

2018-2019 Prototype Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil). If you've filled this out for the current school year, and have a letter from the school stating you were accepted, feel free to submit the letter in place of completing this.

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."	Child's First Name	MI	Child's Last Name	Grade	Student? Yes No	Homeless, Migrant, Runaway
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: _____

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income \$ _____

How often?
Weekly Bi-Weekly 2x-Month Monthly

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?			Public Assistance/ Child Support/Alimony	Child Income	How often?			Pensions/Retirement/ All Other Income	How often?	Check if no SSN
		Weekly	Bi-Weekly	2x-Month			Monthly	Weekly	Bi-Weekly			
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Household Members (Children and Adults)												

STEP 4 Contact information and adult signature.

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____

Signature of adult _____ Today's date _____

Daytime Phone and Email (optional) _____

INSTRUCTIONS

Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> - Salary, wages, cash bonuses - Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> - Basic pay and cash bonuses (do NOT include combatpay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> - Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits 	<ul style="list-style-type: none"> - Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410
 fax: (202) 690-7442, or
 email: program.intake@usda.gov.
 This institution is an equal opportunity provider.

Do not fill out For COPPER CANNON use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income

How often?
 Weekly BiWeekly 2xMonth Monthly

Household Size

Categorical Eligibility

Eligibility:
 Free Reduced Denied

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date



Camper Info - Copper Cannon Camp

For:

The following information will help Camp to provide the best possible experience for your camper. ALL campers must be able to perform basic hygiene tasks independently (shower/toilet), navigate rough terrain at a steady pace, and follow safety instructions. We are unable to accommodate youth who require 1-on-1 assistance, have a history of psychiatric hospitalization, violent behaviors, severe mental or physical health needs, have not stabilized on medications, or are currently enrolled in day treatment or residential programs. If your camper falls into one of these categories, please call us to discuss further at 603-823-8107.

How did you hear about Copper Cannon Camp?

Has your child attended Copper Cannon Camp previously in any capacity? Yes No

If "Yes", when did your child attend?

Does your child want to come to Copper Cannon Camp? Yes I haven't discussed it with her or him
 No

What do you hope your child gains from the camp experience?

What concerns do you or your child have about this experience?

Does your child like to do activities in the outdoors? Yes No

What is your child fearful of when at camp?

Does your child have a Buddy Request - another child s/he would want in his/her cabin?

Share any behaviors your child has that we may experience at Camp.

Check any of the following that your child does. Sleep Walk Snore
 Sleep Talk Night Terrors

What chores does your child do at home? (Chores are part of of the camp experience) Dishes Setting the table
 Sweeping Vacuuming
 Cleaning the bathroom Does not do chores

How often does your child bath/shower at home? (When at camp, this may not be an "every day" occurrence. However, personal hygiene is stressed with the youth and staff.) 1 x each day every other day
 2 or more times each day 1 or 2 times per week

Camper Info - Copper Cannon Camp (continued)

For:

How often does the child sleep away from home with family or friends?

- Never Frequently
 Sometimes

Which does your child prefer during the school year?

- Quiet Time Alone Spending time with Friends/Family

Please check any of the following that your child is involved with

- After School Program Dance or other Recreational Class
 Organized Sports Program Day Camp
 Tutoring Resident Camp (not including CCC)
 School or Community Club or Organization

What is your child's Reading Level?

- At Grade Level Above Grade Level
 Below Grade Level

How does your child show that they are upset?

Has your child regularly shared stories that are over-exaggerated or pretended to have injuries or illness to gain attention?

- Yes I Don't Know
 No

Please check any significant life events that your camper has experienced.

- Divorce or Separation of Caregiver
 Death of Caregiver
 Incarceration of Caregiver
 Lived with someone with Mental Illness
 Lived with someone with Depression/Anxiety
 Lived with someone abusing alcohol or drugs
 Witnessed Violence
 Has been a victim of Violence
 Has been or is violent
 Housing Instability
 Food Insecurity (hoarding; trading; sharing; or playing with)
 Foster Care/Adoption
 Has been or is Bullied
 Is or has been a Bully
 Racism

Elaborate on any of the above life events and/or talk about ones that were not on the list above.

If there is anything we have not asked that you would like to share or information you would like to elaborate on, please do so here or give us a call at 603-823-8107.

