

Dear Parent,

Thank you for choosing to send your teenager to Omega Teen Camp.

Our goal is to help each and every camper discover a more peaceful, joyful, and positive way to live in the world. Through unique programs, creative and experienced counselors, and our accepting, non-judgmental environment, teenagers strengthen their self-esteem and learn to express their own individuality.

Attached you will find a registration packet containing important information, including directions to camp, things to bring, payment information, camp rules, and some questions to help us get to know your child better. There is also a camper medical packet that needs to be completed by your family physician. Please return all completed forms as soon as possible; all forms must be on file prior to the first day of camp.

We look forward to your teenager joining us at Omega Teen Camp this summer.

Sincerely,

Adam Simon
Camp Director

OMEGA

150 Lake Drive, Rhineck, NY 12572 • 800.944.1001 845.266.4444

OmegaTeenCamp.org

Session A:	Sunday, July 18–Saturday, July 31, 2010	Two weeks	Tuition \$1,995
Session B:	Sunday, August 1–Saturday, August 14, 2010	Two weeks	Tuition \$1,850
Session C:	Sunday, July 18–Saturday, August 14, 2010	Four weeks	Tuition \$3,500
Intensive:	Sunday, August 15–Saturday, August 21, 2010	One Week	Tuition \$995

Arrival and Departure

On the Sunday your session begins, please arrive between 3:00 p.m. and 5:00 p.m. On the last Saturday of your session, please arrange for pick-up at 11:00 a.m.

Getting to Omega Teen Camp

Our camp is located at a rented camp facility, Camp Henry Kaufman, in Holmes, New York.

By Car

The camp is located 55 miles north of New York City. See driving directions on page 4.

By Train from NYC

From Grand Central Station take Metro-North Railroad to Patterson, NY. This requires a quick transfer at the Southeast Station, one stop before Patterson. Omega Teen Camp is five minutes from Patterson. We arrange shuttles to and from the train station; let Omega Registration know at least two weeks before your arrival to make reservations. Visit www.mta.nyc.ny.us or call 212-532-4900 for Metro-North schedule information.

By Air

It is very important that you contact the airline directly to determine their policy on minors flying alone.

We must have travel information 3 weeks in advance; we book shuttles based on arrival times. Please be sure your flight arrives before 5pm.

Arrival: Omega will make pickups at JFK or LaGuardia airports on July 18, August 1 and August 15. The fee for this shuttle service is \$100 one way. If you can not arrive in time for these shuttles, Omega may be able to arrange an additional shuttle though the cost may be up to \$250, depending on the number of passengers.

A counselor will be at baggage claim to meet your teenager. It is recommended that your teenager carry a cell phone and that you provide that number to Omega before they travel. The counselor meeting your teenager will also have a cell phone and that number will be provided to you.

Departure: Please arrange flights to depart the airport from 11:00 a.m.–4:00 p.m. on July 31, August 14 and August 21. Shuttle service to JFK and LaGuardia airports is available for \$100.

Visits

There is no official “visiting day” at Omega Teen Camp. Parents of campers staying for more than one session are welcome to visit on Saturday, July 31, 2010 between 10:00 a.m. and 2:00 p.m. You can also call to arrange a visit at any other time.

Missing Home

During the first few days at camp, many campers experience homesickness, a natural response to being away from home. We ask that family refrain from contacting their teens either by phone or email for at least three days at the beginning of their stay. Although your intentions are good, if a camper hears from home at this time it makes it more difficult for them to conquer their feelings of homesickness. We ask that you let our experienced counselors help your child through this time of transition. You are welcome to call us directly for an update if you have concerns.

Health & Safety

Omega Teen Camp has a registered nurse on-site 24 hours a day 7 days a week. We take every precaution to insure the health and safety of each camper. It is mandatory to have all health forms submitted prior to the first day of camp.

Alcohol & Drugs

This will be an alcohol- and drug-free experience for all campers. We have a zero tolerance policy with illegal drugs and alcohol. Their possession or use will result in a dismissal from camp without a refund or credit. Parents will be responsible for immediate pickup of teen and all costs involved in their dismissal.

