

PLEASE READ THESE INSTRUCTIONS

For Camp Turner Health Forms

Not reading these could cost you more money!

- Keep these instructions. Complete pages 1, 2, 5 and 6. Then give the packet to your pediatrician.
- All six pages are required.
- **Do not separate** the pages. All forms must arrive together as one packet.
- Camp Turner does **not** accept **substitute forms**.
- There is a **late fee of \$20 for health forms not received at least 7 days before arrival**. Camp Turner is not responsible for delays caused by your doctor or the post office.
- Be sure the doctor signs the Health Statement and circles yes / no on the *authorization for over-the-counter medications*.
- Be sure the results of your camper's **most recent physical** and **immunization records** are attached to your Health Forms.
- **Copy** the complete forms and keep a copy at home before mailing them in. Camp is not responsible for lost forms.
- Don't forget to attach a **PHOTOGRAPH** of your camper's face. This is important!
- Mail all Forms TOGETHER to: Camp Turner, Box 264, Salamanca, NY 14779

CITs and anyone staying more than seven days without going home in between need to complete the Meningitis Vaccination Response Form *This form is not in the Camp Turner Health Form packet, but is available separately on our website and at this link.*

<http://www.buffalodiocese.org/campturner/MeningitisForm.pdf>

CITs and any **Pathfinders** who will attend a trip to the High Ropes Course, (see summer schedule) as part of their week at Camp, will need to download and complete a separate permission form. Check the website for details.

Camp Turner Health Forms v.2016.1

Camper Information

Camper's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Gender: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Sessions Attending (a, b, c, d, e, f, CIT, WinterCamp) _____ Arrival Date _____

Custodial Parent / Guardian:

Relationship	Name	Home Phone	Work Phone	Cell Phone

Second Parent / Guardian:

Relationship	Name	Home Phone	Work Phone	Cell Phone

Emergency Contact (third option):

Relationship	Name	Home Phone	Work Phone	Cell Phone

Agency Contact if any-

Name	Home Phone	Work Phone	Cell Phone

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

Camper's Primary Care Physician	Physicians Location	Phone

No contact allowed with: _____

Food Allergies? _____

Medication Allergies? _____

Activity Restrictions? _____

Dietary Restrictions? _____

Eating Disorder? _____

Threatened or attempted suicide? _____

Other Special Instructions for staff:



Campers Name: _____ Date of Birth: _____ Session _____ Year _____

Indicate if the camper has had any of the following in the last 9 months {write "NONE" if not applicable}

Recent illness or injury : _____

Recent Hospitalization: _____

Recent Surgery? _____

Infectious disease? _____

Have wheezing or shortness of breath? _____

Seizures? _____

Loss of Consciousness? _____

Diabetes? _____

Other chronic condition? _____

Had fainting or dizziness? _____

Passed out or had chest pain during exercise? _____

Had mononucleosis in the last 12 months? _____

Had problems falling asleep or sleep walking? _____

Back pain? _____

Joint Pain? _____

Skin Problems? _____

Abnormal Menstruation? _____

Have a history of bed wetting or incontinence? _____

Problems with diarrhea or constipation? _____

Traveled outside the US in the last 9 months? _____

Swimming Ability? _____

Behavior Issues? _____

Emotional Issues? _____

ADD / ADHD? _____

Chronic Fears? _____

Family Issues: _____

Personal crisis: _____

By the signature below, I attest that all the information is **complete** and **accurate** to the best of my knowledge and belief. I understand that this information is confidential and will only be shared with those in direct care of my child. I have read the entire *Camp Turner Parent Handbook* including the *Terms of Service, Cancellation Policy, and Behavior Expectations*.

Signature of Parent or Legal Guardian

Printed Name

Date Signed

Physician’s Health Statement

Physican’s Office, please:

- Complete this page (page 3 of Health Forms)
- Complete page 4 of this document, circle yes for medications approved
- Sign / stamp the bottom of page 4.
- Attach Immunization Records.
- Attach results of most recent physical.
- (Consider reviewing parents answers on pages 1 and 2 above)

Currently being treated for: _____

Activity Restrictions: _____

Dietary Restrictions: _____

Other Restrictions: _____

Communicable Conditions: _____

Other medical Concerns: _____

I have examined this patient and in my opinion at the time of examination this individual is:

_____ **Recommended for a highly active overnight camping program and poses no foreseeable health risk to this patient OR to others living, eating and sleeping in his or her close proximity.**

_____ **Recommended for participation with restrictions or limitations listed above:**

_____ **NOT RECOMMENDED** for participation in an overnight camping program involving strenuous outdoor play or may pose a risk to others living, eating or sleeping in close proximity.

Printed Name of Healthcare provider

Signature

Date

Location

Phone Number

Physician’s Stamp:

Campers Name: _____ Date of Birth: _____ Session _____ Year _____

Physician's Health Statement

Individual Medication Orders

- Camp Turner can only accept medications with written orders from a physician. The label does not count as orders.
 - Camp Turner will only accept medication in its original container with original label.
 - Orders may be provided on this form, accompany medication or be faxed to camp at 716-354-2055.
- This patient takes no medications.
- This patient takes the following medications

Medication	Route	Dose	Schedule	Diagnosis - Reason for taking

THIS PAGE IS REQUIRED FOR ATTENDANCE

Over-the-counter Medication Authorization

Pediatrician should circle "YES" for each medication authorized and "NO" if not, then sign below. All medications are locked in the infirmary and administered only under the supervision of our Registered Nurse. All products will be used only in accordance with label instructions.

Drug	Use	Approval	Comments, recommendations, restrictions
Tylenol or children's Tylenol.	Pain / fever / headache	Yes / No	
Ibuprofen or children's Ibuprofen	Pain / fever / headache	Yes / No	
Tums	Upset stomach	Yes / No	
Benadryl or equivalent	Allergic reaction, insect bites, ALLERGY reactions.	Yes / No	
Cetirizine HCL (Zyrtec)	Allergy Relief	Yes / No	
Loratadine	Allergy Relief	Yes / No	
Cough Drops	Sore or scratchy throat	Yes / No	
Sore Throat Spray	Sore or scratchy throat	Yes / No	
Band Aid Cleansing Foam (or similar)	Cleaning cuts or scrapes	Yes / No	
Triple Antibiotic Cream	Apply to cuts or scrapes	Yes / No	
Solarcaine, / lanacane, burn gel	Sunburn other minor burns	Yes / No	
Pepto Bismo or equivalent	Upset stomach	Yes / No	
Caladryl lotion	Insect bites, plant reactions	Yes / No	
Imodium	Diarrhea	Yes / No	
Milk of Magnesia	Constipation	Yes / No	
Tussin DM	Cough	Yes / No	
NIX - lice shampoo.	Head Lice	Yes / No	

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

 Print Name of Health Care Provider Signature of Physician

Stamp:
 Date

 Location Phone Number

Campers Name: _____ Date of Birth: _____ Session _____ Year: _____

Terms of Service Page One - (parents must sign last page)

Refund / Cancellation Policy

A deposit of \$50 is required with your registration if registering before the *Paid in Full Cutoff Date (June 1 for Summer Camp and December 1 for Wintercamp)*. After the *Paid in Full Cutoff Date* payment in full is expected with registration. Cancellation at least 30 days prior to arrival will receive a full refund. Cancellations from 15 to 29 days in advance will receive a refund less the deposit. As of 14 days before arrival the reservation is fully confirmed and payment in full is expected; payments will not be refunded unless the camper becomes injured or contagious to other campers (with a doctor's note). In the case of verifiable illness or injury a credit less the deposit may be issued for use on a future session. Once camper checks in at camp, no refund or credit will be issued. If a camper leaves sick during a session a pro-rated credit on a future session may be offered.

Late Payment Charges

There will be a fee of 1.5% per month on outstanding balances after checking in at camp.

Parental Availability / emergency pickup

I understand that it is my responsibility to be readily available for contact by the camp in the event of an emergency. I, or someone I designate, may be required to pick up my camper within six hours.

Acknowledgement of Risk, Indemnity and Hold Harmless Agreement: I acknowledge that participation in camp activities involves some degree of physical risk. I will notify the camp director in writing of any activity I do not wish my child to participate in. I agree to waive and relinquish all claims I may have against Camp Turner, the Youth Department and the Diocese of Buffalo, including any negligence claims on the part of its officers, agents, employees, representatives or volunteers arising out of or caused by any activity my child participates in connection with. I agree to indemnify and hold harmless Camp Turner, its employees and agents against all losses, damages, monetary awards and expenses, including all costs and attorney's fees incurred in connection with any and all claims, including claims of negligence on the part of Camp Turner or its employees or agents, brought by or on behalf of participants, parents, or legal guardians, his or her heirs, successors, assigns and legal representatives, for any injury, death, illness, disease, property damage arising from participation in any activity of Camp Turner.

Permission to treat: In the event of an accident or emergency involving my child, I give my permission to the representatives of Camp Turner to seek out and authorize emergency medical treatment including ordering x-rays or other routine tests, or surgical treatment that may be considered necessary or advisable in the event that I cannot be reached in a reasonable amount of time. I authorize any licensed physician or medical center chosen by representatives of Camp Turner to treat my child. I agree to the release of any records necessary for insurance purposes. I agree that my health insurance will be the primary payer for all medical care, treatments, legal services or other necessary services received by or performed on my child while in the care of Camp Turner or its agents.

Phone Calls

Camp Turner does not monitor the phones between 9:00 PM and 9:00 am. All messages received after 9:00 PM will be returned after breakfast the next camping program day. The office is also closed from Fridays at 7 PM through Sundays at 1:00 PM. Camp will make no calls to parents after 9:30 pm unless there is an emergency. Campers who request to call home after 8:00 PM will be re-directed to call after breakfast the next camp day.

Permission to participate in beach trips to public beaches: Camp Turner offers swimming opportunities offsite at public beaches including Quaker Beach, Red House Beach and occasionally Kinzua Beach near Rim Rock in PA. Most sessions we will offer "beach club" for campers who sign up each afternoon, Monday through Thursday. Once or twice per week we will also offer an "all camp beach trip", during which everyone goes to the beach. In most cases we will travel by the camp bus or a contracted bus service. Bus drivers have a CDL with a passenger endorsement. Our transportation protocols and waterfront protocols are available upon request. There will be a lifeguard on site supervising the water including either a lifeguard employed by the beach, or one employed by camp, or both. Camp Turner provides a staff member to implement the buddy checks. Additionally, campers are not allowed to go in water deeper than chest deep. Camp staff are also provided at a ratio of 1:8 or better to supervise activities at the beach. Kinzua Beach is not publically guarded. Kinzua Beach is not used for "all-camp" trips and is generally only used for the CIT trip. If Kinzua Beach is used Camp Turner will provide a certified life guard as well as staff to supervise campers and implement buddy checks, etc. I grant permission for Camp Turner to transport my child to these locations off the Camp Turner property for program purposes. I further grant permission for my camper to participate in these beach, bathing and waterfront play opportunities.

Terms of Service page two.

Campers Name: _____ Date of Birth: _____ Session _____ Year: _____

Permission to transport, and cross State Lines: Due to our proximity to the PA state line our hikes may cross into PA at times. Camp Turner sometimes takes campers on trips to town, including towns outside of New York State, across the nearby PA line. Trips include but are not limited to Salamanca, Limestone, Bradford, Erie, Coudersport, Warren, Allegheny National Forest, and other areas around camp in PA. We may use buses, vans and passenger cars. Camp Turner has my permission to transport my child to sites within NY or PA for program purposes, or medical emergency purposes if necessary, or purposes of field trips included in the camping program.

Permission to participate in hikes, creek walks, trips to other park attractions: Camp Turner takes advantage of the many recreational opportunities within Allegany State Park. The program will sometimes include trips to Thunder Rocks, The Bear Caves, and other park hiking trails and recreational facilities. We hike trails on the hills, walk in the creeks, play on and climb up the rocks. I give permission for my camper to participate in these off-site activities. I give my permission for Camp Turner to transport my camper to these sites for supervised program purposes.

Camper Responsibilities: I understand that my camper is expected to be responsible for his or her behavior. Campers are expected to treat others and the property of others with kindness and respect. Failure to do so could result in removal from the program. Campers are expected to maintain their personal possessions and area in a neat and clean manner. Campers are expected to participate to the best of their ability and to contribute in a positive way to the community of Camp Turner.

Image Release: I give permission for photographs or video tape of program participants including my child to be used in publications, websites, brochures, flyers, social networking or other promotional materials produced by Camp Turner, Daybreak TV Productions, the Diocese of Buffalo and Friends of Camp Turner (alumni organization). Participants will not be identified without written consent of parents. Parents who do not wish their campers to be photographed, filmed or video-taped should notify the camp director in writing before attendance. Camp Turner has no control over the activities of the media or press.

Campers may be sent home: I understand that in order to provide a safe and cooperative group experience for all campers, it is sometimes necessary to send a camper home. Reasons may include, but are not limited to behavior, homesickness, illness or injury, or discontinuation of the program. No refunds are issued after a camper checks in. If my child needs to be sent home I, the guardian or my designee, will provide immediate transportation for my child.

Topicals: Parents grant permission for campers to use bug spray, sunscreen, deodorant and other similar topicals that they themselves send with their own child. Parents grant camp staff permission to assist campers with these products.

Emergency transportation: Camp Turner will not transport a camper to the doctor or hospital. The camper must go by ambulance or parent provided transportation. An exception may be made in an airway or other life threatening emergency where camp transportation would be faster than EMS response. Parents grant permission for camp to transport campers if in the opinion of our Nurse that such transportation is in the best interest of the child.

Cabin Mate Requests: Cabin mate requests are accepted in pairs and in groups of three (both campers must request each other). Birthdates of the pair must be within 12 months of each other. Requests that do not follow these guidelines may not be honored.

Cabin Assignments: Camp Turner reserves the right to assign campers to cabins based on age, gender, and space availability for the efficacy of the program. Camp Turner may change cabin assignments or bunk assignments for the benefit of the community.

Meningococcal Meningitis: Any camper staying more than 6 consecutive nights (more than one regular session in a row without going home) must have one of these forms signed by a parent. Parents are encouraged to educate themselves on the dangers of this disease and to consult with their physician on the recommended immunizations.

Lice checks are performed at check in. If lice are found the camper must go home. If nits (eggs) are found, the nurse will call for permission to treat. Treatment is \$20. Camper will be shampooed with NIX. Pillows, sheets, hats, scarves will be laundered by camp staff. Or, at the parent's discretion, the camper may go home.

Terms of Service page three.

Campers Name: _____ Date of Birth: _____ Session _____ Year: _____

Sleep Outs (Cabin Night) is an **optional** program in which campers sleep outside with a group of campers and staff under the stars, without shelter. The program is **voluntary**. There will always be an option for campers to stay back in a cabin if they prefer and indicate that preference. Parents should notify the director in writing if they do not wish a camper to participate. Parents grant permission for participation unless otherwise noted in writing.

Axe-man-ship: Participation in this program involves a lot of chopping. Participation will result in blisters on the hands and or fingers, even with use of provided gloves. Minimum age is 13.

Woodsman: Campers who achieve both the Naturalist and Axemanship awards may try for Woodsman. Participation in this program requires the participant to spend a night outside in the woods "alone". (Campsite will be located within 100 yards of the main camp and 2 staff will be within 75 yards of the camper for supervision with 2-way radio contact). Minimum age is 13.

Horseback Riding: Horses are domesticated animals. They may bite, kick, fall on or step on campers. Campers may fall off of horses and be trampled. These cases are rare but possible. Parents should understand that people can get seriously hurt in this activity and notify the director in writing if they wish campers to not participate.

Sledding trip: Campers may be taken to sledding area(s) by vehicle. These could include the sledding hill in the Red House Area or Holiday Valley Tubing Park. See transportation section for more details. (WinterCamp Only).

Henna tattoos / Glitter: These are temporary and last from a few days to two weeks. Parents should notify the camp director in writing if their camper is not granted permission to receive one of these. Campers who have allergies to eucalyptus oil or citric acid should not receive one.

Parent Handbook: Parents are responsible for reading the Parent Handbook each season. Many of our policies and standard operating procedures are outlined in the Parent Handbook (including a good packing list).

I, the legal parent or guardian of _____, have read and comprehend all three pages of this **TERMS OF SERVICE** document. I agree to these terms and I approve of my child's full participation in all of the programs explained above or I have attached in writing a list of activities which my child may not participate in.

Signature of Parent or Legal Guardian Printed Name Date Signed