

Forms Checklist

Keep this checklist for your convenience

The following forms are due to the camp office by April 1st.

- Transportation Form (Pages 2-3)
- Rules and Policies Signature Form (Page 4)
- Bunk Request Form (Page 5)
- Incidental Payment Form (Page 6)
- Parent Questionnaire (include two photos -mandatory) (Pages 7-8)
- Free Choice Activity Form (Page 9)
- Unaccompanied Minor Form (for Flying Campers ONLY) (Page 10)
- Chalutzim/Hadracha Form (for current 9th and 10th grade campers ONLY) (Page 11)
- Bus Form (Pages 12-13)
- Health Form (Pages 14-18)
- CAMP MEDS, INC registration information. (Mandatory for campers that take any pills regularly)
- Bunk1 Bunk Reply information (Optional).
- Travmark Insurance (Optional).

**PLEASE MAKE A COPY OF ALL OF YOUR
FORMS BEFORE MAILING YOUR
COMPLETED FORMS TO OUR OFFICE.**

Transportation 2010



First Name _____ Last Name _____

Session(s) Attending: 1 2 Nitzanim 1 Nitzanim 2 Nitzanim 3 Nitzanim 4

Will your child remain at camp during intersession? (for both session campers only) Yes No

Will your child be staying Thursday, Friday, Saturday, and Sunday of intersession? (2 sessions only) Yes No
If not, please include below which nights your child will be staying with us.

TRAVEL INFORMATION: ARRIVAL (JUNE 14TH OR JULY 12TH)

PLEASE REFER TO THE PARENT GUIDE WHEN BOOKING FLIGHTS!

My child will be arriving to Camp Judaea:

- From Camp Tel Yehudah on the bus
- Private Car (driven by parent) (Please arrive at camp after 10:00 AM)
- Durham Bus/Van - **Please also complete the BUS/VAN FORM.**
- Greensboro Bus/Van - **Please also complete the BUS/VAN FORM.**
- Charlotte Airport Bus- **Please also complete the BUS/VAN FORM.**
- Air Transportation. Please carefully read the "Unaccompanied Minor Fee" section on the travel page and fill out the unaccompanied minor form.)

Departure City: _____

Departure Time: _____

Airline: _____

Flight #: _____

Connecting City (if applicable): _____

Connecting Flight Number: _____

Arrival Time: _____

Arrival City: _____

- My child is traveling as an "unaccompanied minor".
- The adult traveling with my child is _____.
- My child is traveling alone.
- My child requires a pick-up by CJ at the airport.

TRAVEL INFORMATION: DEPARTURE (JULY 8TH OR AUGUST 5TH)

PLEASE REFER TO THE PARENT GUIDE WHEN BOOKING FLIGHTS!

My child will be departing by:

- Private Car (Please pick your child up between 8:00 AM and noon)
- Durham Bus/Van- **Please also complete the BUS FORM.**
- Greensboro Bus/Van- **Please also complete the BUS FORM.**
- Charlotte Bus - **Please also complete the BUS FORM.**
- Air Transportation. Please carefully read the "Unaccompanied Minor Fee" section on the travel page and fill out the unaccompanied minor form.)

Departure City: _____

Departure Time: _____

Airline: _____

Flight #: _____

Connecting City (if applicable): _____

Connecting Flight Number: _____

Arrival Time: _____

Arrival City: _____

Name of person picking up my child _____

Photo ID will be required upon pickup

Rules and Policies 2010



Camper's First Name _____ Last Name _____ Session _____

To ensure a safe summer, there are rules prohibiting malicious, destructive, and inappropriate behavior by campers.

Campers and parent/guardian should be familiar with these policies before campers come to camp.

1. Any camper found in possession of alcohol or illegal drugs will be sent home immediately at the parent's/guardian's expense.
2. Sex is not allowed at Camp Judaea. Campers engaging in sexual activity will be sent home at the parent's/guardian's expense.
3. Campers will be held responsible for any willful damage, including graffiti, to camp property, with a minimum charge of \$100.
4. Campers disrupting the bunk or unit, putting himself, herself or others in danger, not adhering to camp rules, and/or not participating in mandatory camp activities will be sent home at parent's/guardian's expense, without refund of camp fees.
5. Campers will be advised of further rules, which govern our camp community, on opening night of each session and throughout the summer. A breach of these rules and/or display of inappropriate behavior will result in disciplinary action and/or dismissal from camp, at the sole discretion of the camp director. The director's decision will be final and binding and will not be subject to challenge or review.

Any camper who is removed from the program will be sent home at his/her own expense and is not eligible for any tuition, fee, or other refund. The camper and his/her parent(s)/guardian(s) are responsible for the cost of returning him/her home, including the return fare, shipping of baggage, any other associated expenses, and for any and all damages caused by his/her actions.

Parent/Guardian Statement

I have discussed the rules stated above with my child. I have instructed him/her to abide by all rules of good conduct during camp. I understand that failure to obey the rules will result in disciplinary action and/or his/her dismissal from camp at my own expense, and without refund of camp fees.

Signature of Parent or Guardian

Date

Camper's Statement

I understand that my participation in camp obliges me to abide by the code of conduct established by Camp Judaea. I have discussed the above rules with my parent(s)/guardian(s). I agree to abide by these rules and understand that failure to abide by these rules may result in disciplinary action and/or dismissal at my parent(s)/guardian(s) expense and without refund of camp fees.

Signature of Camper

Date

Bunk Requests Summer 2010



Camper's First Name _____ Last Name _____ Session _____

Please have **YOUR CHILD** complete this form and return it to the office even if you have already called in bunk requests.

You will only be guaranteed one request per camper. If you list more than one request, we will do our best to place the children together, however, please make sure that the first camper listed is your child's first choice. Bunks will not be assigned until right before the start of each session. However, this form must be returned at least two weeks before the start of each session or we may not be able to honor your request.

