



Hello Camp Big Heart Camper!

We are happy that you will be joining us this summer for Camp Big Heart! As always, we have a busy, fun-filled and exciting week planned for you and the rest of our Camp Big Heart campers! Our staff is busy planning fun activities that will have you and your friends never wanting the week to end!

We have enclosed an application package to be completed and returned to us. Please make sure that you include a current photo and insurance cards along with your application package.

We look forward to seeing you at Camp Big Heart!

See you soon!

The Staff at Camp Big Heart

Welcome to Camp Big Heart!

On first day of camp, please arrive between 2:00pm and 4:00pm.

On final day of camp, pick up time is from 9:00am to 10:00am. All campers must leave camp site by 10:00am. There is a \$50 per hour charge/per camper for late pick-up.

If your camper takes medications, PLEASE READ THE FOLLOWING:

Only prescription medication will be administered at camp. All medications must be set up in a four dose per day, seven-day pill box. No pre-packed medicines will be allowed. All medications must be opened and placed in the camper's pill box before arrival at camp. If not, the person transporting the camper will be responsible for doing this prior to registration check-in.

Please include the original prescription bottles or packaging with one extra dose of each medication. The bottles or packaging will be returned to parent or guardian once medication check in is completed. Include a detailed description of any special instructions that go along with the medications. You may not leave your camper without a filled pill box and this pertinent information. Please be sure to double check that you have the correct number of dosages for each medication in the pill box.

Packing List:

Bedding for a twin bed (some campers bring a sleeping bag), **pillow**, a light **blanket/cover**, as the cabins are air conditioned. **Towels** (bath towels, washcloths – please bring enough for the week. There is no laundry service available). **Toiletries** (soap, toothbrush, toothpaste, shampoo, deodorant, feminine products if applicable, sunscreen and insect repellent). **Walking Shoes** and **pool shoes**. **Underclothing** and **Swim Suit**. **Shorts** for each day, **pajamas** and cool material **shirts**. We encourage you to add an **additional** outfit as accidents do happen at the lunch table.

We cannot be responsible for money, expensive clothing, jewelry, watches, electronics, games, cd players, iPads, iPods, headphones, cameras, etc.

No cell phones will be allowed.

No food allowed in the cabins – this includes snacks.

Camp Big Heart phone number on site during each session is 229-344-3778.

Camp Big Heart is held at the Camp John Hope FFA-FCCLA Center, 281 Hope Entrance Road, Fort Valley, GA 31030.

Directions: Camp John Hope FFA-FCCLA Center:

Travelling north or south on I-75, take exit 135 (Perry-Marshallville). Travel WEST on GA 127/224. At approximately two miles from I-75, GA 127/224 will split. Keep to the right on GA 127 (you will see the Camp John Hope sign). Approximately five miles you will see Camp John Hope Rd – turn right. Travel about one mile and then you will see Hope Entrance Rd on your left.

If using GPS, use Fort Valley, GA as the destination/city.

Other reminders: on Thursday evening we have a dance; some campers like to wear a dress/outfit. This is not mandatory.

Please label all items that you bring to camp. We cannot return if there is no name on the item. We encourage you to send a plastic bag for dirty clothing – please label the laundry bag.

If your camper wears glasses and brings them to camp, please help us make sure they have their own glasses before leaving camp on Friday morning.

Thanks! We will see you Sunday at check in.

IMPORTANT INFORMATION FOR CAMP BIG HEART APPLICANTS

PLEASE NOTE OUR LOCATION AT CAMP JOHN HOPE
FFA-FCCLA CENTER IN FORT VALLEY, GA
281 Hope Entrance Road, Fort Valley, GA 31030

Session One is **Sunday, June 9 to Friday, June 14, 2024**. The ages for this session are **ages 18 and older**. Campers will be in cabins with their own age group and will participate in activities with the same group.

Session Two is **Sunday, June 16 to Friday, June 21, 2024**. The ages for this session are **ages 8 to 17**. Campers will be in cabins with their own age group and will participate in activities with the same group.

