

9/ **CAMPER MEDICAL INFORMATION** – (Please check all the conditions that apply)

- ☐ Allergic to Bee Sting _____ Mild _____ Moderate _____ Severe
- ☐ Allergic to Foods: _____ List: _____
- ☐ Allergic to Medications: _____ List: _____
- ☐ Other Medical Conditions: _____ List: _____

**Can Tylenol or Ibuprofen be given for minor aches/pains? If so, what OTC medicine and what dose? _____

*** (NEW) * MEDICATION ADMINISTRATION AUTHORIZATION FORM (attached)**

- This form must be completed by camper's doctor for (any/all) medication(s) that the camper will need while attending camp. Medication(s) can not be accepted at camp or given to camper without this form filled out and signed by camper's doctor, per Maryland Department of Health.

10/ **EMERGENCY CONTACT:** List, in order of preference, any persons authorized to be contacted in case of an illness, accident, or other emergency. The camp staff is not permitted to transport a camper to be checked or treated at a medical facility. In an urgent emergency 911 will be called.

Parent or Guardian: _____

Preferred Phone: (_____) _____ Alternate Phone : (_____) _____

Name: _____ Relationship: _____

Preferred Phone: (_____) _____ Alternate Phone: (_____) _____

Name: _____ Relationship: (_____) _____

Preferred Phone: (_____) _____ Alternate Phone: (_____) _____

11/ **CERTIFICATIONS:** I, the undersigned, hereby certify that:

- ☐ The above information is correct, to the best of my knowledge.
- ☐ My child will participate in all of the camp program including swimming in the pool, except as noted.
- ☐ I release the camp management and staff in charge from all responsibility of illness and accidents occurring during my child's stay at camp and after the week of camp closes on Saturday at 10:00 A.M.
- ☐ I give the Camp staff permission to call 911 to have my child treated at a medical facility in case of emergency treatment and I will accept any charges incurred that are not covered by insurance.
- ☐ Camp/Staff has permission to take/use (Photo/Press/Audio/Electronic) Media of my child for camp purposes.
- ☐ I give the camp staff permission to assist my child with the application of sunscreen.

Signature of parent or guardian: _____ Date: _____

****THIS APPLICATION WILL BE MAILED BACK IF APPLICATION IS NOT SIGNED!****

12/ **MAILING:** Mail the items listed below by May 1, 2017. (increased registration fee's apply after 5/1/17)

- ☐ Completed application (pg. 1-2).
- ☐ A copy of child's immunization record (**ONLY IF HOME SCHOOLED**).
- ☐ A copy of camper's insurance card.
- ☐ Medication Administration Authorization Form (**completed by Physician**) only needed if camper requires medications while at camp.
- ☐ Non-Refundable registration fee. Make Check payable to **ARCM**. Mail all of the above to:

Mrs. Becky Rodriguez, 620 Wesley Chapel Road, Scottdale, PA 15683

Questions – call 724-887-3990 or email BeckyJuan4@zoominternet.net

(We reserve the right to reject or turn away campers if sufficient staff is not available. A full refund will be given in this case)

MEDICATION ADMINISTRATION AUTHORIZATION FORM

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
6 St. Paul Street, Suite 1301
Baltimore, Maryland 21202-1608
(410) 767-8417 FAX (410) 333-8926
Toll Free 1-877-4MD-DHMH ext. 8417

I. CAMP OPERATOR			
<p>This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.</p> <ul style="list-style-type: none"> • Prescription medication must be in a container labeled by the pharmacist or prescriber. • Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines. • An adult must bring the medication to the camp and give the medication to an adult staff member. 			
II. CAMP INFORMATION			
YOUTH CAMP NAME <i>Camp Sonrise Mountain</i>			
PHYSICAL ADDRESS <i>490 Caney Valley Road</i>			
CITY <i>Markleysburg</i>		STATE <i>PA</i>	ZIPCODE <i>15459</i>
III. PRESCRIBER'S AUTHORIZATION			
CHILD'S NAME		DATE OF BIRTH	
CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		EMERGENCY MEDICATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
MEDICATION NAME	DOSE	ROUTE	
TIME/FREQUENCY OF ADMINISTRATION		IF PRN, FREQUENCY	
IF PRN, FOR WHAT SYMPTOMS			
KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
MEDICATION SHALL BE ADMINISTERED (NOT TO EXCEED 1 YEAR)	FROM	TO	
PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE		
PRESCRIBER'S SIGNATURE (<i>Parent cannot sign here</i>) (ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)			DATE
IV. PARENT/GUARDIAN AUTHORIZATION			
<p>I request authorized youth camp operator/staff to administer the medication as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA. I confirm that, if the medication above is a prescription medication, the child has at some point taken the medication prior to attending camp.</p>			
PARENT/GUARDIAN SIGNATURE			DATE
HOME PHONE #	CELL PHONE #	WORK PHONE #	
V. AUTHORIZATION FOR SELF ADMINISTRATION AND SELF CARRY			
<p>I consent that the child named above is able to self administer the medication listed. I authorize self administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. The child named above may self carry emergency medication if indicated below.</p>			
PRESCRIBER'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not emergency medication	DATE	
PARENT/GUARDIAN'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not emergency medication	DATE	