Please write request's first and last name

Session 1 Bunk Requests First Choice _____

Second Choice _____

Third Choice _____

Session 2 Bunk Requests First Choice _____

Second Choice _____

Third Choice _____

Please note:

Cabins will not be assigned until right before each session begins. All requests, including first choice requests, are at the discretion of the Camp Director. If she feels behavioral issues will arise if two campers are in the same bunk, your request will not be honored.

Incidental Payment Policies



PLEASE READ THIS FORM FULLY AND CAREFULLY

Camper's First Name _____ Last Name _____ Session _____

Address _____
(Street) (City, State, Zip)

Property Damage

As stated in the camper information booklet, any graffiti on newly painted buildings, or any other willful or intentional damage to camp property by your child, will result in a charge to your credit card equal to the cost of materials and labor to repair the damages. The minimum charge will be \$50 for any type of intentional damage. Before we charge your credit card, you will receive written notification of the property damage your child has caused.

Transportation Fees

As noted in the camper information booklet on the travel page and under "More General Information", the airlines often require children to fly as unaccompanied minors. Please pay the unaccompanied minor fee in advance. In signing below, you agree to reimburse Camp Judaea for any unaccompanied minor fees paid for your child to fly home. Camp Judaea also provides transportation to and from the airports for a fee. If you reserve a spot on the bus, please send a check. If not, your account will be charged.

Medical Treatment

In the case of an emergency, I understand every effort will be made to contact the parents or guardian of each camper. In the event I cannot be reached, I hereby give permission to the selected physician to hospitalize, to secure proper treatment, and to order injection, anesthesia, or surgery for my child. By my signature below, I will comply with the above agreement. Also by my signature below, I agree to any property damage or medical charges applied to my credit card. **NO CHILD WILL BE ADMITTED TO CAMP WITHOUT THIS AGREEMENT SIGNED BY A PARENT/GUARDIAN. THERE ARE NO EXCEPTIONS.**

Credit Card Number _____ Expiration. Date _____

Authorized Signature _____ Date _____

Camper Name: _____

Current Grade: _____

General

- Has your child been to camp before? Yes No
If yes, which camp?
Was your child homesick? Yes No
- Does your child wake up or call parents during the night? Yes No
- Does your child talk or walk while sleeping? Yes No
- Is your child a bed wetter? Yes No
- Is your child shy? Yes No
- Has your child ever run away from home? Yes No
- Has your child ever talked about suicide? Yes No
- Has your child ever taken pills in a dangerous manner? Yes No
- Has your child ever been or is s/he now under the care of a psychologist? Yes No

Psychologist's/ Psychiatrist Name _____ Phone (____) _____

- My child makes friends: Very easily Easily Average Slowly
- My child is: Independent Average Dependent Very dependent
- My child swims: Very well Well So-So Not at all
- My child likes sports A lot Some A little bit Not at all

What makes your child angry, and how does s/he express anger?

What activities, games, and hobbies does your child enjoy?

- I give my child/ren permission to participate in horseback riding. (child must wear shoes with a ½" – 1" heel, either a boot or 5-eye lace up Duck heel in order to ride)** Yes No

Medical-Dietary

- Was your child healthy this year? If no, please explain below: Yes No
- Are there any activities in which your child should not participate? If yes, please explain below: Yes No
- Does your child take regular medication? If yes, for what reason? Yes No
- Are there any behavioral problems of which we should be aware? If yes, please explain (attach extra sheet if necessary) Yes No
- Does your child have any allergies? If yes, please explain (attach extra sheet if necessary) Yes No
- Is there a past illness, surgery, or serious injury? If yes, please explain: Yes No
- Does your child have any dietary restrictions? If yes, please explain: Yes No
- Is there anything else we should know? If yes, please explain: Yes No

Free Choice Activities (Chuggim)

This year the chuggim forms will be filled out by the campers upon arrival to camp. We are doing a major change in the chuggim program for this summer. The campers will have the opportunity to select 2 activities that they would like to participate in. Chuggim will be offered every other day for a double block of time. This will give the campers more choices. These are the options that we are working on.

Sports

Basketball
 Soccer
 Softball
 Volleyball
 Flag Football
 Archery
 Ultimate Frisbee
 Tennis
 Horseback Riding
 GaGa
 Hockey
 Fitness
 Cheerleading
 Yoga

Challenge Course

Climbing Tower
 Zip Line
 Team Building Games

Arts

Jewelry Making
 Glass art (Keshet - Bogrim)
 Ceramics

Drama - (Camp wide play)

Singing
 Israeli Dance
 Hip Hop Dance
 Music/Stomp
 Videography
 Cooking
 Kazoo

Aquatics

Swimming
 Boating
 Lake Trampoline/Slide
 Scuba Diving Certification (Bogrim)

Nature

Scouting (for campers that want to work on Scout Awards)
 Israeli Scouts
 Garden
 Hiking
 Nature Art
 First Aid/CPR/Baby Sitting Course (Keshet-Bogrim)

Unaccompanied Minor Information



Camper's First Name _____ Last Name _____ Age _____

Please fill this page out if your camper will be flying to camp.
This is information the airline requires for campers flying as unaccompanied minors.

Information for Person Meeting Minor on Departure Day

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Other Number: _____

Payment of Unaccompanied Minor Fees

Please Check One of the Following

- I have attached my receipt for the unaccompanied minor fee that has already been paid to the airlines.
- I have enclosed a money order **made out to the airline** for the unaccompanied minor fee for my child's flight home.
- I will be accompanying my child on his/her flight, no unaccompanied minor fee has been paid.
- My child will fly alone; no service is required.
- The unaccompanied minor representatives for your child's pick up at the airport are the following. Please use their names and contact information when booking your child's flight.

Please use the following information when booking an unaccompanied minor ticket

Unaccompanied Minor Contacts:

Asheville Airport: Shani Browdy, 5 Tomotley Ct., Charleston, SC, 29407, 828-685-8841.

Charlotte Airport: Ben White, 740 Wood Street, Dunedin, FL 34698, 828-685-8841.