Food

The Omega Teen Camp kitchen is based on the model at Omega. Our chefs will provide us with tasty, well-rounded, mostly vegetarian meals. There will always be abundant portions, plenty of choices, and great desserts. We can accommodate special dietary needs. We incorporate as much locally grown and organic food as possible.

Accommodations

Each single-sex cabin houses between five and eight campers plus a counselor. There are no electrical outlets in the cabins or bathrooms so appliances of any kind are discouraged.

Bedding & Laundry

Bring a light-weight sleeping bag and twin size bedding (including sheets, pillows, and pillow cases). Laundry service will be provided for campers staying only both sessions for no additional charge.

Valuables

Please do not bring expensive personal belongings to camp, including laptops, iPods, expensive jewelry, etc. Omega Teen Camp cannot be responsible for lost or damaged items.

Spending Money

Traveling campers may wish to have a little money for emergencies. No additional money will be needed.

Things to Bring

Suggested Items:

t-shirts	bathing suit (2)	rain gear
shorts/pants	flashlight	twin size linens/pillow
sweatshirts/sweaters	LARGE water bottle	sleeping bag
yoga/dance clothes	towels	day pack
underwear	toiletries	insect repellent
socks	sandals/sneakers	
sunscreen	flip flops/shower shoes (2)	

Things not to bring

Please **do not bring cell phones**, blow dryers, curling irons, clothing irons, or anything requiring an electrical outlet. There are no electrical outlets in the cabins or bathrooms. We will provide yoga mats and props, sports equipment, and all art supplies. If campers bring a cell phone for traveling purposes, we ask that they not use them while at camp.

Contact information

Omega Teen Camp phones are available for campers to make outgoing calls once a week between 6:30 p.m.- 8:00p.m.. Alloted time for each call is five-ten minutes. International campers will not be allowed free calls. Please supply them with an international calling card. **Cell phones are not permitted at camp** (except for teens who are travelling alone by air). We encourage letter writing for both the parents and the campers (address below). There will be no internet access for campers to check email, etc.

Summer (July 18th-August 14th): Office/fax 845-878-3351, 845-878-2140, and 845-878-2141.

When camp is not in session: 800-944-1001, Omega Registration.

Mailing address for campers during their stay:

(Teen's Name)
Omega Teen Camp
c/o Camp Henry Kaufman
115 Camp Rd.
Holmes, New York 12531

Care packages must fit into an 8"x14" envelope. **Do not send food of any kind to camp.** Packages will be inspected and any food items will be collected and not returned to sender or camper.

Cancellation Policy

- Refunds (less a \$100 processing fee) are available up to 60 days before the first day of camp.
- Nonrefundable credit on account (less a \$100 processing fee) is available for cancellations 59-30 days before camp.
- No refund or credit is available with less than 30 days notice, or if camper does not show up, or leaves early.

Directions

By Car

Newburgh-Beacon Bridge-from West or North

Take I-84 East to Exit 17 (Ludingtonville Road) which is 6 miles east of the Taconic State Parkway. At the end of the exit ramp, turn right, and right again onto Rt. 52 heading North. There is a Hess Mart on the Northeast corner of the intersection. Follow Rt. 52 North to Dutchess County Road 30/Holmes Road (about 1 mile past Hess Station). Turn right. Follow Dutchess County Road 30/Holmes Road until Rt. 292 just past railroad tracks. Turn left onto Rt. 292. Camp Henry Kaufmann is on the right, less than 100 yards up on Rt. 292.

Connecticut-from East

Take I-84 West to New York Exit 17 (Ludingtonville Road) which is 10 miles west of Brewster. At the end of the exit ramp turn left heading North onto Rt. 52 (100 yards). There is a Hess Mart on the Northeast corner of the intersection. Follow Rt. 52 North to Dutchess County Road 30, Holmes Road; (about 1 mile past Hess Station) turn right. Follow Dutchess County Road 30 until Rt. 292 (through Holmes), turn left past railroad tracks. Camp Henry Kaufmann is on the right, less than 100 yards up on Rt. 292.