It is very important that you arrive between 2:00pm and 4:00pm for registration on Sunday afternoon. We will not be able to accommodate early arrivals. We will not be set up for registration until 2:00pm. We need to complete the registration process by 4:00pm to allow time to organize the medical records so that we stay on schedule with dinner medications.

A reminder that campers are accepted on a first come, first serve basis. **Campers must be toilet trained and able to take care of their personal needs with supervision and minimal assistance. Campers must be ambulatory. Any camper that exhibits violent behavior will be sent home and no refund given. Please understand that a cancellation made within seven days of start date of camp will not receive a refund.**

Campers are to be picked up between 9:00am and 10:00am on Friday ending his/her session. There will be a **\$50/hour/camper charge for campers not picked up by 10:00am on Friday**. There will be no exceptions. **If you are late, you will be billed at the above rate.** We do not have staff available after 10:00am to provide supervision. **IF YOU WILL NOT BE THE PERSON PICKING UP YOUR CAMPER, PLEASE PROVIDE THAT PERSON'S NAME AND PHONE NUMBER IN THE APPLICATION AND AT CHECK IN AND MAKE SURE THEY ARE AWARE OF THE PICK-UP TIME.**

Even if you have been attending camp for a number of years, you MUST fill out a complete application package each year. At the end of each camp year, current applications are destroyed due to lack of storage space. **Therefore, it is necessary that you submit new photos and complete information with a doctor's signature on health forms each year.**

We are looking forward to a wonderful time at Camp Big Heart and can't wait to see you!

PLEASE NOTE BELOW THAT WE HAVE A NEW PHONE NUMBER, EMAIL AND MAILING ADDRESS

Camp Big Heart
PO Box 633
Bonaire, GA 31005

E-MAIL: Administrator@CampBigHeart.org

PHONE: 478-216-8037

WEBSITE: www.CampBigHeart.org

CAMP BIG HEART

CAMPER APPLICATION FORM

SESSION 1: June 9 – 14, 2024 (Ages 18 and older)

SESSION 2: June 16 – 21, 2024 (8 to 17)

Application must be received by April 1st, 2024.

Campers are accepted on a first come, first serve basis. If camp sessions are full prior to deadline, we cannot accept any more campers, but will establish a waiting list.

Due to health information regulations – there will be NO applications accepted via email, text or picture.

Please send **all** of the following items. Failure to do so will result in application being rejected.

____ Completed application for each session.

____ Current photograph

____ Medical forms (**Must** be signed by a physician)

____ Copy of insurance card(s) – front and back (includes Medicare, Medicaid and private insurance)

____ Camp fee of \$600

Please list your source of payment if **other than family**. It is **YOUR** responsibility to contact the appropriate organization to ask for funding and to complete the necessary paperwork. If payment is not received by camp date, **YOU** are responsible for payment.

Specify funding source: _____

Address: _____

Phone Number: _____

Contact Person: _____

Please make checks payable to Camp Big Heart Civitan

Mail completed application and Health History forms to:

Camp Big Heart
PO Box 633
Bonaire, GA 31005

If you have questions, please contact us at administrator@campbigheart.org
or (478) 216-8037

Camper name and **mailing address:**

Male _____ Female _____

Age: _____

Date of Birth: _____

County of Residence: _____

Does camper live in a group home? Yes _____ No _____

Has camper attended Camp Big Heart before? Yes _____ No _____

If not, how did you hear about Camp Big Heart? _____

Please circle t-shirt size: **Adult:** Small Medium Large X-Large XX-Large

Youth: Small Medium Large X-Large

Please circle session camper will attend:

SESSION 1: June 11 – 16, 2023 (Ages 18 and older)

SESSION 2: June 18 – June 23, 2023 (8 to 17)

Legal guardian's name and address: (If camper is own legal guardian, please indicate:)

_____ Home # _____

_____ Office # _____

_____ Cell # _____

Email address: _____

Please list two people to notify in case of emergency other than legal guardian:

