

Camp Turner Confirmation Packet 2010

Thank you! Your registration has been processed. This is your confirmation packet. Please print this document. It contains forms that must be completed by the camper's parent and pediatrician and presented at Check-in. Your camper may not check-in unless these forms are complete. **DO NOT MAIL THESE FORMS.**

- Terms of Service* [one page] – must be completed and signed by the parent, and presented at check-in. Your signature indicates you have read this form as well as the *Parent Handbook*, also attached.
- Camper Information Form* [two pages] – must be completed and signed by the parent and presented at check-in.
- Physician's Health Statement* [one page] – must be completed and signed by camper's pediatrician. Physical and Immunization Records must be attached. Camper must be up-to-date with all vaccinations required by their home school district in order to attend. This form and accompanying documents must be present at check in.
- Individual Standing Orders* [one page] – must be completed and signed by camper's pediatrician and turned in at check-in.

Please also download and read or print the following. The following documents are for your information and do not need to be presented at check-in. Signing the Terms of Service indicates that you have read these documents.

- Parent Handbook* with packing list: (2nd .pdf document)
<http://www.buffalodiocese.org/campturner/ParentHandbook.pdf>
- Children's Camps in NY State Publication* from NY State Department of Health. (3rd .pdf document). <http://www.health.state.ny.us/publications/3601.pdf>

Health Screening Policy

Please let us know if your camper has symptoms of, or is exposed to anything communicable in the week before camp. For the health of the community, campers who are exposed to contagious colds, flu or other diseases, who are running a fever, or have active lice outbreaks will not be admitted at check-in. Refunds or credits for future visits will be available in this case.

Other Items

For directions to Camp, new check-in procedures, immunization requirements, information about meningococcal meningitis, packing list, sending packages and emails to campers, telephone policies, your online account, e-camp instructions, early dismissals, special dietary needs, the camp store, and renting the facility, please see the *Parent Handbook*.

Thank you for choosing Camp Turner. If you have any questions about your camper's stay, please email me at CampTurner@gmail.com. I can usually respond in one business day. I especially want to encourage you to drop me a note after the summer to tell me what went well and what we can do better.

At your service,

John Mann, Director

Camp Turner Terms of Service – to be completed by the Parent

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.

Image Release: Photographs or video tape of program participants may be used in publications, websites, brochures, flyers or other promotional materials produced by Camp Turner, Daybreak TV Productions and the Diocese of Buffalo. 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, 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.

CABIN-MATE REQUESTS Cabin mate requests are accepted in pairs only (both campers must request each other). Birthdates of the pair must be within 11 months of each other. Requests that do not follow these guidelines may not be honored. We do not take cabin mate requests for older campers – they are bunked by age.

Immunizations: It is recommend that parents consult with a physician about immunizations. By their signature below, parents understand and accept the risks of not having a child immunized. **Meningococcal Meningitis: Parents are encouraged to educate themselves on the dangers of this disease, and to consult with their physician on the recommend immunizations.**

Lice checks are performed at check in. If lice are found, campers must go home; if nits 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. Campers will be refunded all but the deposit in this case.

Camper Responsibilities: I have read the behavior expectations in the Parent Handbook and understand that my camper may be sent home for not upholding Camp Turner's behavior standards. I understand that I will receive NO refund of any payments if this occurs.

Refund Policy: The \$100 deposit is refundable up to 31 days before the scheduled arrival date. The remaining payment, if paid, is refundable up to 10 days before arrival. Refunds are not given for departures due to homesickness or removal from the program. Campers who must leave due to injury or death in the family will receive a pro-rated refund or a discount off a future session.

Use of 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.

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.

Participation in 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.

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 Axe-man-ship awards may try for Woodsman. Minimum age is 13. This program includes time in the woods out of the regular program, engaged in enhancing Outdoor Living Skills

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.

I, the legal parent or guardian of _____, have read and comprehend these TERMS OF SERVICE. I have reviewed the *Parent Handbook*, and I understand the Camp Turner program. By my signature, 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.

