

SANDY HILL CAMP 2010

CAMPER HEALTH FORM



Instructions

- To help make your Sunday check-in as efficient as possible, please complete the following pages and mail it in by June 1st.
- Remember that your physician must fill out page 4 of the health form. Unfortunately, we cannot accept a copy of a recent physical in place of your physician completing the camp form.
- Maryland law requires that we also have a copy of your camper's immunization records that show that they are up to date with all immunizations required by the state of Maryland (see http://edcp.org/pdf/2010_Imm_Sched.pdf for the Maryland requirements).
- **A completed "Medication Administration Authorization Form"** (www.sandyhillcamp.com/medform.pdf) **must be received for each medication that your camper is bringing to camp.** Mail these forms with this Camper Health Form form by June 1st. See Section 2.6 of the [Parent Handbook](#) for medication details. Each MAA Form must be signed by a prescriber AND by the parent/guardian. **By law, Sandy Hill cannot administer medications without these written orders signed by a prescriber.**
- Your *Camper's Home Page* will be updated once we have received and processed your forms. You should login to your *Camper's Home Page* at least one week before your arrive to make sure that we have received it and that it is complete.
- Please refer to the checklist below before you mail in the completed form.

Before you mail the completed form to camp, please confirm that you have done the following:

- Provide an emergency contact other than the parents/guardians (page 2)
- Attach a copy of both sides of your insurance card (page 2)**
- In the Physician's Section (page 4), be sure that **your camper's physician...**
 - Provided the date of your last tetanus shot
 - Completed and signed the bottom of the physician's page as indicated**
 - Completed the "Authorization for Non-Prescription Medications" by circling YES or NO for each item**
- Attach a copy of your camper's immunization records (page 5)**
- Sign the forms – parents in two places (page 3 and 6), camper in one place (page 6)**
- Include a completed Medication Administration Authorization Form for each medication being sent to camp. Each form must be signed by a prescriber AND by a parent/guardian. Parents CANNOT sign as a prescriber.**

Please mail the completed health form, immunization records and MAA forms (if applicable) to:

*Sandy Hill Camp
Attn: Medical Staff
3380 Turkey Point Road
North East, MD 21901*

You do not need to mail this page with your camper's health form.

Due by June 1st

SANDY HILL CAMP 2010 CAMPER HEALTH FORM

Please fill out all pages of this form and mail it to Sandy Hill Camp by June 1st, 2010.

OFFICE USE ONLY
 Rec'd _____ By _____ Web by _____ HF Complete _____
 Missing: _____ Ins Card Copy _____ Email _____
 Medical(P): YES ___ No ___ C.Cnslr(G): YES ___ No ___
 Has Meds(P): YES ___ No ___ MAA Complete: YES ___ No ___
 MAA Notes: _____

Sandy Hill Camp
 Attn: Medical Staff
 3380 Turkey Point Road
 North East, MD 21901



Sessions 1 2 3 4 5 6 7 8 9 12 34 56 78
(this session info is subject to change, confirm using cmpr)
 Last Name _____
 First Name _____
 Middle Initial _____

HEALTH INFORMATION PROTECTION STATEMENT

The information contained in this record is confidential. It is only to be used by the camp medical staff and camp directors to provide medical care. Selected information may be disseminated to specific camp staff as deemed necessary by the medical staff to ensure the safety of our campers. As a guiding rule, only the minimum necessary information will be disseminated. The information contained in this record may also be shared with other medical personnel selected by the camp directors or medical staff when necessary for treatment, billing, referral or insurance purposes. This information may be given to governmental agencies as required by law. This information will not be given to outside organizations for the purpose of marketing, fundraising, or research.

The following table records instances when information contained in this record was shared with non-Sandy Hill personnel (doctors, paramedics, insurance companies, etc.). It may be inspected by the camper's parents at any time upon their request.