Chalutzim & Hadracha 2010



(current 9th and 10th graders only)

Camper's First Name _____ Last Name _____

Arriving to CJ Via

- Bus from TY to CJ \$200. Please include a check with your forms. Plane Car

If arriving by Plane:

Departure City: _____ Connecting City (if applicable): _____
Departure Time: _____ Connecting Flight Number: _____
Airline: _____ Arrival Time: _____
Flight #: _____ Arrival City: _____

INTERSESSION DAY- JULY 19TH

The campers will arrive to CJ on Tuesday afternoon. Hadracha parents are welcome to come to CJ and pick up their children then. However, it is imperative that they return to camp no later than Wednesday by 8am. **We do not recommend coming to pick up your child if (s)he is a Chalutzim camper. The Chalutzim campers will depart for their Outward Bound Trip on July 21st. We need every second of the day on the 20th to prepare them for that experience.**

- I will be picking my child up during intercession and s/he will be returning to CJ the next day by 8am.
 I will be picking my child up during intercession and s/he will be returning to CJ that night before 10pm.
 I will not be picking up my child, but I give permission to the following parents to take my child out of camp overnight in their car:

Parent Signature _____ Date _____

TRAVEL INFORMATION: DEPARTURE (AUGUST 5TH)

My child will be departing by:

- Private Car (Please pick your child up between 8:00 AM and noon)
 Durham-Greensboro Charter Bus- **Please also complete the BUS FORM.**
 Charlotte Charter Bus- **Please also complete the BUS FORM.**

Name of person picking up your child after camp (ID required): _____

- Air Transportation. Please carefully read the "Unaccompanied Minor Fee" section on the travel page and fill out the unaccompanied minor form.

Departure City: _____ Connecting City (if applicable): _____
Departure Time: _____ Connecting Flight Number: _____
Airline: _____ Arrival Time: _____
Flight #: _____ Arrival City: _____



Bus/Van Service 2010

Camper's First Name _____ Last Name _____ Session _____

Person meeting child at the bus on LAST day of camp (ID Required): _____

Phone number where that person can be reached on LAST day of camp: _____

Please see the other side for departure and pickup locations and times.

Please check off the bus service you require:

Choose Session

- First Session**
- Second Session**

Choose Bus Stop

- Greensboro (Second Session ONLY)**
- Durham (Second Session ONLY)**
- Charlotte Airport (Parents dropping/picking up campers please meet at the USAIR ticket counter)**

Choose Option

- One Way, To Camp Judaea (\$75)**
- One Way, Home (\$75)**
- Round Trip (\$125)**
- From Camp Tel Yehudah to Camp Judaea (\$200)**

Amount Enclosed \$ _____

Please make all checks out to Camp Judaea.

Refund Policy: Bus service carries a \$25 non-refundable fee if you withdraw your space on the bus up until 14 days before the date of service. Cancellation fewer than 14 days prior to bus service results in loss of the entire fee. All busses are scheduled according to the numbers of camper requests. Please note that if there are a low number of requests, the bus option may be cancelled.

Schedule for the Durham-Greensboro Bus/Van:

Monday, July 12, 2010

Durham/Chapel Hill:

New Hope Commons Shopping Center, outside Office Max 8:00 AM

Greensboro:

Beth David Synagogue 9:15 AM

Thursday, August 5, 2010

Greensboro:

Beth David Synagogue 8:00 AM

Durham/Chapel Hill:

New Hope Commons Shopping Center, outside Office Max 9:00 AM

Schedule for the Charlotte Airport Bus:

Monday, June 14 or Monday, July 12

Charlotte Airport- US AIR Baggage Claim 11:45 AM departure

Thursday, July 8 or Thursday, August 5

Charlotte Airport- US AIR Terminal 7:00 AM arrival

(Parents dropping/picking up campers please meet at the USAIR ticket counter)

Name of Camper/Staff Member: _____ DOB _____



Health History and Examination Form for Campers and Staff Members

There are two parts to this form. Part I is to be filled out by parents, guardians or staff members ONLY. Part II is to be filled out by licensed medical personnel ONLY. The information on this form is not used to determine admittance into our program. It is used to determine appropriate care for your child; however, if it is not adequately or completely filled out, we are bound by ACA regulations and by state law to forbid entrance of the camper or staff member. Please complete this form carefully.

Part I: To be Completed by Parent/Guardian or Staff Member

Personal Information and Medical History

NAME OF CAMPER/STAFF MEMBER: _____ DOB _____

Home Address: _____

Home Phone #: _____

Camper/Staff Member Soc. Sec. Number: _____ Age at Camp: _____ Gender: Male ____ Female ____

CUSTODIAL PARENT/GUARDIAN(S): _____

Home Address (if different): _____

Home Phone: _____ Work: _____ Cell: _____

EMERGENCY CONTACT: _____

Relationship to Camper/Staff Member: _____ Home Phone _____ Work: _____

Address: _____

INSURANCE INFORMATION: Is this person covered by a family medical and/or hospital insurance plan? Yes ____ No ____

If so, Carrier Name: _____ Group Number: _____

Carrier Address: _____

Name of Insured: _____ Relation to Camper: _____

Social Security Number of policy holder, or insurance ID number: _____

PLEASE ATTACH A COPY OF BOTH FRONT AND BACK OF THE CAMPER'S INSURANCE CARD

ALLERGIES

The following information must be filled in by the parent/guardian or staff member. Please keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon the camper's arrival in camp.

