



Camper Name: \_\_\_\_\_

## Phase 2 - Camp Caldwell Summer Camps 2017 Sandlot – Summer Fun – Teen Camp/CIT Program

### GENERAL INFORMATION (Please check any of the following that apply to your child.)

- |   |  |  |                                      |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Ear infections       | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Headaches   |
| <input type="checkbox"/> Bedwetting           | <input type="checkbox"/> Processing Disorder | <input type="checkbox"/> IEP School Plan           | <input type="checkbox"/> Has a brace |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Head injury         | <input type="checkbox"/> Wears glasses/contacts    | <input type="checkbox"/> Chest pain  |
| <input type="checkbox"/> Back problems        | <input type="checkbox"/> Eating disorder     | <input type="checkbox"/> Chronic illness/condition |                                      |
| <input type="checkbox"/> Joint Problems       | <input type="checkbox"/> Psychiatric Care    | <input type="checkbox"/> Fear of inclement weather |                                      |

Comments on the information above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **ALLERGIES** (List all known) Describe reaction and management of the reaction.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dietary/activity restrictions: \_\_\_\_\_  
\_\_\_\_\_

Is your child currently taking any medications? If so, please list them below:

\_\_\_\_\_  
\_\_\_\_\_

**\*\*We strongly recommend that campers who take medication during the school year take their medication during camp so that they can participate fully in camp activities\*\***

**If your child will be taking medication during camp, you must fill out a MEDICATION AUTHORIZATION FORM.**

### Insurance Information

Is the participant covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Insurance ID # \_\_\_\_\_

### PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:

In the event of medical emergency, I authorize Camp Caldwell and its adult staff or representatives to consent to medical treatment and/or hospital care, which is rendered to the minor, named above, under the supervision of any licensed physician. It is the responsibility of every individual, his or her parents or legal guardian to provide for his or her own medical coverage while participating in all activities. I also give permission to the Camp Director to provide or arrange related transportation for my child in an emergency medical situation. If I cannot be reached in an emergency, I hereby give permission to emergency services personnel secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Camper Name: \_\_\_\_\_

## Health Form

To be filled out by parents:

Camper's Name: \_\_\_\_\_ Age as of 06/01/17 \_\_\_\_\_  
Address: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Date of Last Examination \_\_\_\_\_  
Height \_\_\_\_\_ **Does this child have a convulsive disorder?** Yes No  
Weight \_\_\_\_\_ **Can this child participate in strenuous activity?** Yes No  
Blood Pressure \_\_\_\_\_ **Does this child have a history of back problems?** Yes No  
**Does this child have a history of ear problems?** Yes No  
**Does this child have diabetes?** Yes No  
**Does this child have allergies that may affect participation?** Yes No

Comments on the information above:

This child is under the care of a physician for the following reason(s):

Current treatment (include current medication):

Treatment to be continued at camp:

Additional health information:

### Immunization History:

To be filled out by physician: (may get copy from physician)

Give YEAR of last immunization or booster for:

\_\_\_\_\_ DPT Series \_\_\_\_\_ Tetanus Booster \_\_\_\_\_ Polio  
\_\_\_\_\_ Mumps \_\_\_\_\_ Measles (Rubella) \_\_\_\_\_ Varicella (Chicken Pox)  
\_\_\_\_\_ Tuberculin Test \_\_\_\_\_ Hepatitis B Series

Signature of Licensed Medical Professional \_\_\_\_\_

Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Office Address \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Return this form to the address below no later than:

**June 4, 2017**

**Caldwell Community Center –**

**Attn: Shannon Cornine -**

**1 Provost Square - Caldwell, NJ 07006**

**Email: [scornine@caldwell-nj.com](mailto:scornine@caldwell-nj.com)**

**Phone: 973-241-7527**

Camper Name: \_\_\_\_\_

## Authorization to Give Medication Form

If not applicable check here: \_\_\_\_\_

*Minimum standards for Child Care Centers provide that non-prescription drugs, including but not limited to vitamins and aspirin, shall be given to a child only with the parent's or legal guardian's written consent.*