Who has legal custody of the child you are registering?

- Mother Both
 Father Other

For:

If other, please explain custody.

Signature _____ Date _____



Authorization Form - Copper Cannon Camp

For:

Copper Cannon Camp AUTHORIZATIONS

Medical Contact & Treatment

In the case of a medical emergency, Copper Cannon Camp will treat my child as the Camper Health History Form states. The Camp Nurse, Camp Director, or other Camp Administrator will attempt to contact me or my camper's parent or legal guardian. If I or another parent/legal guardian cannot be reached, Copper Cannon Camp may contact any individual(s) I have listed on my camper's UltraCamp account to inform them of the medical emergency. If any person(s) is listed as No Contact or Not Authorized to Pick-Up, the camp will NOT try to contact.

By checking the box below, I understand and accept the Medical Contact & Treatment Policy of Copper Cannon Camp. If I do NOT check the box, I understand that my Camper can no longer be considered for a camp session unless an alternate plan is discussed and agreed to by the Camp Director. The camp can be reached at 603-823-8107.

Please Indicate

I provide authorization for medical treatment.

Activity & Safety Waiver

I understand the camp's program and activities and understand there may be field trips off camp property. I understand that there are some activities at the camp where my child could risk injury. I also understand that Copper Cannon Camp has taken safety measures to minimize the risk of injury to campers and staff. However, the camp cannot guarantee that the equipment, premises and/or activities will be free of hazards, or that the campers/staff may not have an accident and/or injuries. I have spoken to my child about the importance of knowing, abiding by, and listening to the camp's rules, regulations, and safety procedures. My child and I understand and have read the Behavior Expectations Agreement on the camp's website www.coppercannon.org.

Please Indicate

I have read the above statements.

My camper is allowed to participate in all camp activities unless I have listed the activity s/he is NOT to be participated in below. (If no restrictions, please put N/A in the box.)

Media Release

Authorization Form - Copper Cannon Camp (continued)

For:

I give my permission for my camper to be photographed while at Copper Cannon Camp. Also, I give my permission for my camper to be photographed at other events sponsored by Copper Cannon Camp. Photographs taken of my camper at Copper Cannon Camp or the camp sponsored events may be used in various publications by Copper Cannon Camp, the American Camp Association, or its agents. Photographs may be used to promote the camp experience, Copper Cannon Camp and its programs, or the American Camp Association. In addition, photos may be used (published) on social media, in magazines, newspapers, etc. and may include quotes, camper writing, videos, or other types of media.

Yes

No

Information Release

Every program at Copper Cannon Camp includes information-gathering for program development, improvement, quality assurance and fundraising purposes. While every youth's experience is included in this aspect of our programs, your child's full name/identifying information will never be used on any public report or campaign. PLEASE NOTE THAT BY SUBMITTING YOUR CHILD'S REGISTRATION, YOU ARE AGREEING TO COLLECTION OF INFORMATION AND/OR DATA RELATED TO YOUR CHILD'S EXPERIENCE AT AND WITH COPPER CANNON CAMP FOR THE PURPOSES ABOVE.

I understand the above statement

Communication Authorization

I understand that Copper Cannon Camp may choose to telephone, fax, email, or use other types of communication with my child's physician, social worker/case manager, referral source, therapist/mental health counselor or other camper specific resource. This type of communication will be used to gain information that will be helpful to Copper Cannon Camp making certain that my camper has a successful camp experience.

I will allow these conversations to occur via phone, email, in person, or other communication that is best to gain the information needed by Copper Cannon Camp..

Yes

No

No Show Agreement

I understand that if my child is not going to attend his or her session at Copper Cannon Camp, I MUST notify the Camp Office at 603-823-8107 at least 48 HOURS PRIOR TO THE SESSION BEGIN DATE. Without a 48 HOUR NOTIFICATION, I will be responsible for paying the \$250 No Show Fee. If my camper does not show up at camp, my camper will not be permitted to return to Copper Cannon Camp in future years without paying a \$25 refundable deposit. Copper Cannon Camp relies on donors and grant funding to support each and every camper. Each camper's expenses are approximately \$600 per week. A camper who does not show for his or her session is a loss of funding and deprives another camper from attending.

I understand this fee agreement.

Signature _____

Date _____



Camper Health History-Copper Cannon Camp

For:

Allergies: Only refer to allergies that have been diagnosed and confirmed by a physician.