MEDICATION ALLERGIES	Please note the date of the most recent reaction and describe reaction and management/treatment of the reaction:
FOOD ALLERGIES	
OTHER ALLERGIES (e.g. insect stings, hay fever, animal dander)	

Name of Camper/Staff Member: _____ DOB _____



Health History and Examination Form for Campers and Staff Members

MEDICATIONS BEING TAKEN (All medications and vitamins must be ordered through CAMPMEDS)

Please list all medications (prescription and over-the-counter) currently being taken:	Please list the name(s) of the physician(s) prescribing this medication and provide his/her phone number. For each medication listed, describe the dosage and time to be taken and explain the reason this camper takes this medication:

GENERAL QUESTIONS - Has or does the participant:

1. Had any recent injury, illness, or infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Ever had problems with joints (knees, ankles?) <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have a chronic or recurring illness or condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Have an orthodontic appliance being brought to camp? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Have any skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have frequent headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Ever had a head injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	22. Had mononucleosis in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Ever been knocked unconscious? <input type="checkbox"/> Yes <input type="checkbox"/> No	23. Had problems with diarrhea or constipation? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Wear glasses, contacts, or protective eye wear? <input type="checkbox"/> Yes <input type="checkbox"/> No	24. Have problems with sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Ever had frequent ear infections? <input type="checkbox"/> Yes <input type="checkbox"/> No	25. If female, have an abnormal menstrual history? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No	26. If female, has started menses? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No	27. Have a history of bed-wetting? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Ever had seizures or other neurological conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	28. Ever had an eating disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No	29. Current or reoccurring emotional or psychosocial difficulties for which professional help was sought? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Ever been diagnosed with a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No	30. Ever had frequent or recurring urinary tract infections? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Ever had high blood pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No	31. Have any limitations on or restrictions of activities at camp? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Ever had back problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please explain any "Yes" answers to these questions, noting the number of the question.

Name of Camper/Staff Member: _____ DOB _____



Health History and Examination Form for Campers and Staff Members

Part II: To be Completed by Physician

Please give all dates of immunization for:

Vaccine:	Mon/ YR	Mon/ YR	Mon/ YR	Mon/ YR	Mon/ YR	Mon/ YR
DTP						
TD (Tetanus/diphtheria)						
Tetanus						
Polio						
MMR						
or Measles						
or Mumps						
or Rubella						
Haemophilus influenza B						
Hepatitis B						
Varicella (chicken pox)						
TB/ MANTOUX TEST _____ positive _____ negative						
Meningococcal meningitis						
H1N1 (swine flu)						

Which of the following has the participant had?

- Measles
- Chicken Pox
- German Measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

Health Care Recommendations by Licensed Medical Personnel

Please note: ACA regulations require a health examination within 24 months of camp attendance.

I examined this individual on _____. In my opinion, the above camper is is not able to participate in camp programs.
BP _____ Weight: _____ Height: _____

The applicant is under the care of a physician for the following conditions:

The following treatment(s) should be continued at camp [prescription medications and/or over-the-counter]:

Any medically prescribed meal plans or dietary restrictions? Yes No

If Yes: _____

Any limitations on, or restrictions of, activities at camp? Yes No

If Yes: _____

SIGNATURE OF LICENSED MEDICAL PERSONNEL: _____

PRINTED: _____ Title: _____

Telephone Number: _____ Pager/Ans. Service: _____

Address: _____

Name of Camper/Staff Member: _____ DOB _____



Health History and Examination Form for Campers and Staff Members

Standard Over the Counter Medications – The following medications are available in the Health Center and will be administered at the discretion of the Health Director. Please select which medications below can be administered.

Key: **PRN**(if needed) **PO**(taken by mouth) **Topical** (applied to skin) **Q**(every)

Drug Name	Route	Dosage	Schedule and Indications	Please mark the box if your child <u>CANNOT</u> use this medicine.	Comments
Acetic Acid Solution	Otic (liquid)	Per label instructions	PRN – Swimmers ear		
Advil Cold & Sinus	PO (pills)	Per label instruction by age/weight	Q 4-6 hrs PRN Pain, fever, nasal congestion		
Anti acid (Mylanta or Tums)	PO (pills or liquid)	Per label instruction by age/weight	Q 2-4 hrs PRN-Gas, heartburn, indigestion, stomach upset		
Antifungal Cream/spray	Topical (cream or spray)	Per label instructions	PRN Athletes foot, jock itch		
Antiseptics (Alcohol) Peroxide, Dermal scrub, Bacitracin)	Topical (cream or liquid)	Per label instructions	PRN-Stings/bites, cuts, scrapes, splinters, blisters		
Benadryl	PO (elixir, chewable tabs or pills)	Per label instruction by age/weight	Q 6 hrs PRN for allergic reaction (hives, insect bite)		
Betadine (contains iodine)	Topical (liquid)	Per label instructions	PRN cuts, scrapes, splinters, blisters		
Caladryl, Calagel and Hydrocortisone	Topical (cream)	Per label instructions	Q 6-8 hrs PRN Rash, Skin irritation		
Calamine	Topical (cream or gel)	Per label instructions	PRN Insect bites, skin irritation, rash		
Cooling gel and Aloe	Topical (cream or gel)	Per label instructions	PRN Burns, sunburn, wind burn		
Cough drops and Lozenges	PO (lozenges)	Per label instruction by age/weight	PRN Coughs, sore throat s		
Dimetapp	PO (elixir or tabs)	Per label instruction by age/weight	Q 6-8 Hr PRN for nasal congestion/drainage		
Dramamine	PO (chewable tabs)	Per label instruction by age/weight	Q 6-8 hrs PRN for motion sickness		
Dyherahydramine	PO/Topical (Pills, liquid or spray)	Per label instruction by age/weight	PRN – Insect bites, allergies, respiratory allergies		
Earcare	Topical (liquid)	Per label instructions	Q 6 hrs PRN Pierced ear infections		
Ibuprofen	PO (Chewable tabs, pills or liquid)	Per label instruction by age/weight	Q 4-6 hrs PRN for pain, fever, cold symptoms, toothache, muscle aches		
Ipecac and Actidose	PO (liquid)	Per label instructions	PRN-Accidental poisoning		
Ivy Block and Tecnu	Topical (cream)	Per label instructions	Q 4 hrs PRN Contact with poison ivy		
Muscle rub	Topical (cream)	Per label instructions	PRN Minor muscle strains or pains		
Non-Toxic Anti Lice preparation	Topical (liquid)	Per label instructions	PRN – Head lice		
Orasol, Ambesal, and Abreva	Topical (liquid or cream)	Per label instructions	Q 6 hrs PRN – Oral herpes, cold sores, toothache		
Pepto-Bismol	PO (liquid or chewable tabs)	Per label instruction by age/weight	Q 30 min to 1 hr PRN for diarrhea (no >8 doses/ 24 hr)		
Pseudoephadrine	PO (Chewable tabs, pills or liquid)	Per label instruction by age/weight	Q 4-6 hrs PRN – Nasal/sinus congestion, hay fever, allergies		
Robitusin/ Robitusin DM	PO (liquid)	Per label instruction by age/weight	Q 4-6 hrs PRN Coughs		
Tylenol	PO (Chewable tabs, pills or liquid)	Per label instruction by age/weight	Q 4-6 hrs PRN – Pain , fever, cold symptoms, toothache, muscle aches		
Visine	Optical (liquid)	Per label instructions	PRN – Eye strain, eye irritation		
Polysporin	Topical ointment	Per label instructions	PRN – burns,scrapes		