DATE	ORGANIZATION	CONTACT NAME	PHONE	COMMENTS	SHC REP



CAMPER HEALTH INFORMATION

Please mail by June 1st

Name _____ Last _____ First _____ Middle Initial _____ Nickname (if any) _____ 1

Gender: Male or Female (circle) Date of Birth (m/d/yy) ____ / ____ / ____ Age at camp: _____

Street Address _____

City, State and Zip _____ Custodial Parent or Guardian _____ 2

Mother's Name _____ Home # () _____ Work # () _____ Cell # () _____

Father's Name _____ Home # () _____ Work # () _____ Cell # () _____

If mother and father not available in an emergency, please contact (name): _____ 3

Relationship to Camper _____ Home # () _____ Work # () _____ Cell # () _____

Name of Primary Care Physician or Health Care Facility _____ Phone # () _____ 4


Name of Dentist _____ Phone # () _____ Bringing ortho appliance to camp? _____

Insurance *** PLEASE ATTACH A PHOTOCOPY OF BOTH SIDES OF YOUR INSURANCE CARD *** 5

If your prescription card is different from your insurance card, please attach a copy of this as well.


Name of Insured _____ Birthdate of Insured _____ Relationship to camper _____

Insurance Card



Trim and attach copy of FRONT side here

Insurance Card



Trim and attach copy of BACK side here

Medications 6

Is the camper taking any medication now? ___Yes ___No If yes, please read the following and then list medications below. For any that he or she will be taking at camp, please bring the medicines to registration in their original bottle(s) with original label(s). Per the Maryland Board of Nursing, please include a completed Medication Administration Authorization Form signed by the prescriber AND the parent/guardian for each prescription and over-the-counter medication to be administered at camp. This includes vitamins as well as homeopathic and herbal medicines. The form can be found online at www.SandyHillCamp.com/medform.pdf. Please see Section 2.6 of the [Parent Handbook](#) for important medication guidelines. Campers are NOT allowed to keep medication of any kind with them.

Medication	Reason for Medication	In their lifetime, has the camper ever had a dose of this medication	My camper will be bringing this med to camp	If the camper is bringing this medication to camp, I have included a completed Medication Administration Authorization Form for this prescription or over-the-counter medication (forms at www.SandyHillCamp.com/medform.pdf)	For Sandy Hill Use Only
1.		YES or NO	YES or NO	YES or NO	Init _____ Date _____
2.		YES or NO	YES or NO	YES or NO	Init _____ Date _____
3.		YES or NO	YES or NO	YES or NO	Init _____ Date _____
4.		YES or NO	YES or NO	YES or NO	Init _____ Date _____
5.		YES or NO	YES or NO	YES or NO	Init _____ Date _____
6.		YES or NO	YES or NO	YES or NO	Init _____ Date _____

Camper First Name Camper Last Name

<u>Allergies</u> (check if camper has, and specify→)	<u>Severity and Type of Reaction</u>	7
<input type="checkbox"/> Seasonal	_____	
<input type="checkbox"/> Horses	_____	
<input type="checkbox"/> Poison Ivy/Oak/Sumac	_____	
<input type="checkbox"/> Insect Stings (list: _____)	_____	
<input type="checkbox"/> Foods (list: _____)	_____	
<input type="checkbox"/> Penicillin	_____	
<input type="checkbox"/> Other Drugs (list: _____)	_____	
<input type="checkbox"/> Other Allergies (list: _____)	_____	

<u>Health History</u> (check if applicable and explain – please attach additional sheet if necessary)				8
<input type="checkbox"/> Dizziness/Fainting	<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Female Issues	
<input type="checkbox"/> Frequent Nosebleeds	<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Seizures	
<input type="checkbox"/> Sleepwalking/Nightmares	<input type="checkbox"/> Bedwetting			
<input type="checkbox"/> Asthma ***Please complete and attach the supplemental information form found on the website at www.SandyHillCamp.com/asthma.pdf				
<input type="checkbox"/> Diabetes ***Please complete and attach the supplemental information form found on the website at www.SandyHillCamp.com/diabetes.pdf				
<input type="checkbox"/> Eating Disorder or Special Diet _____				
<input type="checkbox"/> Chronic or Recurring Illness/Condition _____				
<input type="checkbox"/> Hospitalizations or Major Surgery _____				
<input type="checkbox"/> Behavioral Problems _____				
<input type="checkbox"/> Recent Injury/Illness/Infectious Disease _____				
<input type="checkbox"/> Please list any camp activities from which your camper should be restricted for health reasons: _____				