Signature of Parent or Legal Guardian

Printed Name

Date Signed

Camper Information Form

To be completed by the Camper's Parent

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

_____ Mother / Guardian _____ Home Phone _____ Work Phone _____ Cell Phone

_____ Alternate Emergency Contact Name _____ Home Phone _____ Work Phone _____ Cell Phone

_____ Camper's Primary Insurance Carrier _____ Group ID Number _____ Policy Holder's Name _____ ID Number

_____ Camper's Primary Care Physician _____ Physicians Location _____ Phone

_____ Primary Insurance Carrier _____ Group ID Number _____ Policy Holder's Name _____ ID Number

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 a 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: _____

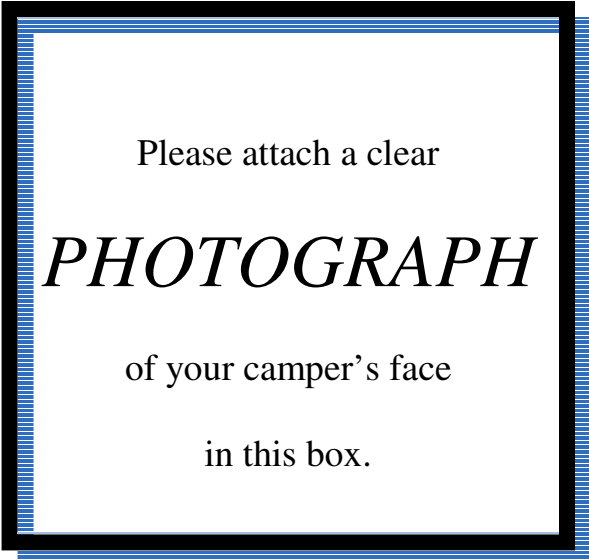
Had problems falling asleep or sleep walking: _____

Had back or joint pain: _____

Have a history of bed wetting or incontinence: _____

Problems with diarrhea or constipation _____

Traveled outside the US in the last 9 months: _____



Camper's Name: _____

Date of Birth: _____

Camp Turner Physician's Health Statement

This patient has the following restrictions:

Medication allergies: _____

Food / other allergies: _____

Dietary Restrictions: _____

Communicable conditions: _____

Activity Restrictions: _____

- **Please attach a copy of the patient's immunization records.**
According to the NY State Department of Health these records must include: 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.
- **Please attach a copy of the patient's most recent physical.**
- **Please complete and sign the Individual Medication Orders attached.**
- **Please sign the statement below.**

I have examined this patient and in my opinion this individual is:

_____ At the time of examination participation in a highly active 5 night, 6 day overnight camping program poses no foreseeable health risk to this patient or others living, playing and sleeping in his or her close proximity. The camper is fully able to engage in strenuous outdoor play excluding restrictions listed above.

_____ I DO NOT RECOMMEND this patient participate in an overnight camping program involving strenuous outdoor play.

Printed Name of Healthcare provider

Signature

Date

Location

Phone Number

Physician's Stamp:

This form must be completed and signed by the camper's pediatrician.
The camper may not check-in at camp without this document and all necessary attachments.

Camper's Name: _____

Date of Birth: _____

Camp Turner Individual Medication Orders

This page must be completed and signed by a physician for the camper to attend

- 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	Comments

Over-the-counter Medication Authorization

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	
Mylanta or Children's Mylanta		Per label by age / weight	Children 12 and over, 2 - 4 tsp. for indigestion, heartburn, gas.	Yes / No	
Benedryl	PO tabs or liquid	Per label for age / weight	Q6h for reaction, due to allergy or insect bites.	Yes / No	
Loratadine	PO tabs	Per label by age / weight	Q 24h for allergy relief	Yes / No	
Pseudophed PE	PO tabs	Per label by age / weight	Children 12 and over, 2 tablets q4h. Under 12, 1 tab. Q4h.	Yes / No	
Robitussin (Guaifenesin)	PO liquid	Per label by age / weight	without fever / wheezing	Yes / No	
Immodium AD	PO - Caplets	Per label by age / weight	Schedule varies per age. Consult label. For Diarrhea.	Yes / No	
Cough Drops	Lozenge	Per label by age / weight	Q4-6 H PRN for sore throat	Yes / No	
Band Aid Cleansing Foam	Topical for cuts / scrapes	PRN	For first aid as needed.	Yes / No	
Neosporin or Triple Antibiotic Cream	Topical	PRN	Small amount to cut 1 - 3x Q D.	Yes / No	
Solarcane	Topical	PRN	Apply to o affected area 1 - 3 x QD. Rash, stings, mild sunburn.	Yes / No	Not with Sulfite allergies.
RID - lice shampoo	Topical	PRN	Shampoo hair with product per label instructions for nits or lice.	Yes / No	

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

Printer Name of Health Care Provider

Signature of Physician

Date

Stamp:

Location

Phone Number

This form must be completed and signed by the camper's pediatrician.
The camper may not check-in at camp without this document.