This camper is allergic to

Food

The environment (insect; stings; hay fever etc.)

Medicine

Other

Describe below what the camper is allergic to and the reaction seen

Diet & Nutrition:

Diet, Nutrition

This camper eats a regular diet

This camper has special food needs.

This camper eats a regular vegetarian diet

Understand that as a tuition-free camp, we have a limited budget to accommodate custom diets. We have a vegetarian option for confirmed vegetarians. Campers who require a custom diet must speak with the camp prior to the start of the summer in order to best determine needs. A note from the camper's physician must detail this custom diet. In the case of special food requirements, the camper family may need to provide the food to be prepared at camp. This includes gluten and other allergies.

Please describe below

Medical Insurance Information

This camper is covered by family medical/hospital insurance Yes

No

Insurance Company

Policy Number

Subscriber

Insurance Company Phone Number

For:

Immunization History:

Provide the month and year for each immunization. Starred (*) immunizations must be current. We do not accept immunization records in any format other than the one below. If you have a paper or electronic form from your health care professional, please enter the information below. Campers may not attend if we do not have this information. Please see our IMMUNIZATION POLICY below.

Diphtheria, tetanus, pertussis* (DTaP) or (TdaP)

Doses in Month/Year

Tetanus booster* (dT) or (TdaP)

Most Recent Dose Month/Year

Mumps, measles, rubella *(MMR)

Doses in Month/Year

Polio * (IPV)

Doses in Month/Year

Haemophilus influenzae type B (HIB)

Doses in Month/Year

Pneumococcal (PCV)

Doses in Month/Year

Hepatitis B

Doses in Month/Year

Hepatitis A

Camper Health History-Copper Cannon Camp (continued)

For:

Doses in Month/Year

Varicella (chicken pox)

Had chicken pox

Date

Doses in Month/Year

Meningococcal meningitis (MCV4)

Doses in Month/Year

Tuberculosis (TB) test

Tuberculosis (TB) test

Yes

No

Date

TB test results

Negative

Positive

CAMPER IMMUNIZATION POLICY

For the safety of the camp community, all campers at Copper Cannon Camp are expected to be immunized as per the following recommendations by the American Camp Association at the minimum.

MMR-Measles, mumps, and rubella diseases (MMR vaccine) because these vaccine preventable diseases are highly communicable. At a minimum this would require:

One dose of measles vaccine, one dose of mumps vaccine, and one dose of rubella vaccine (MMR), administered no more than four days before the first birthday; or

Diagnosis by a physician, physician assistant, or nurse practitioner as having had measles or mumps disease (not rubella); or Demonstrated serological evidence of measles, mumps, or rubella IgG antibodies.

TETANUS TOXOID because the camp environment increases the risk of exposure to *C. tetani* bacteria.

One booster dose of tetanus containing vaccine within past ten years.

TDAP (adolescent and adult tetanus, diphtheria, and a cellular pertussis) vaccine is the preferred immunization; however, Td (adult tetanus and diphtheria) may be used

• Campers who are not immunized due to RELIGIOUS BELIEFS are permitted to attend Copper Cannon Camp as long as they meet the following requirements of the State of New Hampshire Department of Health & Human Services.

Individual is not required to submit to any physical examination, or immunization if such person, parent, or guardian relies in good faith on spiritual means alone through prayer to prevent or cure disease or suffering and objects to the same in writing.

• In order to not compromise the health and safety of the residential camp community, campers who are not immunized due to PHILOSOPHICAL BELIEFS are not permitted to attend Copper Cannon Camp.

Camper Health History-Copper Cannon Camp (continued)

For:

Medication:

'Medication' is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. Please send all medications in their 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. You will have the opportunity to list medications in the next section of the Registration. We will only administer medication as it is prescribed. If the camper's prescription has changed it will need to be noted on the bottle or in a physician's note.

If your child will not be taking his or her prescribed medication when at camp, a doctor's authorization will be required. Please call Copper Cannon to discuss the situation at 603-823-8107.

Medication

- This camper will not take any daily medications while attending camp.
- This camper will take medication(s) while attending camp.

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. Please check any medications that are NOT to be given to your camper.