<input type="checkbox"/> Please note any other emotional, physical, psychiatric or behavioral issues the camp should be aware of: _____				

I) Permission to Provide Necessary Treatment, Care, Information and Over-the-counter Medications

This health history is correct and complete as far as I, the undersigned parent or guardian, know. I have legal authority to consent to medical treatment for the person herein described (hereinafter "the Camper") and grant permission for the Camper to engage in all Camp Activities except as noted. I hereby give permission to the medical personnel selected by Sandy Hill LLC (hereinafter "the Camp") to provide routine health care, order X-rays, routine tests, or treatment and to release any records necessary for treatment, billing, referral or insurance purposes. I understand that Camp personnel will notify me of any illness or injury that requires significant medical attention or hospitalization or that significantly diminishes the Camper's ability to have a successful camp experience. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp to secure and administer treatment, including hospitalization, for the Camper. I give permission to the Camp to administer over-the-counter medications such as Tylenol, Ibuprofen, Tums, Benadryl, or other similar over-the-counter medications including those listed on the 2010 Physician's Page to relieve minor symptoms as the Camp medical staff deems necessary. I have lined-out and initialed any medications on the 2010 Physician's Page for which I do not give permission to administer to the Camper. Dosages will be administered according to directions on the label unless a physician directs otherwise. This completed form may be photocopied for trips out of camp.

It is my intention that the Camp be treated as acting in loco parentis if the Camper is a minor. Further, it is my intention that the appropriate representatives of the Camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability Act of 1996. I hereby agree to the disclosure to Camp representatives of the protected health information of the Camper, as necessary: (1) to provide relevant information to the Camp representatives related to the Camper's ability to participate in Camp Activities; and (2) in the care of minors, to provide relevant information to the Camp representatives to keep me informed of the Camper's health status. I have also read and consent to the Health Information Protection Statement on the cover of this form.



II) Agreement to Reimburse for Camper Medical Expenses

I understand I am responsible to provide medical insurance coverage for the Camper as well as payment for all deductibles and co-pays. In the event that my camper is in need of medical services or prescriptions that require payment at the time of service, I agree to reimburse the Camp for these expenses within 14 days of the date of service provided. I understand that the Camp is not responsible to submit any insurance or prescription claims to my insurance provider.

As parent or guardian of the Camper, I have read and agree to the terms in sections I and II above.

SIGNATURE OF PARENT OR GUARDIAN DATE

9

Campers and parents!!! Please remember to sign page 6 as well!!!

2010 PHYSICIAN'S PAGE

The camper's physician must complete all sections on this page and sign at the bottom!

Although a new health exam is not required for camp, the exam must have occurred within 24 months prior to the camper's first day at camp. A copy of a recent health exam is not sufficient. Sandy Hill is a residential summer camp, and campers will be under the care of the camp's medical staff for 5 or 12 consecutive days. You can contact us by phone (410) 287-5554 or by fax (410) 287-0826 with any questions.

Camper First Name Camper Last Name

Name of Physician Phone # Date of Last Health Exam 10
Must be June 2008 or later

Immunization History (please attach)

All campers must be current on all immunizations. **ATTACH A COPY OF IMMUNIZATIONS** confirming that this camper has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See www.EDCP.org (Immunization) for information.

Tetanus (write date of most recent)

If the camper is exempt from immunizations for medical or religious reasons, please provide a signed copy of the Maryland Department of Health and Mental Hygiene Immunization

Certificate (http://www.edcp.org/pdf/896_form.pdf) from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.

