produced by Camp Turner, Daybreak TV Productions, the Diocese of Buffalo and Friends of Camp Turner (alumni organization). Participants will not be identified without written consent of parents. Parents who do not wish their campers to be photographed, filmed or video taped should notify the camp director in writing before attendance. Camp Turner has no control over the activities of the media or press.

**Campers may be sent home:** I understand that in order to provide a safe and cooperative group experience for all campers, it is sometimes necessary to send a camper home. Reasons may include, but are not limited to behavior, homesickness, illness or injury, discontinuation of the program,

Campers Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## **Terms of Service (Page 2)**

compromised safety of the program site. If my child needs to be sent home I, the guardian or my designee, will provide immediate transportation for my child.

**Camper Responsibilities:** I understand that my camper is expected to be responsible for his or her behavior. Campers are expected to treat others and the property of others with kindness and respect. Failure to do so could result in removal from the program. Campers are expected maintain their personal possessions and area in a neat and clean manner. Campers are expected to participate to the best of their ability and to contribute in a positive way to the community of Camp Turner.

**Cabin Mate Requests:** Cabin mate requests are accepted in pairs only (both campers must request each other). Birthdates of the pair must be within 12 months of each other. Requests that do not follow these guidelines may not be honored.

**Meningococcal Meningitis:** Any camper staying more than 6 consecutive nights (more than one regular session in a row without going home) must have one of these forms signed by a parent. Parents are encouraged to educate themselves on the dangers of this disease, and to consult with their physician on the recommended immunizations.

**Lice checks** are performed at check in. If lice are found the camper must go home. If nits (eggs) are found, the nurse will call for permission to treat. Treatment is \$20. Camper will be shampooed with NIX. Pillows, sheets, hats, scarves will be laundered by camp staff. Or, at the parents discretion, the camper may go home.

**Sleep Outs (Cabin Night)** is an **optional** program in which campers sleep outside with a group of campers and staff under the stars, without shelter. The program is **voluntary**. Parents should notify the director in writing if they do not wish a camper to participate.

**Axe-manship:** Participation in this program involves a lot of chopping. Participation will result in blisters on the hands and or fingers, even with use of provided gloves. Minimum age is 13.

**Woodsman:** Campers who achieve both the Naturalist and Axemanship awards may try for Woodsman. Participation in this program requires the participant to spend a night outside in the woods alone. Minimum age is 13.

**Horseback Riding:** Horses are domesticated animals. They may bite, kick, fall on or step on campers. Campers may fall off of horses and be trampled. These cases are rare but possible. Parents should understand that people can get seriously hurt in this activity, and notify the director in writing if they wish campers to not participate.

**Sledding Trip:** Campers may be taken to sledding area(s) by vehicle. (WinterCamp Only)

**Henna tattoos:** These are temporary and last from a few days to two weeks. Parents should notify the camp director if their camper is not granted permission to receive one of these. Campers who have allergies to eucalyptus oil or citric acid should not receive one.

**I have read and understand the revised Parent Handbook (revised Jan 2012).**

**I, the legal parent or guardian of \_\_\_\_\_,**  
**have read and comprehend these TERMS OF SERVICE.** I approve of my child's full participation, or I have attached in writing a list of activities which my child may not participate in.

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Signature of Parent or Legal Guardian

Printed Name

Date Signed

Campers Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Physician's Health Statement (page one)**

**This patient has the following restrictions:**

Medication allergies: \_\_\_\_\_

Food / other allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Communicable conditions: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Activity or other Restrictions: \_\_\_\_\_

**ATTACH CURRENT IMMUNIZATION RECORDS**

Including: DPT, TD, Tetanus, Polio, HIB, HepB, Measles, Mumps, Rubella and Varicella, and results of TB Mantoux Test. Campers should have all vaccinations required by local school districts in NY State unless contraindicated for medical or religious reasons.

**ATTACH MOST RECENT PHYSICAL**

**ATTACH INDIVIDUAL MEDICATION ORDERS**

**HEALTH CARE PROVIDER: SIGN BELOW PLEASE**

**I have examined this patient and in my opinion at the time of examination this individual is:**  
\_\_\_\_ fit for a highly active overnight camping or backpacking program of more than three days and poses no foreseeable health risk to this patient OR to others living, eating and sleeping in his or her close proximity.

\_\_\_\_ NOT RECOMMENDED for participation in an overnight camping program involving strenuous outdoor play or may pose a risk to others living, eating or sleeping in close proximity.

Printed Name of Healthcare provider

Signature

Date

Location

Phone Number

Physician's Stamp:

Campers Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**To be completed by the pediatrician's office. Camper's may NOT ATTEND without this form!**

**Camp Turner Individual Medication Orders (Required)**

- Camp Turner can only accept medications with written orders from a physician. The label does not count as orders.
  - Camp Turner will only accept medication in its original container with original label.
  - Orders may be provided on this form, accompany medication or be faxed to camp at 716-354-2055.
- This patient takes no medications.
- This patient takes the following medications

Medication	Route	Dose	Schedule	Diagnosis - Reason for taking

**Over-the-counter Medication Authorization**

The camper may not attend camp without this form signed by an authorized Health Practitioner. Camp Turner will not provide medications without DOCTOR'S authorization. Camp Turner stocks the following over the counter / PRN medications which will be given to the camper at the discretion of RN if approval is indicated by the camper's physician. If a camper is scheduled to receive prescription medication while at camp, the medication will be stored in the health center and provided to the camper for supervised and documented self administration as per the instructions on the label. Physicians may fax orders for other medications on a PRN basis.

Drug	Route	Dose	Schedule and Indications	Approval	Comments
Tylenol or children's Tylenol.	PO tabs or liquid	Per label by age / weight	Q4h for pain or fever	Yes / No	
Ibuprofen or children's Ibuprofen	PO tabs	Per label by age / weight	Q6h for pain, swelling, cramps.	Yes / No	
Tums	PO (Chewable)	Per label by age / weight	Not > 16 q 24h. Upset stomach	Yes / No	
Benadryl, or generic equivalent	PO tabs or liquid	Per label for age / weight	Q6h for reaction, due to allergy or insect bites.	Yes / No	
Loratadine (Claritin)	PO tabs	Per label by age / weight	Q 24h for allergy relief	Yes / No	
Cetirizine HCL (Zyrtec)	PO tabs	Per label by age / weight	Antihistamine	Yes / No	
Cough Drops	Lozenge	Per label by age / weight	Q4-6 H PRN for sore throat	Yes / No	
Sore Throat Spray	Spray to affected area.	One spray	Q2H	Yes / No	
Band Aid Cleansing Foam or Wash	Topical for cuts / scrapes	PRN	For first aid as needed.	Yes / No	
Triple Antibiotic Cream	Topical	PRN	Small amount to cut 1 - 3x Q D.	Yes / No	
Solarcaine with aloe	Topical	PRN	Apply to affected area 1 - 3 x QD. Rash, stings, mild sunburn.	Yes / No	Not with Sulfite allergies.
NIX - lice shampoo, or equivalent (per RN in consultation with parents)	Topical	PRN	Shampoo hair with product per label instructions for nits or lice.	Yes / No	Extra charge applies.

I authorize Camp Turner to provide the medications to the camper listed on this page under the supervision of a Registered Nurse.

\_\_\_\_\_ Stamp:  
 Print Name of Health Care Provider                      Signature of Physician                      Date

\_\_\_\_\_   
 Location    Phone Number