



2017 Medical Form Carolina Raptor Center Summer Camp

Camper's Name: _____ Birthdate: _____ Sex: _____

Street Address: _____

City State Zip _____

1st Parent/Guardian: _____ Mobile Phone: _____

Home Phone: _____ Work Phone _____

2nd Parent/Guardian: _____ Mobile Phone: _____

Home Phone: _____ Work Phone: _____

If parent(s)/guardian(s) are not available, who should we contact in case of emergency?

Emergency contact: _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____

Password (required by anyone picking up your child - cannot be child's last name): _____

Health Information

Date of Last Physical: _____

Physician Name: _____

Phone: _____

Allergies:

- Penicillin
- Hay fever
- Serious poison ivy
- Food allergies
- Insect stings
- Aspirin
- Other

(specify): _____

Immunizations

Please attach a copy of your child's latest immunization record.

Basic Health History

- Frequent ear infections
- Heart defect
- Hypertension
- Asthma
- Convulsions
- Bleeding disorders
- Epilepsy
- Diabetes
- ADD/ADHD
- Chronic Illness, serious conditions (please explain) _____
- _____
- _____
- Dietary Restrictions (please explain) _____
- _____
- _____

Please list any possible concerns or items worth noting about your child you wish to disclose with CRC Camp Staff. *(anxiety, phobias, limitations, etc.)*

Recommendations for Licensed Medical Personnel
FORM 2

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)

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

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

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s)

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

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.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within the last 12 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure: _____ / _____

Allergies: No Known Allergies
 To foods (**list**):
 To medications: (**list**):
 To the environment (**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? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below – attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), 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 _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____

CAMPER NAME:

Permission to Participate

This health information is correct to the best of my knowledge and my child has permission to engage in all prescribed camp activities except as noted by me. I also attest that my child has had a medical examination within the past 24 months. I agree that if my child's medical history changes between the date of signing this form and his or her first day of camp, I will contact Carolina Raptor Center to update this record immediately. If date for tetanus cannot be supplied, I authorize "In case of emergency, the attending physician may administer a tetanus booster."

→Sign: _____ Date: _____

Consent for Medication Administration and Medical Treatment

If your child will be taking any medication while at camp (prescription or over the counter) please complete the below information. Campers may not keep medication in lunch boxes and bags. All medication must be kept in the Summer Camp Director's office in the original packaging (OTC) or in the original prescription bottle labeled with the camper's name, prescribing doctor's name, date prescribed, etc. Written instructions cannot exceed amounts indicated on medication's label. Exception: a note from the child's doctor is acceptable. If the directions state, "Under the age of 16, consult a physician" a note from child's doctor is required. We will not administer expired medication. If a parent requests a medication be given "as needed", a time and dosage must be documented beside the phrase "as needed."

Name of medications: _____

Reason: _____

Dosage (mg) _____ Times of day given: _____

Prescribing Physician & phone number: _____

I give the Summer Camp Staff permission to administer the above medications to my child according to directions.

→Sign: _____ Date: _____

Medical Insurance

Medical Insurance Carrier: _____ Policy #: _____

Group # _____ Insurance Carrier Phone: _____

Policy Holder's Name: _____

I understand that Carolina Raptor Center assumes no responsibility for injuries or illness, which my child may sustain as a result of his/her participation in any athletic activities, use of any equipment, or participation in other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses, which may result from his/her participation in these activities. In consideration of the privilege of participating at Carolina Raptor Center, I hereby voluntarily release and discharge Carolina Raptor Center, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities. I hereby give permission to the medical personnel selected by Carolina Raptor Center to order X-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for my child. I understand that no accident or medical insurance is provided by Carolina Raptor Center.

→Sign: _____ Date: _____

CAMPER NAME:

Discipline Procedure

While Carolina Raptor Center will make every attempt to provide reasonable accommodations for each child, we will not accept children that are (1) a danger to themselves, (2) a danger to others, or (3) a disruption to the normal activities, making it unreasonably difficult for other children to enjoy camp programs. Any of the above reasons will be grounds for dismissal from camp. A parent/guardian must discuss with the Summer Camp Director any special circumstances involving their child. This must be completed prior to registration so that we can advise you whether we can make a reasonable accommodation for your child. Please review the Camp Discipline Procedure portion of the camp information for Carolina Raptor Center's discipline policy. Contact the Summer Camp Director if you have any questions. I have read and understand the camp Discipline Procedure:

