



Camp Opportunity, Inc.
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 Ellicott City, MD 21043Darlene
 Waldt 443-799-1009
 Rebecca Metzger 443-681-9173
 Fax 1-800-852-4534

Application Checklist (All are required):	
<input type="checkbox"/> App Form (pg. 1-3)	<input type="checkbox"/> Privacy Policy (pg. 7)
<input type="checkbox"/> Survey (pg. 4)	<input type="checkbox"/> Hashawa Rel (pg. 8)
<input type="checkbox"/> Camper Health Hist. (pg. 5)	<input type="checkbox"/> OTC Auth (pg. 9)
<input type="checkbox"/> Disclaimer/T & C (pg. 6)	<input type="checkbox"/> Med Admin. Auth (pg. 10)

Camp Opportunity 2019 -- Camper Application Form

(One application per camper)

Camper Application must be completed in full including all the items listed above in the Application Checklist. Campers will not be allowed on the campground with an incomplete application.

▶ **Camper Information:**

LAST NAME	FIRST NAME	INITIAL	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MM/DD/YY)
CURRENT SCHOOL		GRADE ENTERING FALL 2019		AGE AS OF JULY 1, 2019
T-SHIRT SIZE <input type="checkbox"/> Child Medium (10-12) <input type="checkbox"/> Child Large (14-16) <input type="checkbox"/> Adult Small <input type="checkbox"/> Other _____ <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large				

▶ **Parent / Guardian #1:**

LAST NAME	FIRST NAME	RELATION TO CAMPER	
HOME ADDRESS (STREET, #, APT)	CITY	STATE	ZIP CODE
HOME PHONE	BUSINESS PHONE	CELL PHONE	
E-MAIL ADDRESS	HOW SHOULD WE CONTACT YOU? <input type="checkbox"/> PHONE - HOURS: <input type="checkbox"/> E-MAIL		

▶ **Parent / Guardian #2 (if applicable):**

LAST NAME	FIRST NAME	RELATION TO CAMPER	
HOME ADDRESS (STREET, #, APT)	CITY	STATE	ZIP CODE
HOME PHONE	BUSINESS PHONE	CELL PHONE	
E-MAIL ADDRESS	HOW SHOULD WE CONTACT YOU? <input type="checkbox"/> PHONE - HOURS: <input type="checkbox"/> E-MAIL		

▶ **Emergency Contacts (Other than Parents/Guardians listed above)**

EMERGENCY NAME	PHONE NUMBER(S)	RELATIONSHIP

Camper Name _____

► Additional Camper Information

Please list any medical or food issues, such as allergies, bed-wetting, etc.:

Note: There is a separate medical form.

For EACH medication, the Physician needs to fill out a separate MEDICATION ADMINISTRATION FORM, which is attached to this application.

Please detail any specific learning issues:

Please note any serious changes in your child's life (e.g. death in family, divorce, illness, new sibling, new school, death of a pet):

Is your child undergoing tutoring or counseling?

Please note any behavioral, emotional or psychological issues:

Has your child ever been hospitalized for psychiatric reasons? Yes No
If yes, please give dates and reason for hospitalizations.

Does your child have a mental health diagnosis? If so, what is the diagnosis and is the child receiving mental health therapy at this time?

If yes, do we have permission to contact your child's therapist? Yes No

Name of Therapist: _____

Contact Information: _____

Camper Name _____

Is child medicated for psychiatric reasons? Yes No

If yes, what is/are the diagnosis and what medications are being used for treatment?

Has your child been known to be aggressive towards staff or persons of authority? If so, please explain:

If your child is upset or unwilling to participate in an activity, which strategies do you use to calm him/her down and get them to reengage.

How many siblings does the camper have? ____ Ages _____. Do they all live together? ____

Are there any custodial issues or involvement with DSS? If so, explain:

Name of DSS Worker: _____

Contact Information: _____

Please add any comments that would help ensure a positive camp experience for your child:

► PHYSICIANS INFORMATION

Family Doctor _____ Phone _____

Camper's
Psychologist/Psychiatrist _____ Phone _____

► INSURANCE INFORMATION

Insurance Company _____

Policy Number _____

How would you describe your child’s self-esteem (*e.g. their confidence and satisfaction with themselves*)?

- Poor Self-esteem
- Fair Self-esteem
- Good Self-esteem
- Very good Self-esteem
- Excellent Self-esteem

In the past month, how often was your child able to...

	Never	Rarely	Sometimes	Often	Always
Make choices when presented with different options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deal with things when they go wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deal with disagreements without yelling, losing their temper or getting physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use positive manners such as saying please and thank you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interact with others in an appropriate way such as respecting others’ personal space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be a friend and work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much does your child know about how to...

	Knows a lot and is able to do this	Knows some and sometimes is able to this	Knows only a little and might be able to do this	Knows only a little and isn’t able to do this	Doesn’t know anything about this	Not sure what my child knows
Make choices when presented with different options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deal with things when they go wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deal with disagreements without yelling, losing their temper or getting physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use positive manners such as saying please and thank you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interact with others in an appropriate way such as respecting others’ personal space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be a friend and work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAMPER HEALTH HISTORY

Child's Name: _____

The following information is required:

1st Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Child's Physician: _____ Phone: _____

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO

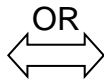
YES, Explain: _____

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? NO

YES, Explain: _____

IMMUNIZATION INFORMATION:

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

2. Is this child exempt from any immunizations? NO

YES, List them: _____

1. Country in which child resides:

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: _____ Date: _____

► DISCLAIMER / CONSENT

Should it become necessary for my child/myself to have medical care, I hereby give authority to Camp Opportunity, Inc to use its best judgment in obtaining medical care for my child/myself, including to hospitalize, secure proper treatment for, and/or to order and secure necessary related transportation and driver, injections, anesthetics or surgery for my child/myself. I agree to be responsible for any medical expenses incurred by me or by the camp on behalf of my child/myself. I understand that in the event of an illness or accident, Camp Opportunity will make all reasonable efforts to notify me as soon as possible.

To the best of my knowledge, I, the undersigned, have fully disclosed all medical, psychological and/or emotional problems or concerns, and I affirm that the information contained in this medical form is complete, true and accurate. In the event that the above information should change, I will disclose such changes in writing to the camp without delay.

ACCEPTANCE OF TERMS AND CONDITIONS

- 1 I hereby consent to the use by Camp Opportunity, Inc of my child’s photo and name for any camp related purpose, including public service announcements and fundraising efforts.
- 2 I agree that, having taken such precautions as in Camp Opportunity, Inc.’s discretion are deemed advisable, Camp Opportunity shall not be held responsible and is hereby released from any liability for any sickness, accident or injury to my child. I authorize Camp Opportunity, Inc. to secure medical treatment for my child when appropriate, including medication, x-ray, hospitalization, anesthesia or surgery. If for any reason my child requires such medical attention or special medication beyond that furnished by camp, I agree to be responsible for any expenses incurred.
- 3 I hereby waive, release and absolve and agree to indemnify and save harmless Camp Opportunity, Inc. and their respective officers, employees and agents from all liability arising from my child’s attendance and/or participation in the camp program (unless solely as a result of Camp Opportunity’s willful neglect or willful default).
- 4 I confirm that my child is capable of participating safely in the full camp program unless I advise you in writing and Camp Opportunity, Inc. confirms receipt of such information. I further acknowledge that attendance and/or participation at Camp Opportunity involves risk and hazards incidental thereto, all of which are assumed by me. I desire my child to participate in the full camp program including all trips unless I advise Camp Opportunity of a restriction (medical or otherwise). I authorize leaders to allow my child to accompany other campers and staff on trips away from the campgrounds. I understand that Camp Opportunity assumes no responsibility or liability for transportation to or from group camp activities.
- 5 Camp Opportunity, Inc. reserves the right to dismiss a camper from camp and send her or him home at any time without notice when it is deemed to be in the best interest of either the child or camp, or for violation of any camp rule, all as determined by the camp in its sole and absolute discretion.
- 6 By signing below I confirm I am a legal guardian of the camper. The parents/guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to camp, including a photocopy of the section of any court order referring to visitation rights. Campers will be released only to those who are listed as the parent/guardian on their application form unless a written notice is received from the parent/guardian stating otherwise.
- 7 I understand that Camp Opportunity is a non-denominational faith-based organization devoted to serving children. One tenet of the camp program is that the incorporation of certain religious ideas may benefit the campers. As such, the idea of a God or Creator may be introduced into some lessons and each day ends with a prayer of thanks.

I have read, understood and agree to the disclaimer/consent and all the terms and conditions of this application including the seven points noted above.

PRINT NAME	SIGNATURE	DATE
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**CAMP OPPORTUNITY, INC.
POLICY OF PRIVACY PRACTICES**

When application is made for a camper to attend Camp Opportunity, which is a summer camp activity sponsored by Camp Opportunity, Inc., a 501(c)(3) organization, information is disclosed regarding that camper. The collection of such information, and its use and disclosure, are regulated by law. Safeguarding personal and confidential information is something that we take very seriously at Camp Opportunity, Inc. We are therefore providing this notice to inform all interested parties of what we do with private and confidential information that is provided to us.

CATEGORIES OF PERSONAL INFORMATION WE MAY COLLECT

We may collect nonpublic, personal, and medical information about our campers from various sources, including:

- 1 Information provided on applications or other forms, such as names, addresses, dates of birth, and personal information.
- 2 Information concerning past medical history and current medical treatment, either provided on medical information forms or by medical providers.
- 3 Information we receive from other sources, such as referring social workers, therapists, school personnel, medical practitioners, pastors, or other referral sources.

HOW PRIVATE AND CONFIDENTIAL INFORMATION IS USED

At no time do we disclose personal private and/or confidential information to anyone outside of Camp Opportunity unless we have proper authorization from a camper's legal guardian, or if we are required to do so by law. We maintain physical, electronic, and procedural safeguards that protect all private information. In addition, we limit access to private and confidential information to those Camp Opportunity volunteers who need to know this information to conduct Camp Opportunity and to provide services and supervision for the campers.

DISCLOSURE OF PRIVATE AND CONFIDENTIAL INFORMATION

In order to protect the privacy of all campers, all Camp Opportunity personnel are subject to strict confidentiality. We do not share information with any nonaffiliated third party unless it is absolutely necessary for the care and safety of our campers. Examples of nonaffiliated third parties with whom it might become necessary to share private information would be medical providers in the event of medical emergency, or any other third party as required by law. The information we provide in these instances can only be used to provide the necessary services to maintain the health and safety of our campers.

We will not share any personally identifiable confidential information either internally or externally for any purpose other than to provide the services and supervision necessary for a beneficial camping experience, and to maintain the health and safety of all campers and camp personnel.

I have read and understand the above document, *Camp Opportunity, Inc. Privacy Policy Practices*.

Parent/Guardian Signature

Date

Camper Name _____

HASHAWHA ENVIRONMENTAL CENTER RELEASE

In return for the admission of _____
(name of camper)

into the Hashawha Environmental Appreciation Center, I hereby Release Carroll County and its officers, agents, employees, and volunteers from all actions, causes of action, damages, claims, or demands which I, for myself or on behalf of another, or my successors may have against them for any personal injuries or illnesses which occur

while _____
(name of camper) is attending the Hashawha

Environmental Appreciation Center.

I have read this Release and understand all of the Hashawha policies and regulations and understand the terms. I execute it voluntarily and with full knowledge of its significance.

I have executed this Release on the day and year written below.

DATES OF VISIT: July 29, 2019 – August 3, 2019

Name of Camper

Parent or Guardian Signature

Date

**CAMP OPPORTUNITY
Physician Standing Orders for OTC Medications**

In the absence of a guardian to provide consent, nursing regulations require a physician's consent before treating a minor using over the counter medications. With your order, Camp Opportunity would like to be able to treat your patient for a minor sore throat, headache, upset stomach, fever lasting less than 24 hours, muscle ache, a cold, cough, constipation, or diarrhea.

All medications are dispensed according to labeled directions, unless otherwise ordered. Please check next to the following medications to authorize their use. For special orders, please write your instructions in the space provided by indicating the drug, dosage, frequency, duration, and appropriate use for such administration.

- Acetaminophen 325 mg/500 mg every ____ hours x ____ days for _____
- Children's liquid Tylenol/Acetaminophen ____ mg PO every ____ hours x ____ days for _____
- Aspirin 325 mg x ____ every ____ hours x ____ days for _____
- Excedrin/generic Acetaminophen 250mg, ASA 250mg/caffeine 65mg PO _____ # tabs every ____ hours x ____ days for _____
- Ibuprofen 200mg PO every ____ hours x ____ days for _____
- Children's liquid Ibuprofen ____ mg PO every ____ hours x ____ days for _____
- Aleve/Naproxen sodium 220 mg PO every ____ hours x ____ days given for _____
- Robitussin cough syrup adult/children's PO every ____ hours x ____ days for _____
- Cough drops PO every ____ hours for _____
- Children's Tylenol Plus /Acetaminophen 80 mg, Chlorpheniramine maleate 0.5, Pseudoephedrine HCL 7.5 mg PO every ____ hours x ____ days for _____
- Maximum strength Tylenol Allergy Sinus (day time) /Acetaminophen 500mg, Chlorpheniramine maleate 2 mg, pseudoephedrine HCl 30 mg PO every ____ hours x ____ days for _____
- Maximum strength Tylenol Allergy Sinus (night time)/Acetaminophen 500 mg,
- Children's diphenhydramine HCL (liq)12.5mg PO every ____ hours for ____ days given for _____
- Diphenhydramine HCL 25 mg PO every ____ hours x ____ days for _____
- Ducosate Sodium 100 mg PO every ____ hours x ____ days for _____
- Phillips Milk of Magnesia/Magnesium Hydroxide 400mg PO every ____ hours x ____ days for ____
- Kaopectate/Bismuth Subsalicylate 262 mg PO every ____ hours x ____ days for _____
- Pepto-Bismol/Bismuth subsalicylate, chewable 262mg PO every ____ hours x ____ days for _____

- Debrox ear drops, topical every ____ hours x ____ days for _____
- Peroxide ear irrigation every ____ hours x ____ days for _____
- Salt Water gargle ____ salt to ____ oz water gargle every ____ hours x ____ days for _____
- Similasan Pink Eye Relief (Euphrasia 6X, Hepar sulphuris 12 X, Belladonna 6X) topical application to eyes every ____ hours x ____ days for _____
- Dramamine/Dimenhydrinate 50mg PO every ____ hours as needed for motion sickness.
- _____

Physician's signature _____ Date _____

Physician's PRINTED name _____

Physician's DEA # _____

MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

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.

- 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 authorized individual must bring the medication to the camp and give the medication to an adult staff member.

I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME		2. DATE OF BIRTH ____/____/____ Month Day Year	
3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		4. EMERGENCY MEDICATION <input type="checkbox"/> YES -If yes, see Section III below. <input type="checkbox"/> NO	
5. MEDICATION NAME	6. DOSE	7. ROUTE	
8. TIME/FREQUENCY OF ADMINISTRATION		9. IF PRN, FREQUENCY	
10. IF PRN, FOR WHAT SYMPTOMS			
11. KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
12. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 14b below unless more restrictive dates are specified in 12a and 12b. This authorization is NOT TO EXCEED 1 YEAR.		12a. FROM ____/____/____ Month Day Year	12b. TO ____/____/____ Month Day Year
13. PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE ZIPCODE		
14a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) <i>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</i>			

II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to administer the medication or supervise the camper in self-administration as prescribed by the above authorized 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 authorized individual, as listed in 15c below, which may include the child, must pick up the medication, otherwise it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.

15a. PARENT/GUARDIAN SIGNATURE	15b. DATE	15c. INDIVIDUAL(S) AUTHORIZED TO PICK UP MEDICATION
15d. HOME PHONE #	15e. CELL PHONE #	15f. WORK PHONE #

III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)

This section should only be completed if this medication is approved for self-administration. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I authorize self-administration of the above listed medication for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated below, the child named above may self-carry emergency medication.

16a. PRESCRIBER'S SIGNATURE authorizing self-administration	16b. SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	16c. DATE
17a. PARENT/GUARDIAN'S SIGNATURE authorizing self-administration	17b. SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	17c. DATE