(Use for Prescriber's Address Stamp)

11



Physician's Authorization to Administer Non-Prescription Medications

Per Maryland regulations, the camp medical staff is only allowed to give a single dose of a non-prescription medication per day without written permission from the child's own health practitioner - additional doses must be approved in writing by the child's health practitioner. **Rather than waiting until the camper needs an additional dose (which could potentially be during the night or on a weekend) which would then require the camp to contact you for written permission, we are offering you the opportunity to approve multiple doses in a single day in advance to allow the camp medical staff to promptly care for the camper.** The camp's medical staff is permitted to give multiple doses of acetaminophen and topical medicines without approval from the child's health practitioner. **Please circle YES or NO indicating whether or not you give permission for the camp medical staff to administer more than one dose of the active ingredients listed below within a single day in accordance with the label on the bottle. Any items that are not circled YES or NO will be assumed to mean NO.**

Active Ingredient	Medical Purpose	Commonly found in...	Approved	Comments
Ibuprofen	Pain reliever/fever reducer	Advil, Motrin	YES or NO	
Famotidine	Antacid	Pepcid AC	YES or NO	
Calcium Carbonate	Antacid	Mylanta, Tums	YES or NO	
Magnesium Hydroxide	Antacid	Mylanta, Milk of Magnesia	YES or NO	
Loperamide HCl	Antidiarrheal	Imodium AD	YES or NO	
Bismuth subsalicylate	Upset stomach relief & antidiarrheal	Pepto Bismol	YES or NO	
Diphenhydramine HCl	Antihistamine	Benadryl	YES or NO	
Doxylamine succinate	Antihistamine	Night Time Cold/Flu	YES or NO	
Chlorpheniramine maleate	Antihistamine	Cold & Allergy Formulas	YES or NO	
Loratadine	Antihistamine	Claritin, Alavert	YES or NO	
Cetirizine	Antihistamine	Zyrtec	YES or NO	
Phenylephrine HCl	Nasal Decongestant	Cold Formulas	YES or NO	
Pseudoephedrine HCl	Nasal Decongestant	Cold Formulas	YES or NO	
Guaifenesin	Expectorant	Robitussin-DM	YES or NO	
Dextromethorphan HBr	Cough suppressant	Cold & Cough Formulas	YES or NO	
Menthol	Cough suppressant/Oral Anesthetic	Halls Cough Drops	YES or NO	
Lactase	Lactose intolerance	Lactaid	YES or NO	
Phenol	Oral anesthetic	Sore Throat Spray	YES or NO	
Dyclonin Hydrochloride	Oral anesthetic	Sucrets	YES or NO	
Dimenhydrinate	Motion sickness - antiemetic	Dramamine	YES or NO	
Meclizine HCl	Motion sickness - antiemetic	Bonine	YES or NO	

Health History

Does the camper have any physical conditions requiring restrictions on participation in an active camp program or which may require emergency action while at camp? **Yes or No (circle one)**

If yes, please describe conditions and restrictions: _____



Is the camper under any current or ongoing treatment or medications? **Yes or No (circle one)** If yes, explain: _____

Please list any other health-related issues that the camp should be aware of: _____

PHYSICIAN'S SIGNATURE _____ DATE _____ 13

Immunization History – this page intentionally left blank



Please replace this blank page with a copy of your camper's immunization history from your physician. You may also use the State of Maryland immunization record form found at http://www.edcp.org/pdf/896_form.pdf.

If the camper is exempt from immunizations for medical or religious reasons, please provide a signed copy of the Maryland Department of Health and Mental Hygiene Immunization Certificate (http://www.edcp.org/pdf/896_form.pdf) from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.

CAMPER & PARENT AGREEMENT AND RELEASE FORM

Please mail
by June 1st

Instructions: Please print the camper's name. Both camper and parent/guardian must sign below.

Camper Name (please print): _____
First Middle Last

CAMPER AGREEMENT

I understand that I, the camper, will receive instructions and rules for safe and acceptable behavior at camp. I understand that these rules are for my own benefit, and I agree to abide by them. These rules include but are not limited to...

BE SAFE...