Information for Parents (Please keep, do not mail with application)

2017 CAMP SCHEDULE

WEEK 1.....June 10-17
Entering grades 10, 11, 12 & up to graduating seniors

WEEK 2.....June 17-24
Entering Grades 8 & 9

WEEK 3.....June 24- July 1
Entering Grades 6 & 7

WEEK 4.....July 1-8
Entering Grades 3, 4, & 5

REGISTRATION – Saturday’s 1:00-2:30 P.M

The registration fee (\$55. prior to 5/1/17) must be included with the application and is non-refundable unless your week of camp has been filled. If you register after 5/1/17 please pay the registration fee of \$100, and if after 5/15/17 please pay the late registration fee of \$125. All other fees are due upon arrival at camp if not paid by the camper’s church. The cost includes room, board, class materials, and camp picture.

CAMP CLOSSES SATURDAYS

Please pick up your child between 8:30 and 10:00 A.M., and do not drop off your child before 1:00 P.M. on Saturday. For your child’s protection he/she will only be allowed to leave the camp when: 1) the Staff in charge has possession of a “Permission Statement” naming who they may leave with, signed by a parent (preferably both parents) or legal guardian, and 2) such named persons have signed a “Drivers Responsibility Statement” before leaving camp.

LEAVING CAMP DURING THE WEEK

It is not recommended that campers leave the camp for any reason (other than for an emergency) as this interrupts their camp experience. If the parent/guardian insists on their child leaving the camp for an outside activity, a separate Permission Statement and “Driver’s Responsibility must be submitted.

CAMP INFORMATION (Mailing Information & Phone):

Camp Sonrise Mountain
490 Caney Valley Road
Markleysburg, PA 15459

Phone: 301-746-5760 Fax: 301-746-4419

Directions: From Route 40 take Route 281 South to Markleysburg. In Markleysburg, turn left at first road past the Post Office. Go one mile to camp sign. Turn left at sign then go one mile to next sign.

CONTACT INFORMATION:

Camp Registrar: Becky Rodriguez – 724-887-3990
BeckyJuan4@zoominternet.net

PROHIBITED AT CAMP

Cell phones, iPad’s, IPod’s, computers, electronic entertainment (music games, etc.) gambling, firearms, chewing tobacco, alcoholic beverages, illicit drugs, firearms, firecrackers or any kind, sparklers, skates, and skateboards. Also restricted is the use of motorized vehicles of all types beyond designated parking and driveway areas. This includes all snowmobiles, ATV’s, dirt bikes, golf carts, etc. Exception will be permitted for medically approved handicap mobility equipment. The use of such equipment is limited to walkways, buildings, and parking areas. **PLEASE NO OUTSIDE FOOD!**

WHAT TO BRING & APPROPRIATE DRESS

Each camper should bring Bible, pencil, notebook, bedding, pillow, towels, washcloth, soap, toothbrush, toothpaste, comb, flashlight, athletic shoes, modest bathing suit and beach towels, and practical camp clothing including jackets and long pants. Please mark items with campers name or initials. This is a Christian church camp. Please pack clothing that is appropriate for a camping situation. The camp Deans have the right to ask you to change your clothes (this includes any immodest swimwear). If you do not have clothing that is appropriate then parents will be called to bring other clothes or the camp will provide some. If in doubt about whether something is inappropriate, please leave it at home.

CAMP STORE

A camp store is provided so campers can purchase snacks at scheduled times. In lieu of carrying cash, campers may purchase a store card in any amount up to \$10.00 (in addition to registration and camp fee). Camp Staff or officials are not responsible for lost or stolen money.

MEDICAL INFORMATION

When you arrive at camp please notify the medical personnel of any changes with the camper’s medical information. You must have the camper’s doctor fill out and sign the Medication Administration Authorization Form in order for the Camp Staff to accept or administer any/all medications. The camp staff is not permitted to take a camper to be checked/treated at any medical facility. In an emergency 911 will be called.

DISCIPLINE

All campers and staff are expected to adhere to the rules of the camp. Any violation of camp rules are subject to discipline and any camper or staff may be sent home by agreement of the Dean and his staff. Campers will be held financially responsible for willful destruction of property

VISITING TIMES

We ask if you must visit please leave before campfire, and that you please respect the planned activities and our staff. We also ask that on Thursday if you must visit, please leave before dinner. Ask registration table for details.