New York City

Take the Saw Mill River Parkway to I-684 (Brewster). Continue on I-684 to Exit 9W (Newburgh). On I-84 West, go 10 miles to Exit 17 (Ludingtonville Road). At this point follow the directions from Connecticut above.

Long Island

Cross the Whitestone Bridge and take the Hutchinson River Parkway North to I-684 labeled Brewster. Continue on I-684 and follow directions from New York City above.

Alternative possibilities: Sprain Brook Parkway or the New England Thruway and I-287 (Cross Westchester Expwy). Please refer to an area road map for these routes.

By Train from NYC

From Grand Central Station take Metro-North Railroad to Patterson, NY. This requires a quick transfer at the Southeast Station, one stop before Patterson. Omega Teen Camp is five minutes from Patterson. We can arrange shuttles to and from the train station; let Omega Registration know at least two weeks before your arrival. Visit www.mta.nyc.ny.us or call 212-532-4900 for Metro-North schedule information.

CAMPER QUESTIONNAIRE

Please answer the following questions. Please answer honestly, as your responses will contribute to an amazing camp experience.

1. What activities would you most like to participate in at camp?

2. List any intentions you may have for your time at Omega Teen Camp.
(For example: having fun, creating a video project, etc.)

3. Please share anything else you would like us to know about yourself including hopes, dreams, concerns, etc.

2010

CAMPER CONTRACT

Please read over the camper contract with your child carefully before signing to ensure a better understanding of camp rules and policies. Our number one goal at Omega Teen Camp is creating a safe and loving community for everyone at camp. The rules below help to create a safe environment and breaking the Camper Contract may result in dismissal from camp.

1. The use or possession of alcohol, tobacco, marijuana, or any other controlled or illegal substances is not permitted at camp or on camp trips. If you cannot abstain from using illegal drugs or alcohol for your 2 or 4 week stay, please do not sign up for this camp.
2. Sexual harassment and intimidation, whether verbal or physical, is inappropriate and not permitted at camp.
3. While at our camp we encourage making deep connections, we do not allow explicit sexual contact. We recognize there will be sexual attractions, and encourage campers to express these attractions through appropriate means.
4. Verbal or physical displays of racial, sexual, or religious discrimination are never permitted at Omega Teen Camp.
5. Weapons, fireworks, lighters, matches, and any other incendiaries are not permitted at camp.
6. Campers may not leave the camp property except on organized camp trips or with their parent(s) or guardian(s). To leave camp with someone else, campers must have written permission from parent(s)/guardian(s).
7. Theft at camp, or on camp trips, will not be tolerated.
8. Omega Teen Camp will not be responsible for lost or damaged property (cameras, CD's, music players, etc.).
9. Respect for private property must be observed while at camp.
10. Attendance at activities, meals, and evening activities is mandatory, unless the director(s) and/or nurse for a special reason grant an exception.
11. Leaving the cabin at night is not permitted.
13. ALL MEDICATION (prescription or non-prescription) must be kept in the nurses office at all times. There are only a few exceptions such as asthma inhalers or anti-bee sting venom. The camp nurse(s) is responsible for individual exceptions to this rule.
14. Each member of the camp is expected to contribute to keeping camp facilities properly cleaned and maintained by participating in camp and cabin chores. Graffiti and other forms of vandalism are not tolerated.

