

ADIRONDACK CAMP OF THE ROCK REGISTRATION FORM

Camper Name:		Male or Female (circle one)	
Address:			
City:	State:	ZIP:	
DOB:	Age Today:	Shirt Size: YS YM YL AS AM AL AXL AXXL	
Parent/Guardian Name:			
Email Address (optional):			
Primary Phone Contact:		Alternate Phone Contact:	
Family Physician:			
Address:			
Phone:			
Insurance Information:			
Please include a copy of insurance card			

APPLICANTS UNDER 18

Documentation of immunization for the following diseases **MUST** be submitted with this form: Mumps, Measles, Rubella (MMR), Diphtheria, Tetanus and Varicella. Acceptable documentation is a copy of school, home or physician's records.

Is there any history of the following:

	YES	NO		YES	NO		YES	NO
Fainting Spells			Heart Problems*			Kidney Disease		
Seizures/convulsions			Diabetes			Fractured Bones*		
Asthma			Chickenpox			Sprains*		

*Please specify _____

Any other pertinent medical history? _____

Please list allergies: _____

Please list medications (Rx and OTC): _____

Medication for those under age 18 must be labeled, in the original container, and upon registration presented to the nurse. A written authorization slip from their physician must be given with the medication (Rx and OTC) and must be signed by the parent/guardian. (Please fill out accompanying form)

FOR OFFICE USE ONLY

☐

Documentation

☐

Medication(s)

☐

Slip

I hereby give permission for _____ to participate in all camp activities except the following (list restrictions, or state NONE) _____

I, the parent/guardian of _____ understand that in cases of medical emergency, every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the camp nurse(s) or physician(s) selected by authorized personnel of the camp staff to hospitalize and to otherwise secure proper emergency treatment including injection, anesthesia, or surgery for the above child. I, the undersigned, do, for myself, my heirs, personal representation and assignees waive and release any and all rights and claims for damages against the Mooers Camp Meeting Association, their agents or authorized persons, for any and all injuries which may be suffered by me or my child, except that provided through insurance benefits.

Parent/Guardian signature

Please print name

Date

Include a copy of current immunization records and insurance cards!

EMERGENCY CONTACTS

	NAME	RELATIONSHIP	PHONE NUMBER
#1			
#2			
#3			

Send registration and medical forms to:

Joyce Terry
1242 Haselton Rd
Wilmington, NY 12997

or email
joyce.terry38@gmail.com

There is no cost for camp this year 2021

Donations accepted



ADIRONDACK CAMP OF THE ROCK MEDICATION GUIDELINES

Dear Parent/Guardian:

In accordance with the New York State Law, the listed guidelines are to be followed by camp nurses in connection with the administration of medication to campers at camp.

All medication given at camp requires the following:

1. Medication must be brought in the original bottle whether it is a prescription or over the counter (OTC).
2. There must be a written order from the doctor stating the name of camper, medication to be given, time and dosage with the doctor's signature.
3. There must be written request from the parent to administer the medication while the child is at camp.
4. A responsible person must deliver medication to camp.
5. Parent/Guardian is responsible to notify the camp if any changes are to be made in the administration of medication to their child.

Please note: These requirements need to be completed and the information given as soon as possible. Medication cannot be given without this form completed and signed. A form needs to be filled out for each camper. Your cooperation is greatly appreciated.

Parental Permission for Medication Administration

Date: _____

Camper's Name: _____

Camper's Date of Birth: _____

I give my permission for the camp nurse to administer the prescribed medications.

Parent/Guardian Signature: _____

Physician's Medication Order

The above camper is to be administered:

Medication	Dosage	Frequency/ Time to be taken	Route of Administration

Physician's Signature: _____

Attention: Your child is responsible for going to the med station at the required time for medication to be taken.

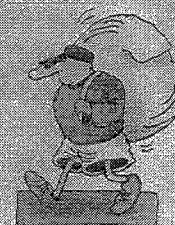
Easy Rules...

- No alcohol, drugs, or smoking.
- Attend all meals, seminars, activities and services.
- Guys are not allowed in Girl's dorm area.
- Girls are not allowed in Boy's dorm area.
- No physical contact of the dating kind.
- Only borrow or use someone's possessions after getting their permission.
- Please treat camp as your own. Do not damage anyone's personal property or the property/facilities of Mooers Camp.
- Only students with prior written permission from a parent/guardian will be allowed to sign out during camp. Our sign in/out policy will be fully explained at orientation.
- No vehicles may be used during camp (this includes bicycles, skateboards, etc.)
- Use common sense- if you are lacking it, pray and ask God for wisdom.
- **Stop in the name of Cell Phone Law! All cell phones need to be turned in/left at home for the week of camp.**

- Be at all scheduled events and activities, on time with your team or assigned group.
- Remember your counselor is here for you! Talk with them and share your story.
- Remember to flush the toilets and please keep the bathrooms clean!
- Consider others above yourself and pray for one another—especially the camp staff.
- Drink lots of water on hot days!!!
- There is no such thing as a practical joke-so don't go there- few know when to stop so don't start.
- Keep a positive and non-judgmental attitude! ☺



What To Bring...



1. Bedding!!! (Sheets, blanket and/or sleeping bag. Don't forget a pillow!)
2. Clothes!! (Prepare for any weather, any theme, and even "Dressing-Up") **Modest dress is a must.**
3. A Bible.
4. Toiletries (Soap, Shampoo, ECT. We do shower here!!!)
5. A towel or TWO.
6. A couple pairs of shoes. (Sneakers=Good Idea)
7. Spending money. We do have a snack bar.

What NOT To Bring...

1. CELL PHONES!! (they will be sent home or confiscated at registration)
2. Electronics (such as iPods, cameras, etc.) are discouraged. Camp is not responsible for damage or loss of these items.
3. No Air Soft Guns (or weapons of any kind)
4. No Laptops
5. No short shorts, tube tops, spaghetti strap tank tops, or bikinis.

Meningococcal Disease

Information for College Students and Parents of Children at Residential Schools and Overnight Camps

What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord).

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshmen living in dormitories, there is an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the United States, between 5 and 15 college students die each year as result of infection. Currently, no data are available regarding whether children at overnight camps or residential schools are at the same increased risk for disease. However, these children can be in settings similar to college freshmen living in dormitories. Other persons at increased risk include household contacts of a person known to have had this disease, and people traveling to parts of the world where meningitis is prevalent.

How is the germ meningococcus spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10-15% die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

How soon do the symptoms appear?

The symptoms may appear 2 to 10 days after exposure, but usually within 5 days.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Is there a vaccine to prevent meningococcal meningitis?

Yes, a safe and effective vaccine is available. The vaccine is 85% to 100% effective in preventing four kinds of bacteria (serogroups A, C, Y, W-135) that cause about 70% of the disease in the United States. The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to 2 days. After

vaccination, immunity develops within 7 to 10 days and remains effective for approximately 3 to 5 years. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.

How do I get more information about meningococcal disease and vaccinations?

Contact your family physician or your student health service. Additional information is also available on the web sites of the New York State Department of Health: www.health.state.ny.us or the Centers for Disease Control and Prevention (CDC): www.cdc.gov/ncid/dbmd/diseaseinfo and the American College Health Association, www.acha.org.