→Sign: _____ Date: _____

Illness Policy

For the health and safety of staff and the other campers, we cannot allow campers to attend our daily activities while they are ill. Please do not send your child to camp if they have the following symptoms: Fever of 101° or higher, draining rash, vomiting, eye discharge or pink eye, diarrhea, head lice or are too tired or sick to participate in daily activities. If camp staff observes your child experiencing any of the aforementioned symptoms, we will call you and ask that you pick them up and make other arrangements for their care. For the health of everyone, it is important that you pick up your child as soon as possible. I have read and understand the Illness Policy:

→Sign: _____ Date: _____

Image and Likeness Release

I give permission to Carolina Raptor Center, without limitation or obligation, to use photographs, film footage, or tape recordings that may include my child's image or voice for purposes of promoting or interpreting Carolina Raptor Center programs and release Carolina Raptor Center from any claim or liability for that use.

→Sign: _____ Date: _____

**MECKLENBURG COUNTY PARK AND RECREATION DIVISION OF NATURAL RESOURCES
HOLD HARMLESS PROGRAM RELEASE FORM**

I hereby grant permission for my child to take part in programs sponsored by Mecklenburg County Park and Recreation Department. I also agree, on behalf of myself or my child, not to make any claims of any kind against Mecklenburg County Park and Recreation Department or any of its employees or agents for any loss or injury that my child might sustain while engaged in the program.

I authorize such physician or medical staff as the Mecklenburg County Park and Recreation Department may designate to carry out any minor treatment and/or medical staff to provide any treatment deemed necessary for the wellbeing of my child. Yes

I hereby grant permission to Mecklenburg County, North Carolina, and its employees, agents, and assignees, the right to photograph my child or use their picture for purposes of advertising, publicity, trade, or otherwise, as still photographs, transparencies, motion pictures, television, web images, or other media or means of reproduction, transmission, or exhibition.

I release Mecklenburg County, its employees, agents, associates, successors, and assignees from any and all claims for damages or compensation for any claims based on the use or sale of said materials. I hereby waive the right to inspect, approve, or edit said material.

→Sign: _____ Date: _____

Kids for Conservation Summer Day Camp Information

In this packet you will find the information to help make your child's experience at Kids for Conservation Summer Day Camp an enjoyable one. Please read through it in its entirety, and if you have any questions, please contact Natalie Childers at 704-875-6521 ext. 110 or nchilders@carolinaraptorcenter.org.

All Camper Forms must be in our office by May 12th. Campers will not be allowed to attend camp without the required forms!

About Kids for Conservation Summer Day Camps

CRC offers a unique opportunity for hands-on learning and up-close encounters with our environment and the creatures in it. We offer a safe and fun-filled adventure that will instill a wonder of the outdoors in your child. We are dedicated to a mission of environmental education, with a goal of engaging and inspiring our campers to make environmentally friendly choices.

Who will be leading the daily activities?

CRC's Education Department staff is comprised of passionate & positive educators with college degrees and education experience. Staff is certified in first aid and CPR, and brings knowledge and enthusiasm to the day camp experience. We are currently seeking our interns & counselors. ***All camp staff will have a current background check on file with the Human Resources Department.*** Carolina Raptor Center Staff will regularly participate in activities.

What is expected of my child and me?

- Interest in your child's CRC experience
- Support and responsibility in addressing behavior concerns
- Awareness and cooperation with CRC policies

What time does camp begin?

Camp begins promptly at 8:30 am. Please plan to have your campers here before that time. We have scheduled a day full of fun activities and adventures. If you are late, it may result in your child having to sit out of the activity if it has already begun.

What if we are going to be late or we have to pick our child up early?

If you know ahead of time that you are going to be late or will have to leave early, please let Summer Camp staff know so we can make appropriate accommodations (i.e. have a staff member available for when you arrive, or have your child ready to go when you come to pick him or her up). If something comes up unexpectedly, send Natalie Childers an email nchilders@carolinaraptorcenter.org or call and leave a message at 704-875-6521 ext 110.

How do drop-off and pick-up procedures work?

For your convenience, Carolina Raptor Center offers supervision for your child before and after camp. This is not an extension of camp activities. During early drop-off and late pick-up, campers enjoy supervised free time.

- Drop off starts at 8:00 a.m. and free pick up between 4:30 and 5:00 pm.
- Extended Day early drop off starts at 7:30 a.m. and/or late pickup is until 5:30 pm, This is \$35 extra paid in advance with camp registration.
- Staff members will check-in and check-out your child, at the gate by the parking lot.