Name _____

Name _____

Relationship _____

Relationship _____

Home # _____ Cell: _____

Home # _____ Cell: _____

Office # _____

Office # _____

CAMPER WILL BE PICKED UP BY THE FOLLOWING PERSON:

_____ Phone _____

Camper's Name: _____

PERSONALITY & ACTIVITY PROFILE (Name of person completing profile _____)

Please circle the appropriate answer)

If a bottom bunk is unavailable, can your camper be assigned a top bunk? YES NO

Does camper make friends easily? YES NO

How well does camper swim? WELL WATER PLAY NOT AT ALL

Can camper bathe self? YES NO

CAMPER MUST BE POTTY TRAINED

Will camper participate in group activities? YES NO WITH ENCOURAGEMENT

Does camper have seizures? YES NO

Is camper sensitive to LOUD NOISES LARGE GROUPS BRIGHT LIGHT

Other: _____

What is camper's favorite activity? _____

Has camper ever stayed away from home overnight? YES NO

Does camper have sleep disturbances? YES NO

If yes, please specify: _____

Does camper have diabetes? YES NO

Is there a physician ordered specific diet? YES NO

Does camper have or is a carrier of Hepatitis B? YES NO

Does camper use any adaptive equipment or special medical equipment or supplies? YES NO

If yes, please describe adaptive and/or medical equipment or supplies:

Are there any behavior issues of which we should be aware? YES NO

If yes, please explain behavioral issues in detail: _____

Is there any information that we need to know or that would help us make your camper's stay more fun and productive?

Please list source of payment & address: (It is PARENT/GUARDIAN responsibility to submit invoice to source and ensure that payment is made NLT day of camp or PARENT/GUARDIAN is responsible for payment)

MANDATORY RELEASE FORM FOR CAMPER

(All 3 paragraphs MUST be signed)

The completed and signed release form **MUST** accompany all camper applications. All information is mandatory. NO camper will be considered for attendance at camp until COMPLETED application and all necessary forms are received by Camp Big Heart personnel.

PRINT name of camper

Date

“To the best of my knowledge, full disclosure of the above-named participant’s medical history has been made to the Physician/Licensed Health Care Provider named on participant’s medical section of this application and that such Health Professional has noted any and all pertinent and applicable conditions on these forms so that Camp Big Heart medical personnel and/or emergency medical personnel will have record of such. I hereby agree to indemnify and hold harmless the actions of Civitan’s Camp Big Heart, Camp John Hope, and/or any volunteers, employees, agents of any or all of these entities against any and all claims arising from bodily injury or loss suffered by the above named. I authorize such physician or medical staff as Civitan’s Camp Big Heart may designate to carry out any minor medical or surgical treatment and/or administer medication necessary. In the event that illness, accident or injury should occur to the above named, I authorize treatment deemed necessary and prudent and I assume complete responsibility for any hospital and/or medical expenses incurred thereto. It is understood that if hospitalization or treatment of a more serious nature is required, Camp Big Heart personnel will make every attempt to notify me.”

Signature of Legal Guardian

Photo release: “I agree to allow photography of above named to be used by the Camp Big Heart Civitan for any publicity and/or promotional and/or educational purposes including leaflets, flyers, brochures, television, newspapers, magazines, advertisements, audio-visuals, videos, etc. which further the aims of Civitan’s Camp Big Heart: to provide a summer recreational camp for our campers who are developmentally challenged at a low cost to the participants: the majority of costs of said camp being underwritten by the Camp Big Heart Civitan Club.”