LICENSED MEDICAL PERSONNEL SIGNATURE: _____ TITLE: _____
 PARENT SIGNATURE (optional): _____

Name of Camper/Staff Member: _____ DOB _____



Health History and Examination Form for Campers and Staff Members

AUTHORIZATION AND RELEASE

This portion of the form MUST be completed for attendance at Camp Judaea

This health history is complete, true and accurate. The person described in this form has permission to engage in all camp activities except as noted in Part I and II of this form. I hereby grant permission to the camp and its health care professionals to provide routine health care and administer prescribed medications, and over-the-counter medications per a physician’s prescription or a patient standing order (i.e. the Standard Over the Counter Medications Form) to my child. In the event of an emergency, the camp will try to contact me. If I am not reached, **I hereby give permission to the camp and the health care professionals to whom my child is brought for treatment to administer emergency medical and/or dental treatment, order and conduct tests, administer anesthesia and medication, hospitalize and authorize surgery or other treatment for my child.** I further give permission to the camp to arrange necessary related transportation for my child. I agree to the release of any of my child’s records necessary for insurance and/or treatment purposes. I authorize all charges in connection with any such treatment to be applied to my credit card number provided to the camp. This completed form may be photocopied for trips out of camp.

Signature of Parent/Guardian or over 18 year old Staff Member: _____

Printed Name: _____ Date: _____

PLEASE HAVE THE BELOW SECTION NOTORIZED BY AN OFFICIAL NOTORY PUBLIC

STATE OF _____ COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____

Full name

known to me to be the person whose name is subscribed to the foregoing instrument, and upon his/her oath acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS _____ DAY OF _____, 20__.

(SEAL)

NOTARY PUBLIC IN & FOR _____
COUNTY, STATE

Dear Parents,

In our on-going commitment to meet the needs of our campers who require medication while at camp as well comply with strict state regulations regarding medication dispensing for summer camps, we will continue to work with **CampMeds Inc.**, a pre-packaging medication program founded by a former camp nurse. *CampMeds* has been servicing the camping industry for the past 7 years providing the convenient service of dispensing, packaging and shipping medications directly to summer camps.

Our policy and procedure for dispensing and administering medicine REQUIRES camp families to have all of your child's medicine in PILL FORM to be dispensed by *CampMeds* and sent to camp prior to their arrival.

***CampMeds* will fill:**

- **Prescription medication in pill form (daily or "as needed")**
- **Non prescription medication in pill form such as allergy medication and vitamins (daily or "as needed")**

Please remember that the *CampMeds* pharmacy can dispense all meds, (excluding Accutane, growth hormone, insulin and birth control pills) but you are only required to have them fill the above listed items.

*Our camp stocks most over the counter items such as Tylenol, Advil, Benadryl, etc. so there is no need to have *CampMeds* dispense typical OTC items.

Medications that are in **pill form** are individually packaged and sealed according to date and time of administration. Each individual packet may contain one or more pills prescribed to be given at the same time. This method of dispensing medicine during summer camp minimizes potential med errors, ensuring that every camper gets the correct medication and dosage, at the right time, on the right day. It also allows your children to return to their camp activities sooner, because administering meds that are pre-packaged and organized reduces their time spent in line waiting for meds! Our nurses now have more time to devote to your child's other healthcare needs.

Medication at camp is dispensed at mealtimes and bedtime. Only if medically necessary and a specific time is written on the prescription, will the meds be dispensed at a different time of day. You are responsible to check that your child's prescriptions are written exactly how and when the medication is to be given. For example, if the med is to be taken only as needed, the prescription must be written that way; if the med is to be the "brand drug", the prescription must specify "brand only" or the generic will be dispensed.

We want to be clear that we do expect **100% participation** from families with campers who will need medication in pill form while at camp. The only exception to this procedure is if *CampMeds* notifies us that they are unable to accept your insurance. If your camper does not take medication in pill form, you do not need to register with *CampMeds*.

If your camper will be taking medication at camp this summer, please read the following detailed letter, important FAQ's and visit their website, www.campmeds.com for additional information and to register your camper.

We are confident that this program continues to help us achieve our primary goal; *the health, well-being and safety of your child.*

Dear Camp Parents,

This summer, Camp Judaea will continue work with **CampMeds, Inc**, a pre-packaged medication program to dispense and package your child's medication for camp. Camp families are **required** to register with **CampMeds** if your child takes medicine in pill form while at camp. The **CampMeds** pharmacy will dispense all of your child's prescription and non-prescription pills taken daily or as needed. This includes vitamins. All pills will be dispensed and individually packaged in sealed packets labeled with your child's name, medicine, dosage, date and time to be given. Medication not in pill form (liquids, inhalers, drops, etc), can be dispensed as well. Our system ensures that each camper receives their correct medicine at the correct time. All medicine will be shipped to camp prior to your child's arrival.

