

Camp Application 2019



Mail to:
Camp Rainbow, Inc.
P.O. Box 139
Skippack, PA 19474

Parent/Guardian,

Please complete the entire application and return it by mail to Camp Rainbow, Inc. by May 31, 2019. Please be certain to complete one application per child. No application will be accepted unless all portions of the application are completed fully and truthfully. The registration fee must be included with the application.

Omission of any vital medical or pertinent information could possibly result in your child not being accepted or even sent home from camp. Please understand that this information can better prepare our staff to meet your child's needs upon his or her arrival. When camp is in session, it can be very difficult to accommodate unanticipated needs.

Child's Name _____ Nickname _____ Date of Birth _____ Age _____

Address _____ Gender _____ Shirt size _____

Name of School _____ Grade _____

Primary Contacts:

Name _____ Name _____

Relationship to child _____ Relationship to child _____

Email _____ Email _____

REGISTRATION FEE

This registration fee will be based on verifiable participation in the Free or Reduced School Lunch Program. If you are not a participant of the Free or Reduced School Lunch program, the registration fee will be \$100.00; if receiving Reduced School Lunch, \$50.00; if receiving Free School Lunch, \$25.00. This information will be considered confidential by Camp Rainbow, Inc.

Please check the appropriate box below and complete the TANF form attached. (assists with funding to keep your cost low)
Make checks payable to: **Camp Rainbow, Inc.**

Free Lunch - \$25.00 Reduced Lunch - \$50.00 No assistance - \$100.00

TANF Number (Starts with 46): _____

CAMPING WEEKS

Dates for 2018 Season	Ages	Please Mark 1 st /2 nd Choice
Sunday, June 23 – Friday, June 28	9 - 10 years old	
Sunday, June 30 – Friday, July 5	13 - 14 years old	
Sunday, July 7 – Friday, July 12	11 – 12 years old	
Sunday, July 14 – Friday, July 19	11 – 12 years old	
Sunday, July 21 – Friday, July 26	7 – 8 years old	
Sunday, July 28 – Friday, August 2	9 - 10 years old	

CAMP RAINBOW, INC. COMMITMENT TO CAMP RULES

Our camp operates under our Full Value Contract. A safe, caring environment is created through consistency, clear expectations and personal responsibility. We create this environment in all of our programming by asking each participant, from student to administrator, to: listen to, understand, and agree to our guiding principles. Outlined in our Full Value Contract and instilled through explanation, repetition and practical application.

We find that the Full Value Contract contributes to individual and communal success when adapted and practiced. *Practice makes progress.*

Full Value Contract

Safety

We must keep ourselves and each other physically and emotionally safe.

Valuing Behaviors

Act and speak in a way that puts people up, not down.

Honest Feedback

Give and receive specific, thoughtful, honest feedback.

Let it Go!

We know when to let something go and move on.

Challenge by Choice

Each of us will take responsibility for our actions. It will be our choice to participate, however the goal of camp is to have fun!

Camper Statement: I agree to follow all the rules established by Camp Rainbow. I will conduct myself as a responsible citizen, and in accordance with the Full Value Contract and the camp rules explained to me at the opening session of the program. I agree that if I violate any of these regulations the Camp Director may temporarily restrict my participation in programmed activities, or may choose to send me home immediately at my parents or guardians expense, and without refund of registration fees. I allow photographs, videotapes and interviews to be taken during Camp Rainbow, and for any such photographs, videotapes and/or interviews to be published and used by Camp Rainbow, Inc. to illustrate, promote, and advertise the Camp and other programs.

Camper's Signature _____

Parent/Guardian Statement: I request that my son/daughter named above be considered for attendance as a camper at Camp Rainbow for one week this coming summer. I understand the camper registration fee is part of a completed packet, and I have enclosed the appropriate amount. I have read and agree with the above camper statement and rules. I understand fully that if my child violates any of the rules of the Camp, that he/she may be sent home, at the sole discretion of the Camp Director, and at my expense. I give permission and consent for my child to participate in all activities, and to allow photographs, videotapes, and interviews to be taken during Camp Rainbow, and for any such photographs, videotapes, and/or interviews to be published and used by Camp Rainbow, Inc. to illustrate, promote, and advertise the Camp and other programs.

Parent/Guardian's Signature _____

CAMP RAINBOW, INC. CAMPER QUESTIONNAIRE

I will not eat _____

My favorite food _____

I am really good at _____

The thing I am looking forward to the most is _____

I would really like to bunk with _____

Who is your school counselor? _____

What would you like us to know about you?

CAMP RAINBOW, INC. MEDICAL HISTORY AND RELEASE

In order to provide for a safe and meaningful experience for all our participants, Camp Rainbow, Inc. requires all program participants to submit this medical history and release – to be completed and signed by a parent/guardian. Youth may not be permitted to participate in camp without a current, accurate release on site.