Is there a late pick-up fee? Yes.

We offer an extended day for \$35 per week which includes early drop off at 7:30 am and late pick up at 5:30 pm. Please note that families who have not purchased the extended day program will be charged \$1/minute for late pick ups and drop off before 7:30 am and after 5:30 pm, payable at time of service.

Who can pick up my child?

Only persons with the password you have chosen for your family can pick up your child. CRC staff will ask for the password upon pick-up (until they are familiar with you) or when a new person arrives to pick up your child.

What should campers wear?

- Campers will be very active! Have your child wear clothes that can get dirty.
- Dress appropriately for the weather. Camp will go on; rain or shine!
- Closed toed shoes only!
- Sunscreen/bug repellent applied before drop-off. We will reapply as needed throughout the day.
- Bathing suits and comfortable water shoes – only on canoe days and when applicable.
- A Towel and a dry change of clothes including dry shoes.

What should my camper bring?

Campers will be asked to bring: (Please label everything with your child's name. We are not responsible for misplaced items).

- A backpack or tote bag
- A clearly labeled bottle of water (keep in mind that they will be carrying it with them everywhere)
- Sunscreen and bug spray
- Swimsuit, closed-toed water shoes and towel on canoe days only (if applicable), dry change of clothes & shoes
- An earth friendly lunch, morning snack & afternoon snack with a beverage

What is an "Earth Friendly Lunch"?

We will be weighing our waste after every lunch period with the goal of becoming more aware of the amount of waste that we humans generate and, together, we will generate solutions and strategies to help us limit waste. We will discuss reducing, reusing and recycling, as well as composting. Please do not send lunches and snacks that need a microwave or refrigerator. These are NOT available for use.

Examples of earth friendly choices:

- Sandwiches packed in plastic containers that can be washed and reused
- Drinks packed in reusable containers or containers that are recyclable
- Reusable lunch bags/boxes

Less earth friendly options to avoid:

- Store bought, packaged lunches (i.e. Lunchables)
- Pre-packaged, individually wrapped foods

Please do not send your camper with:

- Money
- Toys
- ANY Electronics (including cell phones)
- Sports equipment

We will hold any of these items, or others, we feel are unnecessary or disruptive, until the end of the day. We are not responsible for misplaced or damaged items.

What happens if my child gets hurt while at camp?

Carolina Raptor Center staff members and summer camp counselors are First Aid and CPR certified, and able to deal with minor emergencies. In case of an accident, the parent is responsible for providing health insurance for the child. If the injury is minor, an incident report form will be filled out. You will be informed of the incident and asked to sign the form at pick-up time. If you require a copy of this form for your own records, just let us know and we'll have it for you the following day.

What about medications?

Parents must bring any medication their child requires with written directions to the staff at drop-off. Please complete the Consent for Medication Administration and Medical Treatment section of the attached forms. All medications will be kept in the Summer Camp Director's office.

Camp Discipline Procedure

Campers will be given two verbal warnings informing them that they are not behaving appropriately. On the third offense, the camper will be addressed to the summer camp director. The third offense will result in a time out from the current activity. If a camper continues to behave inappropriately, the camper will not be permitted to participate in the rest of the day's activities and will spend the duration of the day sitting with a staff member. At this time, the behavior will be documented and a copy of this document will be given to the child's parents at pick-up.

We reserve the right to expel a camper for the remainder of the session if his or her behavior is judged to be a serious threat to the health and safety of staff or other campers by the Summer Camp Staff.

Please note that a detailed Behavior Policy Contract will be sent out a week prior to your child's camp session. You and your child will be required to review the contract together, sign, and email back it back to Natalie Childers at email nchilders@carolinaraptorcenter.org.

Need a Receipt?

If purchased online your receipt will contain the appropriate information. The Tax ID number for Carolina Raptor Center is 56-1349170. If you have lost your receipt simply request a duplicate copy after your child's camp week. We will be happy to write up a letter for you and email it to you.

Refund Policy

Registrants are entitled to a 100% refund in the event that Carolina Raptor Center cancels camp due to unforeseen circumstances. The payment can be refunded or applied to another camp if your registration is cancelled before May 12, 2017.

**If you have any questions, please contact Natalie Childers at
704-875-6521 ext. 110
or nchilders@carolinaraptorcenter.org.**

