Procter Summer Camp
Family Camp Forms Packet

This download includes the following forms:

1. Family Camp Community Covenant
2. Procter Center Consent, Hold Harmless and Release Agreement
3. Adult Health History (complete one for each camper 18 or older)
4. Camper Health History (complete one for each camper younger than 18). The fourth page of this form must be signed by the camper's healthcare provider
5. Camp Packing List

Once completed, mail forms to:

Procter Summer Camp
Attn: Robin Kimbler
11235 St. Rte. 38 SE
London, Ohio
43140

Or scan and email to: camp@proctercenter.org

Camp forms and final payment are due June 1, 2017

Ample camp scholarship is available to make a camp experience available to all campers and families. For scholarship information visit:
http://dsoyouth.org/procter-summer-camp/forms/

For registration questions contact:
Robin Kimbler
Guest Services Manager
rkimbler@proctercenter.org
740-206-2036

For all other camp questions contact:
Andrea Foote
Interim Camp Director
afoote@proctercenter.org
(513) 632-6049

Camper Name:_____

Family Camp session(s) attending:_____

Submit one form per family

Procter Summer Camp
Family Camp Community Covenant

Camp is a community governed by respect of the **people, program and place**.

I agree to respect the **people** at camp by:

- Respecting the dignity of every person at camp, that we might be leaders in showing Christ's love to each other.
- Refraining from fighting, aggression, dangerous physical or violent behavior that may endanger me, and/or others
- Refraining from lewd, crude, or socially unacceptable behavior (verbal/physical)

I agree to respect the **program** at camp by:

- Engaging with fellow campers and being an active part of the community.
- Understanding that I am responsible for the safety of the children I bring to camp, when I chose not to participate in the program I will ensure my children are supervised by me or another adult.
- Being welcoming to campers and counselors from all backgrounds and faith traditions.
- Understanding it is the counselors' job to keep me/our family safe, and I agree to follow their direction.

Procter is holy ground. I will respect the **place** of Procter Camp and Conference Center by:

- Adhering to boundaries communicated by the staff, not entering "off limits areas"
- Smoking in designated smoking areas.
- Refraining from bringing firearms, knives, fireworks or weapons on camp property at any time during.
- Taking responsibility for any alcohol my family brings to camp, that it is consumed with respect for other participants in the camp program, and ensuring that it is not in the possession of minor campers at any time.

I understand and accept the **non-negotiable** community regulations

Signature of all campers: _____ Date:_____

_____

_____

_____

_____

_____

Sign the Consent Release and Hold Harmless on the next page

Procter Center Consent, Hold Harmless and Release Agreement

Consent:

If I am over 18 years old I hereby give consent, or if not my parent or guardian on my behalf hereby also gives consent for me, to participate in activities at Procter Center with acknowledgement that there are risks associated with physical and other activity at Procter Center in which I may engage. My parent or guardian (if applicable and on behalf of me throughout this agreement) and I are not aware of any physical or mental condition that would prevent me from engaging in any activities. If there are such limitations, I will disclose them to Procter Center in advance of taking part in specific activities that would be inappropriate for me and will abstain from participating in activities that impose unreasonable risk to me. I will disclose in advance to Procter Center all allergies that may affect my ability to participate in events at Procter Center and any medications that I will need in that respect while at Procter Center, which are my obligation to have with me if this is the case. My parent or guardian if applicable and I understand and recognize that there is always an inherent risk of bodily injury and harm associated with physical activity including but not limited to field games, recreation, aquatic activities, and games/sports. I have voluntarily chosen to participate in events at Procter Center and understand the risk involved. I agree to accept any and all risk associated with these events.

Release and Hold Harmless:

In consideration of attending events at Procter Center and to the fullest extent permitted by law, my parent or guardian if applicable and I (a) understand that no warranties or representations of any kind have been made by Procter Center, its employees, agents, officers, directors, affiliates, successors or assigns regarding any activities or events; (b) hereby release, waive, discharge, hold harmless, indemnify and agree not to sue Procter Center, its employees, agents, officers, directors, affiliates (including but not limited to The Diocese of Southern Ohio and The Church Foundation of the Diocese of Southern Ohio), successors or assigns (altogether "Procter Center Persons"), from any and all claims or demands, obligations and/or causes of action of any nature whatsoever that my child (if applicable) or I may have against Procter Center Persons on account of any personal injury, property damage, death or accident of any kind, arising out of or in any way connected with being on the premises of Procter Center and participating in activities and events there; (c) give permission in the event of injury at the Procter Center to call in its discretion the police, fire/rescue or emergency medical services and to transport me to any hospital, clinic or medical center and to have any such personnel authorize medical treatment for me and accept personal financial responsibility for such emergency care and treatment; (d) assume the risk of illness, sprains, torn muscles and ligaments, fractured or broken bones, eye damage, cutes, wounds, scrapes, abrasion, contusions, dehydration, oxygen shortage, exposure other physical injuries, insect or other animal bites or stings, allergic reaction, shock, paralysis, death or damage to or loss of personal property; and (e) make these commitments binding on my representatives, successors, heirs and assigns.