Please be as detailed as possible. Omission of any vital medical or pertinent information could possibly result in your child not being accepted or even sent home from camp. Please understand that this information can better prepare our staff to meet your child's needs upon his or her arrival. When camp is in session, it can be very difficult to accommodate unanticipated needs.

All information will be treated as confidential.

Parental Authorization

I, the undersigned am the parent or legal guardian of this child, with full authority to make and delegate decisions regarding this child's health. All of the health information recorded on this form is correct, and I have not omitted any health information necessary for the proper care of this child. A physician has examined this child and reviewed this child's general health within the past 12 months. I authorize Camp Rainbow, Inc. to provide this child with routine first aid and to administer prescription and non-prescription medications as indicated herein. I authorize Camp Rainbow, Inc. to make medical decisions on behalf of this child, including decisions to hospitalize this child, to approve specific medical procedures on behalf of this child, or to transport this child for medical reasons. I understand and agree that any such decisions will be made in consultation with qualified medical personnel if practical, but that the Camp Rainbow, Inc. staff and other agents may make such decisions without the benefit of medical consultation if they find it necessary to do. I authorize Camp Rainbow, Inc. to have access to this child's medical records, and to provide those records to any third parties, as Camp Rainbow, Inc. deems necessary to facilitate the care of this child. I waive any claims, for myself and on behalf of this child, against Camp Rainbow, Inc., and/or its agents, arising in the connection with any of the activities or decisions authorized above. A photocopy of this signed authorization is as binding as the original. My child may participate in an active camp, sporting or Camp program (check one):

_____ Without restrictions

_____ With the following restrictions/instructions: _____

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

GENERAL INFORMATION

This information is generally requested by medical personnel in case of emergency treatment.

Name of Participant: _____

Date of Birth: _____ Gender: _____ Social Security: _____

Insurance Carrier: _____

Policy Number: _____ Relationship to Insured: _____

Emergency Contact Person _____ Relationship _____

Phone #1: _____ Phone #2: _____

Emergency Contact Person (other): _____ Relationship _____

Phone #1: _____ Phone #2: _____

MEDICAL HISTORY Leave no blanks. If an item does not apply, circle NO. Attach additional sheets if needed.

Name of Participant: _____

Name of Primary Care Physician: _____ Phone #: _____

Date of last tetanus shot/booster: _____

1. Is participant currently under care for any illness or injury? Yes or No

Explain: _____

2. Has participant had any surgeries or significant injuries in the past 12 months? Yes or No

Explain: _____

3. Does participant have any food, drug or contact allergies? Yes or No

List, with reactions, where applicable:

4. Does participant have any disability or physical limitations that might affect participation in camp activities or require special arrangements? Yes or No

Explain: _____

5. Does participant have any medical or psychiatric diagnosis (i.e. anxiety, OCD, ODD, sleep disorders, etc.)?

Yes or No

Explain: _____

6. Is participant on any medication(s) specifically for psychiatric diagnosis? Yes or No

Please list: _____

7. Does participant have any medical or religious dietary needs or restrictions? Yes or No

Please list: _____

8. Please list any other conditions/concerns we should be aware in order to best meet the needs of your child:

MEDICAL INFORMATION

For the safety of all our participants, we require that our adult leaders supervise your child’s medication during camp. All medication brought to camp, prescription or not, must be left in adult care for the duration of the program. No medications are to be left in participant’s possession, except those that are for emergency use (for example, a rescue inhaler). Our complete medication policy is available upon request.

Name of Participant: _____

List all medications participant takes currently or regularly: _____

Will your child be bringing any medications to the camp? Yes or No
If YES, be sure to complete the separate Participant Medication Schedule Form on the next page.

Over-the-Counter Medications

I give my permission for my child to have the following over-the-counter medications, or their generic equivalent, as needed during the camp. (We will not give excess over-the-counter medications contrary to the express written direction on the packaging.) INITIAL the medications listed below that you approve.

For headaches/pain:

- _____ Tylenol (Acetaminophen)
- _____ Advil (Ibuprofen)
- _____ Aleve (Naproxen sodium)
- _____ Other
- specify: _____

For allergic reaction (hayfever, stings, etc.):

- _____ Benadryl (Diphenhydramine HCl)
- _____ Sudafed (Pseudoephedrine HCl)
- _____ Hydrocortizone cream
- _____ Calamine lotion
- _____ Other
- specify: _____

For upset stomach, diarrhea, etc:

- _____ Pepto-Bismol (Bismuth liquid or tablets)
- _____ Mylanta/Milk of Magnesia (Mg/Al based antacids)
- _____ Tums/Roloids (Calcium based antacids)
- _____ Other: _____

For sore throat/cough:

- _____ Cough drops/lozenges
- _____ Chlorseptic spray (Phenol)
- _____ Other
- specify: _____

Others (specify):

We may also dispense routine first aid items such as non-prescription antibiotic creams, lotions, antiseptics, artificial tears, etc. Please indicate here if there are any your child may NOT have: _____

Note on Attention Span Medications:

Please note that some activities may be physically and/or mentally demanding and may include classroom settings and other tasks requiring concentrated attention. Please consider this when making plans regarding your child’s attention-related medications for the program.