- wear safety equipment and proper attire as required (helmets for biking and horseback riding, lifejackets when boating, etc)
- follow safety guidelines and act in a responsible manner in all areas of camp
- obey lifeguards and all pool and waterfront rules and obey instructors for all activities
- wear shoes at all times (except in the pool, shower, or bed)
- keep myself well-hydrated and apply sufficient bug spray and sunscreen

BE WHERE YOU ARE SUPPOSED TO BE...

- stay with my assigned group, counselor, or activity unless I am given special permission to do otherwise
- stay out of the boys' or girls' residential cabin areas (respectively)

RESPECT OTHERS...

- behave, speak and dress in ways that will help other campers to have a positive camp experience
- cooperate with counselors, directors, and other Sandy Hill staff

TAKE CARE OF SANDY HILL CAMP...

- treat the Sandy Hill property and equipment with care and respect



I agree to obey these guidelines. I understand that Sandy Hill Camp does not tolerate campers who (1) jeopardize their own well-being, (2) jeopardize the well-being of others, or (3) disrupt normal camp activities, making it unreasonably difficult for other campers to enjoy the camp programs. I understand that any of the above reasons may be grounds for disciplinary action which may include dismissal from camp without any refund.

_____ Camper's Signature

_____ Date

14

PARENT/GUARDIAN AGREEMENT

I, the undersigned, have read and discussed the Camper Agreement above with my child (hereinafter "the Camper") and he or she understands and agrees to obey these guidelines. I understand that the Camper is subject to dismissal from Camp at my expense if he or she violates this agreement.

LIABILITY RELEASE

I, as a parent or guardian of the Camper, understand that Camp Activities, as hereafter defined, involve certain risks and may include, but are not limited to: horseback riding (including the inability to predict a horse's reaction to sound, movements, objects or animals, and the inability to predict the hazards of surface/subsurface conditions), ropes course, climbing, zipline, swimming, diving, water sports, land sports, archery, boating, scuba diving, hiking, biking, amusement park rides, bus trips, weather conditions, plants, insects, falling trees, and rugged terrain (collectively "Camp Activities"). I recognize these risks and agree to assume these risks by allowing the Camper to attend Sandy Hill Camp and participate in these Camp Activities. I hereby release, indemnify and hold harmless Sandy Hill LLC, Sandy Hill Holdings LLC, their members, officers, agents, guests and employees (collectively "Sandy Hill") from all claims, actions, causes of action, or liability for damage, injury, death or illness to the Camper or his/her property relating to or deriving from the Camper's presence at Sandy Hill or participation in Sandy Hill sponsored trips and Camp Activities whether arising from an act or omission, negligent or otherwise, by Sandy Hill or otherwise to the fullest extent permitted by law.

PUBLICITY RELEASE

I give permission to Sandy Hill, without limitation or obligation, to make photographs, film footage, or tape recordings which may include the Camper's image, voice, or written comments for purposes of promoting Sandy Hill programs. This includes but is not limited to posting the Camper's image on an internet site that allows camp families to purchase photos taken at camp or on Sandy Hill sponsored trips. Sandy Hill will not post personally identifiable information such as a camper's name with these photos. I release Sandy Hill from any claim or liability to these uses.

COMMUNICATION BETWEEN STAFF AND CAMPERS AFTER CAMP

I take full responsibility for permitting and monitoring any contact between the Camper and Sandy Hill staff outside of the camp session. I accept full responsibility for overseeing any contact that results including but not limited to emails, social networking sites, phone calls, letters or visits.

PERMISSION TO TRAVEL OUTSIDE OF CAMP

I understand that the camp director may need to provide or arrange to have the Camper transported to a medical facility, or choose to arrange trips off campus as part of a weekend program, or in rare cases of extended inclement weather or an emergency evacuation. The trips may be to a nearby high school gymnasium, amusement parks, historical sites, recreational facilities or other special sites for indoor activities. I give permission for the Camper to travel with other campers and/or staff in an authorized private vehicle driven by an authorized Sandy Hill staff member or in a commercial vehicle driven by a professional driver to these or similar sites.



_____ Parent or Guardian's Signature

_____ Date

15

Parents!!! Please remember to sign page 3 as well!!!