What you need to do:

1. Register on www.CampMeds.com (you may register prior to obtaining prescriptions)
2. Note the Camper ID # you will receive when registered. Print out receipt at the end registration.
3. Obtain original prescriptions written for 30 day increments. (Refer to FAQ #11)
4. Write Camper ID # on top corner of prescriptions. *Do not send us medication, only the written RX
5. Prescriptions are filled as written. It is your responsibility to confirm all prescriptions are written correctly; exactly how and when your child takes the medication (daily or PRN), that the correct med is prescribed and the dosing is correct. (Refer to FAQ #2 and #15).
6. If your child attends camp over 30 days, prescriptions must have a refill. Unused meds are sent home from camp
7. **For Controlled Substances:** If your child is staying longer than 30 days, law requires a new prescription for each 30 day supply. Two separate 30 day Rx's are required for Controlled Substances. No refills and only 30 days of meds should be written on the prescription. Send all prescriptions together
8. Non-prescription meds/vitamins; physician's authorization or written directions by parent required.
9. Include a copy of both sides of your insurance/prescription card.
10. Mail prescriptions, registration receipt and copy of insurance card directly to:
CampMeds PO Box 267037, Ft. Lauderdale, FL 33326-7037

Fees: There is a one-time registration fee for the entire summer which will be charged to your credit card immediately upon registration. **Fees are per camper, not prescription, and do not include the cost of medicine.

- **Fee for campers attending up to 30 days of camp is \$50 including shipping**
- **Fee for campers attending over 30 days of camp is \$60 including shipping**

Deadlines: ALL OF THE ABOVE ITEMS MUST BE RECEIVED 30 DAYS PRIOR TO START DATE
A \$25 late fee will be charged to your credit card if any of the items above are received after deadlines.

Please be aware that your credit card will be charged the shipping cost for any med change or if additional meds are ordered and sent to camp after your initial medication and/or refills have been sent.

Email Notification: You are notified by email when **CampMeds** receives your online registration, when your prescriptions are received and when meds are sent to camp. Contact us if you do not receive a confirming email within one week of sending prescriptions.

Insurance/Prescription Meds: The **CampMed's** licensed pharmacy partner accepts most insurance plans. They will verify your insurance upon registration and submit to your plan once camp begins. You are responsible for all co-payments, deductibles and meds not covered by your insurance. **All of your med charges will appear on your credit card statement from the Pharmacy usually after your child returns home. You are responsible to notify **CampMeds** of any changes to your credit card and/or insurance plan. If the pharmacy is not a provider for your plan, we will notify you to arrange alternative arrangements.

OTC Items and Meds Not Covered by Insurance: Will be charged to your credit card by the Pharmacy.

Please refer to our website www.CampMeds.com for registration and important details. For questions contact **CampMeds** at 954-577-0025 or info@CampMeds.com. **Please review the following FAQ's.**

***CampMeds* FREQUENTLY ASKED QUESTIONS**

1. Exactly which medications am I required to have *CampMeds* dispense?

- All pills and vitamins *except* the following: dissolvable pills, Accutane, Lactaid (taken only as needed), birth control pills
- CampMeds does NOT dispense insulin or growth hormone injection
- Most camps stock drugs such as Tylenol, Advil, Benadryl, etc; you do not need to have *CampMeds* dispense those typical items if they are only taken “as needed”.
- If your camper takes herbal/specialty vitamins, please contact *CampMeds* to determine if they can be packaged.

2. How can I be sure the meds will be packaged exactly the way my child takes them?

It is your responsibility to check that the written prescription is written correctly. If the med is to be taken daily, the prescription should be written for every day with the time of day, such as morning, with lunch, etc. If the med is to be given at bedtime, the prescription must specify. **If a prescription is written as “once a day” with no specific time, the medication will be packaged for the morning.** If the med is taken only “as needed” (PRN), the prescription must be written to specify only “as needed”.

3. Do I need to register my child again if I registered last summer?

Yes, you need to register for this summer and your child will be assigned a new Camper ID.

4. Will the pharmacy accept my insurance?

Our pharmacy partner is contracted with most insurance plans however, until you submit your online registration form with complete insurance information, your plan cannot be verified for billing. We will contact you if the pharmacy is not on your plan. You will not be required to participate in the *CampMeds* program if your insurance will not pay for medicine dispensed by our pharmacy. It is *CampMeds* responsibility to verify the pharmacy is an in network provider for your insurance plan. You will be responsible for co-payments, deductibles and any over-the-counter requests not covered by insurance. If you have an insurance change, please email the updated insurance to CampMeds in order to avoid the credit card charges for the full cost of medication. Any credit card charges from the pharmacy will appear as a separate charge *after* your child returns from camp.

5. Will my co pay be the same from the *CampMeds* pharmacy?

Our pharmacy partner will confirm that they are a participating provider for your insurance plan once you have registered at www.campmeds.com. This will ensure that your co pays will be the same as you pay at your local pharmacy. You will be notified if we are NOT a provider for your plan. Since we will NOT submit to your insurance until your child arrives at camp (a courtesy that enables refills prior to camp if needed), there is no way for the pharmacy to determine in advance if the medication your child will be prescribed and/or the dose that is prescribed will be covered by your insurance, or if a prior authorization from the physician will be required for a particular medication prescribed. *It is your responsibility to contact your insurance to confirm all medication and dosages will be covered.* Please keep in mind that insurance plans change frequently, so it is a good idea to contact your prescription processor prior to mailing your child’s prescriptions to *CampMeds*.

6. What if I use a mail order pharmacy or have a 90-day prescription plan?

Usually our pharmacy can only dispense a 30-day supply of meds. You will be responsible for a 30 day co pay determined by your insurance plan. Please register at www.campmeds.com and follow instructions below:

- After registering, fax *CampMeds* a copy of both sides of your insurance card that covers the meds and note that you use a Mail Order pharmacy for your child’s medication. You must also reference the Camper ID you will receive at the end of registering.
- List the medications and dosages to be dispensed
- We will confirm that our pharmacy is a participating provider for your insurance plan and that we can dispense a 30 day supply of meds.
- If medication is needed prior to camp, count the number of days your camper will need before camp and request only that number of days be filled for home use.
- *CampMeds* will contact you to discuss details. If we are unable to dispense meds for your child, your registration fee will be refunded.