CAMP RAINBOW, INC. PARTICIPANT MEDICATION SCHEDULE

This page must be completed if your child will be bringing medications to take during the event. Please read the entire Camp Rainbow Medication Policy.

Participant: _____

Cabin Number (camp use only): _____

Dates: _____

MEDICAL INFORMATION AND SCHEDULE

For the safety and health of all our participants, Camp Rainbow, Inc. policy requires that all medication (prescription or over-the-counter) be kept in possession of adult leaders or program staff for the duration of the program. Medication will be dispensed to your child at your specified dosages and times.

The usual medication schedule for camp is (times are approximate):

Breakfast 7:30 AM – 8:00 AM

Lunch 12:00 PM – 1:00 PM

Dinner 5:30 PM – 6:30 PM

Bedtime 9:00 PM – 10:00 PM

Please indicate below when your child’s medication(s) should be taken. Specify if a medication is to be taken at an exact time, or if it is to be given at a time other than those listed above.

We need to know whether your child takes each medication as needed or on a routine schedule. If you check “as needed” for a given medication, we will only dispense the medication when your child asks for it. If you check “as scheduled” for a given medication we will remind your child each time a dose is scheduled. Please check only one of these columns for each medication.

Please complete the information below for each medication your child will be taking during the week.

Medication	Dose	Time(s)	Special Instructions	As Needed	As Scheduled

All medications should be sent in the original container. We prefer you send only the number of pills needed for the week. If the instructions above differ from the label on the medication (for example, if the doctor has instructed you to change dosage, but a new prescription has not yet been filled), please explain below. Your signature below is your authorization to dispense medication according to your written instructions on this form.

Variations or other instructions:

I have read the Camp Rainbow, Inc. Medications Policy. I hereby authorize Camp Rainbow, Inc. adult leaders or program staff to dispense my child’s medication according to the schedule above.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

CAMP RAINBOW, INC. MEDICATION POLICY

For the safety and health of all our participants, all personal medication must be kept in the possession of designated adult leaders or staff, and dispensed under their supervision. As a result, please be aware of the following policies. These policies apply to all participants.

A parent or other adult will turn over medication to designated adults at the beginning of the program or event, and will receive it back from them at the program's end. Medications will not be turned over to minors unless a supervising adult is present.

All medications should be in original bottle or packaging. Please do not send loose or unidentified pills or pills in "daily dose" type sorters. We must be able to identify medication in order to dispense it. We prefer you send only enough medication for the duration of the event, but it is more important to have properly labeled containers than exact amounts.

Only emergency medications, such as a rescue inhaler or epi-pen, are exempt from this policy. No other medications, prescription or over-the-counter, are to be in participant's possession at any time.

Please be certain we know of any **food or drug allergies** your child has.

Medications, whether prescription or over-the-counter, **will only be dispensed according to prescription/package label.** A signed statement from the parent is required if medication is to be dispensed contrary to the label on the prescription. A statement from the physician is preferred.

Please give **complete and clear instructions** for all medicines, as your instructions will be followed exactly.

All medication will be kept under lock and key at all times. A designated adult leader or program staff member will distribute medication according to necessary dosage schedules. Generally, medications will be dispensed at mealtimes and before bed, unless otherwise directed.

If your minor child refuses a dose, we will call you for direction. We cannot force or coerce any participant to take medication. Please indicate whether your child's medications are to be taken on a routine schedule or only as needed/requested.

Over-the-counter medications will only be given to minor participants with express permission of a parent/guardian. You may approve of certain over-the-counter medications before the program begins, or we will call you for permission as needed.

Please inform us if your child's medication needs to be **refrigerated**, and if it requires a specific temperature range.

If your child requires **injection medications**, such as insulin or others, all needles and syringes, whether used or unused, must remain locked with medications. We cannot dispose of infectious sharps. You are responsible to provide your own sharps container (which we will keep locked for you) and to dispose of it at the end of the camp. Injection medications must be **self-administered** – adult leaders and program **staff may not administer injections** of any kind.

Staff cannot administer medications such as suppositories, or any medication that would require compromising the privacy of a participant. In such cases, a staff member will dispense the appropriate dose, which the participant may then self-administer privately, without supervision.

Any exceptions to this policy must be approved by the Camp Director or the Board of Directors. If you have a need to ask for an exception, please do not hesitate to contact the Camp Director, but understand also that some exceptions may not be granted. While we want your child to participate in our activities, we are not in the medical business, and may deny participation if we feel we cannot adequately provide for the health or safety of all our participants.