Camper Signature _____ **Date** _____

PARENT'S AUTHORIZATION: THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL PRESCRIBED CAMP ACTIVITIES EXCEPT AS NOTED IN WRITING BY MY PHYSICIAN OR MYSELF. I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO ORDER X-RAYS, ROUTINE TESTS, AND EMERGENCY TREATMENT FOR THE HEALTH OF MY CHILD. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO HOSPITALIZE, SECURE PROPER TREATMENT FOR AND ORDER INJECTIONS AND/OR ANESTHESIA AND/OR SURGERY FOR MY CHILD AS NAMED ABOVE. I HEREBY RELEASE THE USE OF PHOTO/VIDEO IMAGES AND WORK PRODUCT OF THE ABOVE REGISTERED CAMPER FOR THE PURPOSE OF CAMP PROMOTION AND DISPLAY TO THE GENERAL PUBLIC. I HAVE READ THE POLICIES WRITTEN ON EACH PAGE OF THIS REGISTRATION FORM, INCLUDING "THE CAMPER CONTRACT", AND AGREE TO ABIDE TO THEM.

Parent Signature _____ **Date** _____

CAMPER MEDICAL HISTORY FORM

1. Medical Form.

- Pages 14–16 of the form are to be completed and signed by your child’s physician. A physical examination within the last 24 MONTHS of the date camp begins is acceptable.
- The entire camper medical form must be on file in our office PRIOR to your son or daughter’s arrival at Omega Teen Camp.

2. Medications.

- If your child is taking a prescription medication, please send him or her to camp with an ample supply so that we will not need to replace or refill it.
- All medications must be turned in to the camp infirmary in the original bottle/packaging and must be dispensed by the camp medical staff at prescribed times.

3. Camp Nurses / Infirmary.

- Omega Teen Camp has a fully qualified professional nursing staff on site at all times.
- Omega Teen Camp has a fully stocked infirmary. Please DO NOT send your child to camp with aspirin, ibuprofen, or any other over-the-counter medications. These will be dispensed by the nurse as prescribed by your child’s licensed physician on page 16 of this form.
- If your child has a medical issue that needs to be discussed, please send a detailed letter addressed to the nurses accompanying the medical form.

4. Notification of Illness/Injury:

- Infirmary staff will contact you by phone in the event that your child becomes ill and requires a visit to the physician or requires prescription medication or requires hospitalization
- If you are not home at the time of the injury/illness, your designated emergency contact will be notified.

HEALTH HISTORY EXAMINATION FORM FOR CAMPER/STAFF

The information given on this form is gathered to assist us in identifying appropriate care. This form is to be completed by the parent(s)/guardian(s) of minors or by the campers themselves, with the exception of the section labeled, "Immunizations and Health-care Recommendations by Licensed Physician", on pages 14, 15, and 16, which must be completed and signed by a licensed physician. If the camper already has medical forms on file please submit a letter from your doctor confirming that no changes have been made in your child's health.

Last Name _____ First Name _____ Middle Initial _____

Birth date _____ Age at Camp _____ Gender: _____ Male _____ Female

Home Address _____

Social Security Number of Camper _____

Custodial parent/guardian _____

Phone (____) _____

Home address (if different from above) _____

Business address _____

Business phone (____) _____

Second parent/guardian or emergency contact _____

Phone (____) _____

If not available in an emergency, notify:

Name _____

Relationship _____

Address _____

Phone (____) _____

Insurance Information

Is the participant covered by family medical/hospital insurance? _____ YES _____ NO

If so, indicate carrier or plan name _____

Group # _____

Carrier address _____

Name of insured _____

Relationship to participant _____

Social Security number of policy holder or insurance ID number _____

IMPORTANT!

SIGNATURES REQUIRED FOR ATTENDANCE

PARENT/GUARDIAN AUTHORIZATIONS: This health history is correct and complete to the best of my knowledge. The person herein described has permission to engage in all camp activities except as indicated. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event 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 person named. This completed medical form may be photocopied for trips out of camp or if deemed necessary.

Signature of parent/guardian or adult participant _____

Printed Name _____

Date _____

I also understand and agree to abide by any necessary restrictions placed on my participation in camp activities.

Signature of minor or adult participant _____

Date _____

Health History

The following information must be completed by a parent/guardian, or adult participant. The intent of this information is to provide camp health care personnel with the background to provide appropriate care as needed. It is important that you keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Please provide complete and detailed information so that the camp can be aware of your needs.