- 7. What if my child's medication needs to be refilled while at camp?**
Medication prescribed for "daily" use is automatically refilled by our pharmacy and sent to camp for campers attending over 30 days. Prescriptions must be written with refills. **PLEASE NOTE:** Refills will be billed 30 days after the initial billing. Do NOT refill your child's medicine while at camp. This will cause your insurance to reject our pharmacy submission of your child's medication claim, and you will be charged full price for meds dispensed. Once your camper finishes any unused meds brought home from camp, along with any meds left at home prior to camp, you may then refill your child's medication. You will fall right back in to your refill cycle!
- 8. How are "as needed" medicines packaged?**
CampMeds will pre-package "as needed" (PRN) medicine separately from daily meds. Your child will go to the nurse for these medications when he/she needs them and they will be refilled only if necessary. The camp nurse will contact *CampMeds* if a PRN med needs to be refilled. Unused meds will be sent home at the end of camp.
- 9. What if I need to fill a prescription for my child before camp starts?**
You may refill your child's medication anytime before camp, if necessary. In order to help ensure that medications for camp will be covered by your plan, please request only the amount of medication needed at home before camp begins. The pharmacy will not bill your insurance until camp begins.
- 10. I can only refill my child's medicine when he is down to his last pill. How can the pharmacy send the meds to camp before a refill is due?**
The pharmacy will dispense the meds and send to camp prior to your child's arrival, but will not submit to your insurance until the day your child begins camp. If need be, the pharmacy will request a vacation override from your insurance company. On occasion, the pharmacy will resubmit the claim form on the appropriate date for reimbursement. Med charges will not appear on your credit card until your child returns from camp.
- 11. Why don't you dispense meds for the exact days of camp, rather than in 30 day increments?**
Most insurance plans only reimburse for 30 days of meds per month, and you the insured, usually pay a co pay for each 30 day supply. If the Rx is written for less than a 30 day supply, your co pay will be the same cost as a 30 day supply. If the Rx is written for a 40 day supply because your child attends camp for 40 days, we will dispense a 30 day supply. The refill will be dispensed for the remaining 10 days which will cost the same as a 30 day supply.
- 12. Will non-prescriptions cost the same as I pay at my pharmacy?**
The pharmacy is competitive in pricing however, there is no way to know if you will pay a few dollars more, or a few dollars less.
- 13. Can a half of a pill be packaged? Yes**
- 14. My child takes a different dose of the same medicine every other day. Can it be packaged that way? Yes**
- 15. Will the pharmacy dispense generic or brand?**
Unless the prescription specifies "Brand Only", "Brand Medically Necessary" or "Do Not Substitute", the pharmacy will dispense generic. It is your responsibility to confirm the prescription is written correctly.
- 16. What if my child takes a "Controlled Substance" such as Concerta or Adderall?**
An original prescription is required. For campers staying more than 30 days, an additional prescription for a 30 day supply of meds is required. It is against the law for a "controlled substance" to be refilled. **Please send a separate prescription for every 30 day supply.** All prescriptions for the child's camp stay should be received by *CampMeds* at the same time. Please visit our website at www.campmeds.com for a detailed letter you may give your physician on controlled substance prescriptions to be dispensed by the *CampMeds* pharmacy. You may explain that we can accept two separate 30 day prescriptions written for the same date, but they will only be dispensed one month at a time. The physician may write both prescriptions each with a different date.
- 17. What if my child is placed on a prescription or non-prescription daily medication after the deadline date to register and submit prescriptions has passed?**
CampMeds will always accommodate all campers at anytime. You may be asked to send your child with a small supply of meds as back up and the \$25 late fee will apply.
- 18. When will the pharmacy charge me for my camper's medications?** Since our pharmacy partner will not submit to your insurance until camp begins, you may not receive a charge on your credit card until AFTER your camper returns home. Please notify us if your credit card information changes during the summer.



A+ PROTECTION PLANS

Youth Program Participants

Camp Study Sports Travel

Many parents have inquired about cancellation/interruption protection to cover Program Costs. We make available a competitively priced program that we believe meets the needs of families. We highly recommend you review this comprehensive protection plan created especially for the youth program participants and their families.

Complete details of the plan and enrollment forms are available online at www.travmark.com. Purchasing the plan is simple, after reviewing the plan provisions; you need only to do the following:

1. Complete the simplified enrollment form including the following information:
Organization Name: Camp Judaea
Organization ID#: juda11
2. Purchase coverage with a credit card or download the mail in enrollment form and send it along with your check payable to Trip Mate. It's as simple as that!
3. An email confirmation will be sent automatically when premium has been received.

The Protection Plan provides coverage for:

- * **Program Cancellation** - (protects your non-refundable payments if you cancel program before it begins) for covered reasons such as injury, sickness, terrorist incidents, job termination, transfer of employment of 250 miles.
- * **Program Interruption** - (protects your non-refundable payments if you interrupt your program) for covered reasons such as injury, sickness, terrorist incidents, job termination & transfer of employment of 250 miles.
- * **Medical Expenses/Emergency Assistance** – medical bills for up to one year and for any special transportation required for medical reasons including expenses for parent to visit if hospitalized 3 days.
- * **Baggage** – for damaged, lost, or stolen personal articles.
- * **Medical Records On Line** – at your option, instant access to your medical records is available with the plan.

Please be advised that some important coverage enhancements are time-sensitive and require that your premium be received 90 days prior to the Scheduled Departure Date (unless your initial deposit for the Program is made within 90 days of the Scheduled Departure Date, in which case your premium must be received within 30 days of the date your initial deposit for the Program was paid)

Additional Information:

1. If your premium is received 90 days prior to the Scheduled Departure Date (or within 30 of the date your initial deposit, if your initial deposit for the Program is made within 90 days of the Scheduled Departure Date), the plans Exclusion for Pre-Existing Medical Conditions will be waived (provided you are not disabled for travel at the time our premium is paid).
2. If the plan is purchased less than 90 days prior to the Scheduled Departure Date or more than 30 days after your initial trip deposit (if your initial deposit for the Program is made within 90 days of the Scheduled Departure Date), the exclusion for Pre-Existing Medical Conditions will not be waived.
3. Once paid, the premium is non-refundable.