I have read and understand this Consent and Agreement. If applicable and signed by a parent or guardian, the undersigned warrants and represents that the undersigned is authorized to sign on behalf of the participant named below and that I have informed my child of the terms of this Consent and Agreement.

Name(s) of Participant(s) and Parent or Guardian if Under 18 (**PLEASE PRINT)**

Signature of Participant and Parent or Guardian if Under 18

Contact Phone

Date

Camper Full Name:_____

Camp session(s) attending:_____

Please submit one form for each camper over 17 years of age

Procter Summer Camp: Adult Health History

Date of Last Tetanus Shot ___/____/_____ Date of Birth ___/____/_____

Please attach additional information to the back of this form as necessary

Allergies to Medication:

Do the above allergies cause anaphylaxis? **Yes____ No____**

Food Allergies:

Do the above allergies cause anaphylaxis? **Yes____ No____**

Other Allergies:
Insect bites/stings____
Poison Ivy_____
Other _____

Do the above allergies cause anaphylaxis? **Yes____ No____**

Health Concerns:
Diabetes **Yes____ No____**
Heart **Yes____ No____**
Asthma **Yes____ No____**
Epilepsy **Yes____ No____**
Mental disability **Yes____ No____**
Physical restrictions **Yes____ No____**
Emotional disability **Yes____ No____**
Other_____
If yes to any of the above please provide additional information on the back of this form.

Medications:

Note: if you have **asthma,** do you have a rescue inhaler?
Yes____ No____

If no, you must get letter from health care provider stating you do not need one, or you must have on prescribed.
Other Meds (Name and dose):

Restrictions:

Activity: Yes____ No____
Dietary: Yes_____No ____

If yes, please specify:

_____
Tobacco product use:
Yes_____ No_____
Variety_____

Medical insurance:

Provider: _____ Policy Number_____

Advanced authorization telephone number if necessary (____) _____-_____

Health care provider:
Primary Health Care Provider:_____ **Telephone: (____)_____-_____**

Dentist:_____ **Telephone**: **(____)_____-_____**

In case of emergency contact: _____

Relationship :_____ **Telephone: (____)_____-_____**

In the event that I am incapacitated and cannot be consulted about my treatment in an emergency in which I am involved at camp, I hereby give my permission to the physician or dentist selected by Procter Center to hospitalize, secure proper treatment and /or to order an injection, anesthesia, or surgery for me. Procter Camp and Conference Center and the Diocese of Southern Ohio will not be held liable.

Signature:_____ Date:_____

CAMPER HEALTH HISTORY FORM1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

american CAMP association®

Mail this form to the address below by 6/1/17 ***(date)***

Procter Camp and Conference Center
attn: Robin Kimbler
11235 Ste.Rte 38
London, OH
43140

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

☐ Male ☐ Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

1) ***Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.***
2) ***Send the original, signed FORM 1 to camp by the requested date.***
3) ***Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.***
4) ***After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.***

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:
Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____(_____)_____
Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:
Name:_____ Relationship to Camper: _____ Preferred Phones: (_____) _____(_____)_____
Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:
Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____(_____)_____

Allergies: ☐ No known allergies. ☐ This camper is allergic to: ☐ Food ☐ Medicine ☐ The environment (insect stings, hay fever, etc.) ☐ Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: ☐ This camper eats a regular diet. ☐ This camper eats a regular vegetarian diet. ☐ This camper is lactose intolerant. ☐ This camper is gluten intolerant. ☐ Other, ***please explain in space.***

Restrictions:
☐ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
☐ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. ***(Please describe below.)***

Medical Insurance Information:

This camper is covered by family medical/hospital insurance ☐ Yes ☐ No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company_____ Policy Number_____

Subscriber_____ InsuranceCompany Phone Number (_____)_____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name First Middle Last (For Camp Use) Cabin or Group _____ (For Camp Use) Session Code(s): _____

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: *American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses*

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must include date to meet ACA Standard. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diptheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster★ (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox) ☐ Had chicken pox Date:						
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test	Date:	☐ Negative ☐ Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication:

☐ This camper will not take any daily medications while attending camp.
☐ This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time:_____		
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time:_____		
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time:_____		
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time:_____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

Acetaminophen (Tylenol)
Phenylephrine decongestant (Sudafed PE)
Antihistamine/allergy medicine
Diphenhydramine antihistamine/allergy medicine (Benadryl)
Sore throat spray
Lice shampoo or cream (Nix or Elimite)
Calamine lotion
Laxatives for constipation (Ex-Lax)
Ibuprofen (Advil, Motrin)
Pseudoephedrine decongestant (Sudafed)
Guaifenesin cough syrup (Robitussin)
Dextromethorphan cough syrup (Robitussin DM)
Generic cough drops
Antibiotic cream
Aloe
Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: *American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses*

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: ***Check "Yes" or "No" for each statement. Explain "Yes" answers below.***

Has/does the camper:

1. Ever been hospitalized?	☐ Yes ☐ No	11. Had fainting or dizziness?	☐ Yes ☐ No
2. Ever had surgery?	☐ Yes ☐ No	12. Passed out/had chest pain during exercise?	☐ Yes ☐ No
3. Have recurrent/chronic illnesses?	☐ Yes ☐ No	13. Had mononucleosis ("mono") during the past 12 months?	☐ Yes ☐ No
4. Had a recent infectious disease?	☐ Yes ☐ No	14. If female, have problems with periods/menstruation?	☐ Yes ☐ No
5. Had a recent injury?	☐ Yes ☐ No	15. Have problems with falling asleep/sleepwalking?	☐ Yes ☐ No
6. Had asthma/wheezing/shortness of breath?	☐ Yes ☐ No	16. Ever had back/joint problems?	☐ Yes ☐ No
7. Have diabetes?	☐ Yes ☐ No	17. Have a history of bedwetting?	☐ Yes ☐ No
8. Had seizures?	☐ Yes ☐ No	18. Have problems with diarrhea/constipation?	☐ Yes ☐ No
9. Had headaches?	☐ Yes ☐ No	19. Have any skin problems?	☐ Yes ☐ No
10. Wear glasses, contacts, or protective eyewear?	☐ Yes ☐ No	20. Traveled outside the country in the past 9 months?	☐ Yes ☐ No

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: ***Check "Yes" or "No" for each statement.***

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? ☐ Yes ☐ No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? ☐ Yes ☐ No
3. During the past 12 months, seen a professional to address mental/emotional health concerns? ☐ Yes ☐ No
4. Had a significant life event that continues to affect the camper's life? ☐ Yes ☐ No
   (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____

Name of dentist(s): _____ Phone: (_____) _____

Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? ***Please provide in the space below*** any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. ***Attach additional information if needed***.

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

Recommendations for Licensed Medical Personnel

FORM 2

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

american CAMP association®

Mail this form to the address below by _____ (date)

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ (Month/Day/Year) to _____ (Month/Day/Year)

Camper Name: _____ (First) _____ (Middle) _____ (Last)

☐ Male ☐ Female Birth Date _____ (Month/Day/Year) Age on arrival at camp _____

Camper home address: _____

_____ (City) _____ (State) _____ (Zip Code)

Custodial parent(s)/guardian(s) phone: (_____)_____ (_____)_____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. ***Medical personnel: Cross out those items the camper should not be given.***

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheneramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimite)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: ☐ Yes ☐No **(If "No," date of last physical: _____ (Month/Day/Year))**

ACA accreditation standards specify physical exam within the last 12 months.

Weight: _____ lbs Height: _____ft_____in Blood Pressure_____/_____

Allergies: ☐ No Known Allergies

☐ To foods ***(list)***:

☐ To medications: ***(list)***:

☐ To the environment ***(insect stings, hay fever, etc.– list)***:

☐ Other allergies: ***(list)***:

Describe previous reactions:

Diet, Nutrition: ☐ Eats a regular diet. ☐ Has a medically prescribed meal plan or dietary restrictions:(describe below)

The camper is undergoing treatment at this time for the following conditions: ***(describe below)*** ☐ None.

Medication: ☐ No daily medications. ☐ Will take the following prescribed medication(s) while at camp: ***(name, dose, frequency—describe below)***

Other treatments/therapies to be continued at camp: ***(describe below)*** ☐ None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? ☐ No ☐ Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Telephone: (_____)_____ Date:_____

 Inc. Rev. 1/14 LEE/EAW

Camper Name _____ (First) _____ (Middle) _____ (Last)

(For Camp Use) Cabin or Group _____

(For Camp Use) Session Code(s): _____

Procter Summer Camp
Packing List

Necessary Gear
Sturdy water bottle
Twin bedding and pillows, if staying in cabins

Clothing:
Days are hot at Procter, we play outside and get messy in the lake or at the Arts and Crafts cottage. Pack gear you don't mind getting dirty, and bring enough for each day of camp. Camp is casual dress.

Sweatshirt
Rain jacket
Shorts, many campers recommend quick drying athletic shorts
Pants/jeans
Underwear
Clothes to sleep in
Swimsuit
Hat for sun protection
Closed toe shoes, required for some activities
Socks
Sandals
Bag for dirty laundry
Beach towel, for pool/lake
Bath towel, for showering
Sunscreen and mosquito repellant
Any regularly used toiletries and medications

Optional
Fan
Journal/Notebook Reading materials
Camera
Instruments

The camp kitchen provides three plentiful meals daily, as well as dessert, and snacks. Lots of our produce comes from the Procter farm! However, you may want to bring snacks for a picky eater or young camper in your family.

Some families bring drinks and snacks for casual time after program time. Alcohol is permitted at Procter, provided you ensure it is consumed with respect for all participants and ensure it is not in the possession of minor campers.

Forbidden at Camp:
(including at registration and pickup)
Pets or animals
Weapons
Firearms
Fireworks
Knives
Illegal drugs
Prescription drugs not prescribed to you
Bringing any of the above forbidden items will ***result in removal*** *from camp*