Please check the medication(s) the camper should **NOT** be

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

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

Has/does the camper:

- | | | |
|-------------------------------------|---------------------------|--------------------------|
| 1. Ever been hospitalized | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. Ever had surgery | <input type="radio"/> Yes | <input type="radio"/> No |
| 3. Have recurrent/chronic illnesses | <input type="radio"/> Yes | <input type="radio"/> No |
| 4. Had a recent infectious disease | <input type="radio"/> Yes | <input type="radio"/> No |
| 5. Had a recent injury | <input type="radio"/> Yes | <input type="radio"/> No |

Camper Health History-Copper Cannon Camp (continued)

For:

6. Had asthma/wheezing/shortness of breath	<input type="radio"/> Yes	<input type="radio"/> No
7. Have diabetes	<input type="radio"/> Yes	<input type="radio"/> No
8. Ever had seizures	<input type="radio"/> Yes	<input type="radio"/> No
9. Have history of migraines/ headaches	<input type="radio"/> Yes	<input type="radio"/> No
10. Wear glasses, contacts, or protective eyewear	<input type="radio"/> Yes	<input type="radio"/> No
11. Had fainting or dizziness	<input type="radio"/> Yes	<input type="radio"/> No
12. Passed out/had chest pain during exercise	<input type="radio"/> Yes	<input type="radio"/> No
13. Had mononucleosis ("mono") during the past 12 months	<input type="radio"/> Yes	<input type="radio"/> No
14. If female: has had her period	<input type="radio"/> Yes	<input type="radio"/> No
15. If female: have problems with periods/menstruation	<input type="radio"/> Yes	<input type="radio"/> No
16. Have problems with falling asleep/sleepwalking	<input type="radio"/> Yes	<input type="radio"/> No
17. Ever had back/joint problems	<input type="radio"/> Yes	<input type="radio"/> No
18. Have a history of bedwetting	<input type="radio"/> Yes	<input type="radio"/> No
19. Will your child be bringing Pull-Ups with him or her to camp?	<input type="radio"/> Yes	<input type="radio"/> No
20. Have problems with diarrhea/constipation	<input type="radio"/> Yes	<input type="radio"/> No
21. Have any skin problems	<input type="radio"/> Yes	<input type="radio"/> No
22. Traveled outside the country in the past 9 months	<input type="radio"/> Yes	<input type="radio"/> No

Explain the "Yes" answers in the space next to this statement, noting the number of the questions (i.e. 2-Dec. 2, 2015 appendix). For travel outside the country, please name countries visited and dates of travel

Mental, Emotional, and Social Health

Please respond YES or NO to the following information.

If you respond YES, please complete the Additional Details box.

Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD) Yes No

Camper Health History-Copper Cannon Camp (continued)

For:

Additional Details

Ever been treated for emotional or behavioral difficulties Yes No

Additional Details

Admitted to having or been treated/hospitalized for an eating disorder Yes No

Additional Details

During the past 12 months, seen a professional to address mental/emotional health concerns Yes No

Additional Details

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) Yes No

Additional Details

Health-Care Providers:

Name of camper's primary doctor(s)

Phone

Name of camper's Therapist/Mental Health Counselor

Phone

Name of camper's Dentist(s)

Phone

Name of camper's Orthodontist(s)

Phone

Is there anything else we need to know about your child?

Please provide in the space below any additional information about the camper's health that you think is important or that may affect the camper's ability to fully participate in the camp program.

Permission to Treat Authorization

For:

I hereby give permission to the medical personnel to provide routine health care; to administer prescribed medications; and to administer emergency treatment for me/my child, including, but not limited to X-rays, routine tests and treatment and/or hospitalization; and to provide or arrange necessary related transportation for me/my child. I also agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

If the person named herein is a minor, it is my intention that representatives of the camp be considered 'personal representatives' for the purpose of disclosing health information that is protected under the Health Insurance Portability and Accountability Act of 1996. I also agree to the disclosure to camp representatives of protected health information of the person named herein in order to provide information related to the person's ability to participate in camp activities; and if the person named herein is a minor, to provide information to the camp representatives to keep me informed of my child's health situation.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director or proxy to secure and administer treatment, including hospitalization, for the named person. This completed form may be photocopied for trips out of camp.

Camper Agreement

I understand and agree to abide by any restrictions placed on my child's activity at camp.

Signature _____ Date _____