ALLERGIES List all known. Describe reaction and management of the reaction.

Medication allergies (list)

Food allergies (list)

Other allergies (list) - include insect stings, hay fever, asthma, animal dander, etc.

Any treatment(s) for above allergies should be included as prescriptions in the licensed physician section on pages 15 & 16 of this medical form.

CAMPER HISTORY

Please identify any medications taken during the school year that the participant does not / may not take during the summer:

Please check which of the following the participant has had in the past:

Measles Chicken Pox German measles Mumps Hepatitis A

Hepatitis B Hepatitis C

Dietary Restrictions

Activity Restrictions (i.e. what cannot be done at camp, what adaptations or limitations are necessary)

Please provide us with information about the camper's behavior and physical, emotional, or mental health about which the camp should be aware. Your feedback helps us to fulfill our goal in creating an environment that provides optimal support for each and every camper.

General Questions (Please explain any “yes” answers)

Has / Does the camper:

1. Had any recent injury, illness, or infectious disease? _____ Y _____ N
2. Have a chronic or recurring illness/condition? _____ Y _____ N
3. Ever been hospitalized? _____ Y _____ N
4. Ever had surgery? _____ Y _____ N
5. Have frequent headaches? _____ Y _____ N
6. Ever had a head injury? _____ Y _____ N
7. Ever been knocked unconscious? _____ Y _____ N
8. Wear glasses, contacts, or protective eye wear? _____ Y _____ N
9. Ever had frequent ear infections? _____ Y _____ N
10. Ever passed out during or after exercise? _____ Y _____ N
11. Ever been dizzy during or after exercise? _____ Y _____ N
12. Ever had seizures? _____ Y _____ N
13. Ever had chest pain during or after exercise? _____ Y _____ N
14. Ever had high blood pressure? _____ Y _____ N
15. Ever been diagnosed with a heart murmur? _____ Y _____ N
16. Ever had back problems? _____ Y _____ N
17. Ever had problems with joints (knees, ankles, etc.)? _____ Y _____ N
18. Has an orthodontic appliance being brought to camp? _____ Y _____ N
19. Have any skin problems (itching, acne, rash, etc.)? _____ Y _____ N
20. Have diabetes? _____ Y _____ N
21. Have asthma? _____ Y _____ N
22. Had mononucleosis in the past 12 months? _____ Y _____ N
23. Had problems with constipation/diarrhea? _____ Y _____ N
24. Have problems with sleepwalking? _____ Y _____ N
25. If female, have an abnormal menstrual history? _____ Y _____ N
26. Have a history of bed-wetting? _____ Y _____ N
27. Ever had an eating disorder? _____ Y _____ N
28. Ever had emotional difficulties for which professional help was sought? _____ Y _____ N

Please explain any “yes” answers, noting the number of the question to which it applies.

Name of family physician: _____

Phone (____) _____

Address _____

Name of family dentist: _____

Phone (____) _____

Address _____

IMMUNIZATIONS

Please provide a copy of the camper's immunization record from his/her licensed physician or have this from completed and signed by your licensed physician.

Camper's Name _____

Please give dates of immunization for:

<i>Vaccine</i>	<i>Dates</i>
DTP	_____
TD(tetanus/diphtheria)	_____
Tetanus	_____
Polio	_____
MMR	_____
<i>Or Measles</i>	_____
<i>Or Mumps</i>	_____
<i>Or Rubella</i>	_____
Haemophilus influenza B	_____
Hepatitis B	_____
Varicella (chicken pox)	_____

TB Mantoux Test: Date of last test _____ Result (circle one): Positive Negative

HEALTH-CARE RECOMMENDATIONS BY LICENSED PHYSICIAN

I examined this individual on (date) _____.

BP _____ Weight _____ Height _____

In my professional opinion, the individual named _____ is / is not able to participate in an active camp program.

The individual is under the care of a physician for the following conditions:

Description of any treatment to be continued at camp

Description of any limitation(s) or restriction(s) on camp activities

Known Allergies

Medications to be administered at camp (name, dosage, frequency). Please list on the following page, including over the counter prn medications.

Additional information for health care staff at camp

Signature of Licensed Physician _____

Printed _____

Title _____

Address _____

Phone (____) _____

Date _____

INDIVIDUAL MEDICATION ORDERS FOR CAMPERS

Camper's Name _____

In order to provide appropriate medical care for this camper while at camp, we need specific instructions from the camper's physician concerning administration of "routine (over the counter)" medications and any special medications which the camper may bring to camp.

Individual Orders for _____

Standard Over the Counter/ PRN medications. The following medications are available in the Health Center and will be administered at the discretion of an RN, if approval is indicated by the camper's health-care provider. Please circle yes or no in the order column.

Drug Name	Route	Dosage	Schedule	Order		Comments
				Yes	No	
Acetaminophen	PO (chewable or tabs)	Per label instructions by age/weight	Q 4hr prn for pain or fever > 102°F	Yes	No	
Ibuprofen	PO	Per label instructions by age/weight	Q 6hr prn for pain or fever > 102°F	Yes	No	
Robitussin cough syrup	PO (syrup)	Per label instructions by age/weight	Q 4hr prn for cough	Yes	No	
Benadryl	PO (elixir or pills)	Per label instructions by age/weight	Q 4hr prn for allergic reaction (hives/insect bite)	Yes	No	
Children's Mylanta	PO (chewable tabs)	Per label instructions by age/weight	BID-TID prn for stomach upset	Yes	No	
Pseudoephedrine HCL	PO (liquid tabs)	Per label instructions by age/weight	Q 4-6hrs prn nasal congestion	Yes	No	
Bacitracin ointment	Topical	Per label instructions by age/weight	Prn abrasions, lacerations, insect bites	Yes	No	
Calagryl/ Calagel	Topical	Per label instructions	Prn insect bites, rash, poison ivy/ oak rash	Yes	No	

Non-Prescription and Prescription Medications. Please complete with patient's current regimen for both scheduled and prn medications. Use 2nd page (if needed) this includes vitamins, inhalers, ear and eye drops. Medications must be in the original labeled bottle with directions for administration.

Camper's Health Care Providers Name: _____

Signature _____

License # _____ Date: _____

Address _____

Phone (____) _____

Drug Name	Route	Dosage	Schedule and Indications	Comments

FOR CAMP USE ONLY

Screening Record

Date Screened _____

Time _____am/pm

Meds Received _____

Updates/additions to health history noted ____ Yes ____ No ____ None Required

Current health needs identified _____

Observational notes _____

Screened by: _____

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Communicable Disease Control

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 of 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 a 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 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 vaccination?

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

MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for every camper who attends camp for seven (7) or more nights.

Check one option and sign below

My child has had the meningococcal meningitis immunization (Menomune) within the past 10 years.

Date received: _____
 month day year

Note: The vaccine's protection lasts for approximately 3-5 years. Revaccination may be considered within 3-5 years.

I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will not obtain immunization against meningococcal meningitis disease.

Signed: _____ Date of Birth: _____
(Parent/Guardian)

Camper's Name: _____ Date of Birth: _____

Mailing Address: _____

Parent/Guardian's E-mail address (optional): _____

Please return all of the following completed forms to the address below:

- **p. 5** Conditions and Terms of Enrollment
- **p. 6** Camper Questionnaire
- **p. 7** Parent Questionnaire
- **p. 8** Camper Contract (camper & parent signatures required)
- **p. 9** Camper Medical History Form
- **p. 10-11** Health/Camper History
- **p. 14-15** Health Care Recommendations by Licensed Physician
- **p. 16** Individual Medication Orders
- **p. 17** Screening record
- **p. 19** Meningitis Vaccination Response Form

2010

Omega Institute
Attention: Omega Registration
Omega Teen Camp
150 Lake Drive, Rhinebeck, N.Y. 12572 • 800.944.1001 845.266.4444

OmegaTeenCamp.org