Signature of Legal Guardian

“I understand that the above-named participant’s transportation to and from Camp Big Heart is my responsibility. I further understand that the above-named participant is to be picked up from Camp between 9:00am and 10:00am on Friday ending his/her session. **There will be a \$50/hour charge for late pick-ups.**”

Signature of Legal Guardian

CAMP BIG HEART
CAMP RELEASE FORM

A. This agreement must be read and signed for you/your child to be eligible to attend **Camp Big Heart**.

Your/Your Child's Name: _____

I. PARTICIPATION CONSENT

I understand and certify that my/my child's participation in **Camp Big Heart** and its activities is completely voluntary. I have familiarized myself with Camp Big Heart's program and the activities in which I/my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements rope course, swimming, archery, gardening, cooking, biking, sports and boating. I acknowledge that although **Camp Big Heart** has taken safety measures to minimize the risk of injury to camp participants **Camp Big Heart** cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations and procedures for **Camp Big Heart**. Further, I have received approval from a doctor authorizing me/my child to participate in Camp Big Heart's activities. I also agree to inform **Camp Big Heart** of any activities in which I/my child may not participate.

II. LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. I hereby release and forever discharge **Camp Big Heart**, and any of its officers, directors, employees, partners, shareholders, board members, servants, agents and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance at **Camp Big Heart**.

III. MEDIA RELEASE

I give **Camp Big Heart** the right to interview and/or to take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials including but not limited to videotapes, pamphlets and brochures. I understand my/my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. **Camp Big Heart** shall have the right to use photographs or other images of me/my child in promotion, educational or fundraising materials. I acknowledge that **Camp Big Heart** shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release **Camp Big Heart** and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by **Camp Big Heart**. In addition, I waive all rights, interests or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary and I give it in the interest of public information, education, the furtherance of the goals of these institutions or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor who name is mentioned above.

IV. DISPUTES

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Atlanta, Fulton County, Georgia. The arbitration shall be administered by JAMS and conducted before a single arbitrator in accordance with JAMS rules. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability or formation of this contract, including but not limited to any claim that all or part of this contract is void or violable.

X _____
Parent/Guardian/Self Signature

Date

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

american **CAMP** association®

Mail this form to the address below by _____ (date)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____
Relationship to Camper
 Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____
Relationship to Camper
 Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____
Relationship to Camper

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet. This camper is lactose intolerant. This camper is gluten intolerant.
 Other, *please explain in space.*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.
(Please describe below.)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____
 Subscriber _____ Insurance Company Phone Number (____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name _____
First Middle Last
 (For Camp Use) Cabin or Group _____
 (For Camp Use) Session Code(s): _____

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (*) immunizations must include date to meet ACA Standard. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test	Date: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
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If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

- Medication:**
- This camper will not take any daily medications while attending camp.
 - This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimate) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____

First

Middle

Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | | | |
|--|--|--|--|
| 1. Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- | | |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?.....
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____

Phone: (_____) _____

Name of dentist(s): _____

Phone: (_____) _____

Name of orthodontist(s): _____

Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

CAMPER HEALTH CARE RECOMMENDATIONS - FORM 2

To Parent(s)/Guardian(s): Complete the top section and give this form and a copy of your completed Camper Health History Form (Form 1) to your child's health care provider for review.

Camper Name:

Camper Name: _____
Last First

Male Female Date of Birth: _____ Age on arrival at camp: _____
Month/Day/Year

Home Address: _____

Custodial Parent/Guardian Telephone: _____

Medical Personnel: Please review the Camper Health History Form (Form 1) and complete all remaining sections of this form (Form 2). Attach additional information if needed.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimate)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Physical exam performed today: Yes No
 If No, date of last physical: _____
Month/Day/Year

ACA accreditation standards require physical exam within last 12 months.

Weight: _____ lbs. **Height:** _____ ft. _____ in. **BP:** _____ / _____

Allergies: No Known Allergies
 To foods, list:
 To medications, list:
 Environmental (insect stings, hay fever, etc.), list:
 Other allergies, list:
 Describe previous reactions.

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (describe below)

The camper is undergoing treatment at this time for the following conditions: (describe below) None

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (name, dose, frequency, describe below)

Other treatments/therapies to be continued at camp: (describe below) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? Yes No If yes, what do you recommend? (describe below, attach additional information if needed)

"I have reviewed the Camper Health History Form, and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

Name of licensed provider (please print) _____ Signature _____ Title _____

Office Address: _____

Telephone: _____ Date: _____

Last

First

Camp Session: