

# 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**.
- **Forms not received at least 7 days before arrival.** Camp Turner is not responsible for delays caused by your doctor or the post office. If your form is going to be late please call us. Your reservation could be cancelled if we do not have the form at check in.
- 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 pages TOGETHER to:** Camp Turner, Box 264, Salamanca, NY 14779

Campers staying more than seven straight days without going home (CITS and Explorers) 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>

Any campers who sign up for the optional 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.2018.1

## 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, etc.) \_\_\_\_\_ 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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Camper's 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

## Physician's Office, please:

- Complete this page (page 3 of Health Forms)
- Complete page 4 of this document
- 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. Participation 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:

**NEXT PAGE INCLUDES MEDICATION AUTHORIZATIONS AND IS ALSO REQUIRED FOR ATTENDANCE**



Camper's 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.

**Visitation**

Campers may not accept visitors during the camping program. This includes parents.

**Check Out due to homesickness or illness**

Check out must occur between 9 am and 8 pm. Camp will not check out campers after 8 pm.

**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 8:00 PM and 9:00 am. All messages received after 8:00 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 8:00 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

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Session \_\_\_\_\_ Year: \_\_\_\_\_

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 **Terms of Service page two.**

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.

**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 carry and use bug spray, sunscreen, deodorant and other similar topical. Parents grant camp (non-medical) staff permission to assist campers with these products should the camper indicate a need.

**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 campers and or the community.

**Terms of Service page three.**

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Session \_\_\_\_\_ Year: \_\_\_\_\_

**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:** We have had no cases of lice at camp in the last five plus years. Parents agree to check campers for lice before camp. If nits our nurse finds nits (eggs), 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.

**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.

**Woodsmen:** Campers who achieve both the Naturalist and Axemanship awards may try for Woodsmen. 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.

**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