Or, what if you want to cancel for any reason!

With our new **Cancel For Any Reason Benefit Option**, you can cancel your Program up to 2 days prior to the Scheduled Departure Date for any reason not otherwise covered by the plan, provided: if your premium is received 90 days prior to the Scheduled Departure Date (or within 30 of the date your initial deposit, if your initial deposit for the Program is made within 90 days of the Scheduled Departure Date); and you insure 100% of all prepaid Program Arrangements that are subject to cancellation penalties or restrictions. With this benefit, you will receive 75% of the non-refundable program cost.

Please visit www.travmark.com to download the plan certificate which includes all plan terms, conditions and exclusions.

The plan is offered and administered by Trip Mate. If you have any questions regarding this coverage, please call Trip Mate, the Plan Administrator, at (888) 420 5378 (8am-5pm CST) and refer to Plan ID#550. Prepared November 2009.

PLEASE RETURN THIS FORM TO YOUR DIRECTOR

We have **ACCEPTED** the protection plan as offered by TravMark. We have applied and made payment directly to the administrator. Our enrollment ID# number is: _____

We have **NOT ACCEPTED** the protection plan offered by TravMark; we have accepted protection offered through another provider.

We have **NOT ACCEPTED** the protection plan offered by TravMark or any other provider. We understand that all program payments are not refundable.

PARTICIPANT NAME: _____ PROGRAM & DATES: _____

PARENT/GUARDIAN PRINTED NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



Stay in touch this summer with



Online Photos, News, & Camper Email!

We are excited to tell you about our partnership with Bunk1.com! Bunk1's secure, easy to use, summer website services let you stay in touch with your camper all summer!

RETURNING PARENTS: If you had an account at this camp last summer, you can continue to use your old username and password. Simply sign in at the link below. The first time you visit the site you will be prompted to update your contact information and re-activate your account.

GET STARTED TODAY

To set up a new account and visit our Online Community:

1. Go to our website at www.campjudaea.org
2. Click the "Photo Galleries" button * (top of page)
3. Click "Register Now"
4. Enter your Pre-Approved Registration Code: **6222CJ1**
5. Fill out all the required information
6. View camper pictures and send an email to your camper!

* If you cannot find this button, go to www.campjudaea.bunk1.com and continue on to the next step

** For your camper's safety, please do not share the Pre-Approved Registration code above.

Don't Forget...

This summer you will be able to add fun borders and insert photos into your e-mails to make them more like a postcard than an e-mail. You will need to purchase credits if you want to take advantage of this option.

FREQUENTLY ASKED QUESTIONS

How do I view pictures?

Follow the instructions above except, after registering, simply sign in and click on the Photo Gallery button. Photos are kept in folders found on the left side of the page below the words "Image Folders". Click on any folder to see the pictures within that folder. You can even purchase prints or other photo gifts (e.g., t-shirts, mugs) of your favorite pictures! **There is no cost to view pictures.**

How do I send a Bunk Note (one-way email) to my camper?

Follow the instructions above except, after registering, simply sign in and click on the Bunk Notes button. Enter your camper's name, select the correct cabin, type your message, and hit the "Send" button.

Can other relatives use these services?

Certainly. Once you have set up your account, you will be able to invite other people to access these services.

Can campers reply to my Bunk Notes?

Yes! See the attached "Bunk Reply" flyer for more details

What do I do if I lost my username and password?

You can get it online by going to www.Bunk1.com and clicking on the link "Lost Your Password?" (to the left of the page below the sign in button). You will receive an email with your username and password within a few minutes.

QUESTIONS OR PROBLEMS?

Please call Bunk1 at 1-800-216-9472 or go to www.bunk1.com/contact.asp



Introducing...BUNK REPLIES

Handwritten notes from your camper, sent to your computer!

HOW IT WORKS



You either print out Bunk Reply Stationery for campers to take to camp or include one when sending a Bunk Note.



Camper writes his/her letter on the Bunk Reply stationery.



Camp collects and faxes all the Bunk Replies to Bunk1.



Bunk1 scans the faxes, reads the bar code, and emails Bunk Replies to you.



You receive email from Bunk1 with the camper's Bunk Reply

TO GET STARTED

You will need to set up an account with Bunk1 before you can take advantage of Bunk Replies. If you have already set up an account, skip this box. If you have not yet set up an account...

1. Go to www.campjudaea.org
2. Click the "Photo Galleries or Email a Camper" link at the top of the page *
3. Click the "Register Now" link
4. Enter your Pre-Approved Registration Code: **6222CJ1**
5. Fill out the required information **

*If you cannot find this button, go to www.campjudaea.bunk1.com instead and continue on to the next step.

TO RECEIVE BUNK REPLIES

You must provide your camper with Bunk Reply Stationery to receive Bunk Replies.

As part of setting up your account, you will have the option of pre-printing Bunk Reply Stationery for your camper to take to camp.

1. Purchase & print Bunk Reply Stationery when you set up (or renew) your account
2. Attach Bunk Reply Stationery when you send Bunk Notes to your camper

Once your camper receives the stationery, it is up to him/her to write the letter and hand it in to the camp.

FREQUENTLY ASKED QUESTIONS

What does this cost?

It costs a total of 2 credits for you to send Bunk Reply Stationery to your camper and receive a Bunk Reply in return. Alternatively, you can pay a flat fee to pre-print an unlimited amount of Bunk Reply Stationery (before camp starts).

Why do I have to pay for Bunk Replies?

Your payment helps us cover technology costs, paper, ink, and labor and, more importantly, frees us to do what we do best – be with your kids!

When will I get a Reply from my camper?

You will only receive a Reply from your child once he/she writes the note, turns it in to the camp office, and it is faxed into the system. Some campers will not write a response immediately and some may not write at all. Please be patient.

QUESTIONS OR PROBLEMS?

Please call Bunk1 at 1-800-216-9472 or go to www.bunk1.com/contact.asp