*Prescribed drugs shall be given to a child only in accordance with a signed doctor's order, in the original container supplied by the drug store with the label intact and with the parent's or guardian's written consent for each separate occurrence.*

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Caldwell has my permission to administer the following drugs and medication:

Drug name and/or Prescription Number: \_\_\_\_\_

Dosage and Time: \_\_\_\_\_ Duration: \_\_\_\_\_

Special Instructions (if any): \_\_\_\_\_

Date of prescription: \_\_\_\_\_

**This authorization is effective from 6/26/17 to 9/4/17. Parent Initials \_\_\_\_\_**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, request that Camp Caldwell staff at the Caldwell Community Center administer the medication prescribed above to my child during camp programs. I understand that the person who will administer the medication may not be medical personnel. I also agree to furnish said medication in the original container supplied by the drug store with the label intact.

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_



Camper Name: \_\_\_\_\_

## BEHAVIOR MANAGEMENT PLAN

It is understood that parents will communicate and work with staff regarding behavior management and behavior modification plans. Rules are discussed and developed with the children when entering the program. For example, counselors will discuss important rules such as no running by the pool, no hitting, punching, or pushing, no sitting on tables, etc. In addition, "bullying" will not be tolerated in any form, and, should a "bullying" incident occur, the Supervisor will be notified immediately to resolve the situation. Children who behave appropriately and those who respond to corrective cues will be positively encouraged and reinforced with verbal reinforcement such as, "Jon is doing such a good job waiting quietly at the snack table." Discipline is usually a time out (sitting out time), which involves sitting away from the group. The inappropriate behavior is discussed with the child and the counselor discuss ways to avoid repeating such behavior, in addition that parent will be informed at pick up. When overt negative behaviors such as tantrums occur, the child is removed from the area and allowed to calm down away from the group with supervision. Accompanied by the counselor/group leader a discussion is held to alleviate and resolve the situation. If negative behavior persists, parents are consulted.

**Cell Phone/iPod Usage.** We do not allow the usage of cell phones or iPods, but they can be brought to Camp at the discretion of your parents. They may only be used with the permission of Camp Management. Campers will be given a warning to put phones away if they are out. After the second warning, the cell phone will be stored in the Camp Director's office and returned to a parent or guardian at pick-up. Camp Caldwell and its constituents are not responsible for any cell phones, iPods, mp3s or other technological devices that are lost while at Camp. Counselors reserve the right to confiscate any electronic devices.

### TERMINATION OF SERVICE

Service at the Camp Caldwell facility may be terminated in several different ways:

Consistent inappropriate behavior, highly unusual behavior or violent behavior may result in a suspension from Camp Caldwell. Suspension is at the discretion of the Camp Director. If behavior continues with no improvement after consultations with parents and behavior modification by staff, the Camp Director may determine that the child's placement in the Camp Caldwell program is inappropriate for his/her developmental OR behavioral needs. If Camp Caldwell cannot meet the developmental OR behavioral needs of an individual child the decision to terminate participation in Camp Caldwell would be a last resort. Parents would be consulted and involved throughout the decision making process. Failure to cooperate and work with staff concerning behavioral issues may be grounds for suspension or termination from the program. Staff will make every effort to assist in finding a more appropriate placement for the child.

#### A child may be terminated from the program on the following grounds:

- Camp Caldwell is unable to meet the developmental needs of a child resulting in chronic disruption and/or unsafe situations for him/her or other children.
- Non-payment of tuition or late fees.
- Parental failure to cooperate and work with staff and administration concerning policies and procedures.
  - When a child is terminated from Camp Caldwell, either by the program or by the parent, the child will be prepared in a manner that is consistent with the child's ability to understand.
  - When a child is terminated from camp, there will be NO Refund.**

I have read and understand Camp Caldwell's Behavior Management Plan and guidelines for Termination of Service.

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

**PLEASE RETURN ALL FORMS BY Sunday, June 4<sup>th</sup>**

Camp Caldwell  
ATTN:  
Shannon Cornine  
Youth Programming & Camp Director  
1 Provost Square - Caldwell, NJ 07006  
[scornine@caldwell-nj.com](mailto:scornine@caldwell-nj.com)  
973-241-7527