

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, nonjudgmental 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 two weeks before the first day of camp.

If your teen takes prescription medication, we utilize an outside service called CampMeds, which provides a safe and efficient means of dispensing medication at camp. For detailed information on this program, please see pages 12–15 of this packet.

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

Sincerely,

Adam Simon
Camp Director

Please make copies for your records and return all completed forms to:

Omega Institute
Attention: Omega Registration
Omega Teen Camp
150 Lake Drive
Rhinebeck, NY 12572

OMEGA

OmegaTeenCamp.org

TEEN CAMP INFORMATION

Session A	2 weeks	\$2,000	July 13–26, 2014
Session B	2 weeks	\$1,850	July 27–August 9, 2014
Session C	1 week	\$1,000	August 10–16, 2014
Session D	4 weeks	\$3,700	July 13–August 9, 2014
Session E	5 weeks	\$4,625	July 13–August 16, 2014
Session F	3 weeks	\$2,775	July 27–August 16, 2014

*Includes housing, meals, and all activities and materials.

Arrival & 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 Camp Henry Kaufman, in Holmes, New York.

Directions

Please note that Omega Teen Camp is located in Holmes, New York, and not on Omega's Rhinebeck, New York, campus.

Visit www.eomega.org/teen-camp/directions for driving directions to Omega Teen Camp.

By Train from NYC

From Grand Central Station, take Metro-North Railroad to Patterson, New York. 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.

To make reservations, please 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.

By Air

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

We must have travel information three weeks in advance; we book shuttles based on arrival times. Please be sure your flight arrives between the hours of 10:00 a.m. and 5:00 p.m.

Arrival: Omega will make pickups at JFK and LaGuardia airports on July 13, July 27, and August 10. The fee for this shuttle service is \$125, one way. If you cannot arrive in time for these shuttles, Omega may be able to arrange an additional shuttle, although 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 your teenager travels. 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 26, August 9, and August 16. As mentioned above, shuttle service to JFK and LaGuardia airports is available for \$125, one way.

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 26 between 10:00 a.m. and 2:00 p.m. You can also call to arrange a visit at any other time.

Missing Home

It is common for campers to experience the very natural response of homesickness during the first week of camp. We ask that family members refrain from contacting their teens. Although your intentions are good, if campers hear from home, 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. We take every precaution to ensure the health and safety of each camper. It is mandatory to have all health forms submitted before the first day of camp.

Alcohol & Drugs

We have a zero-tolerance policy for illegal drugs and alcohol. They are not allowed at camp. Their possession or use will result in a dismissal from camp without a refund or credit. Parents will be responsible for immediate pickup of their teenager and all costs involved in the dismissal.

Food

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

Accommodations

Each single-sex cabin houses between five and eight campers plus a counselor. Campers are grouped together by age. We do our best to honor roommate requests. If you have a roommate request, be sure to contact Omega Registration.

There are no electrical outlets in the cabins or bathrooms, so appliances of any kind are discouraged. Some of the older girl campers stay in houses with a larger number of campers and several counselors.

Bedding & Laundry

Bring a light-weight sleeping bag or blanket and twin size bedding (including sheets, pillows, and pillow cases). Laundry service will be provided for campers staying four weeks or more 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:

LARGE water bottle
rain gear
twin size linens/pillow
sweatshirts/sweaters
yoga/dance clothes
underwear
toiletries

T-shirts
shorts/pants
socks
sleeping bag/blanket
towels
flip flops/shower shoes (2)
insect repellent

bathing suits (2)
flashlight
sandals/sneakers
sunscreen
small backpack

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 will take it from them and return it at the end of camp. Campers will not be allowed to use their cell phone as a camera.

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.

Contact Information

If you have any questions please call 800.944.1001 or 845.266.4444.

Omega Teen Camp phones are available for campers to make outgoing calls during the second week of each session. We cannot provide free calls for international campers, so please supply them with an international calling card. **Cell phones are not permitted at camp** (except for teens who are traveling alone by air). We encourage letter writing for both parents and campers (address below). There will be no Internet access for campers to check email.

Mailing Address for Campers During Their Stay:

(Teen's Name)
 Omega Teen Camp
 c/o Camp Henry Kaufman
 115 Camp Road
 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.**

CAMPER INFORMATION

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, "Health-Care Recommendations by Licensed Physician" and "For the Doctor" on pages 17-18, which must be completed and signed by a licensed physician.

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 _____

(Please include copies of both the front and back of your valid insurance card.)

GENERAL PARENT QUESTIONS

(PLEASE EXPLAIN ANY "YES" ANSWERS)

Does or Has 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. Have 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

Explanations.

Please tell us about your campers interests, special family situations etc.

Any dietary, emotional, physical or behavioral or social problems at home, school, or a past camp?

Any Medical problems? What prescribed medications, if any, is your camper taking regularly?

CAMPER MEDICAL HISTORY FORMS

Medical Form

- Pages 17–18 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. (Please note that returning campers must supply forms each year. We do not retain the previous years.)

Medications

- You must have all of your child’s prescriptions filled through CampMeds. See pages 12–15 for details.
- Camp Nurses/Infirmary
- Omega Teen Camp has a fully qualified professional nursing staff onsite 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 pages 17–18 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.

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 injury/illness, your designated emergency contact will be notified.

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 medical 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 17 and 18 of this medical form.

SIGNATURES REQUIRED FOR ATTENDANCE

IMPORTANT!

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 management 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 _____

CAMPER CONTRACT

Please carefully read over the camper contract with your teenager 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 stay, please do not sign up for this camp.
2. Sexual harassment and intimidation, whether verbal or physical, is inappropriate. It is not permitted at camp and is grounds for dismissal.
3. Verbal or physical displays of racial, sexual, or religious discrimination are never permitted at Omega Teen Camp.
4. Weapons, fireworks, lighters, matches, and any other incendiaries are not permitted at camp.
5. 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) or guardian(s).
6. Theft at camp, or on camp trips, will not be tolerated.
7. Omega Teen Camp will not be responsible for lost or damaged property (cameras, CDs, music players, etc.).
8. Respect for private property must be observed while at camp.
9. Attendance at activities, meals, and evening activities is mandatory, unless the director and/or camp medical staff grant an exception for special reasons.
10. Leaving the cabin at night is not permitted.
11. ALL MEDICATION (prescription or nonprescription) must be kept in the nurses office at all times. There are only a few exceptions, such as asthma inhalers or anti-bee sting injectors. The camp medical staff is responsible for individual exceptions to this rule.
12. 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's Signature _____

Date _____

Dear Camp Parents,

Each Omega Teen Camp family is **required** to register with **CampMeds Inc.**, a prepackaged medication program, to dispense and package your child's medication for camp. All pills will be dispensed and individually packaged in sealed packets labeled with your child's name, medicine, dosage, date, and time to be given. This system ensures that each camper receives their correct medicine at the right time of day. All medication will be shipped to camp prior to your child's arrival.

The CampMeds affiliated pharmacy will dispense *all prescription and nonprescription medicine taken daily or as needed*. Medication not in pill form (liquids, inhalers, drops, etc.), can be dispensed as well.

What you need to do:

1. Register on www.CampMeds.com (you may register prior to obtaining prescriptions).
2. Note the Camper ID # you receive when you complete the online registration and print your receipt.
3. Obtain original prescriptions *written for 30 day increments*. If your child attends camp over 30 days, prescriptions must have a refill.
4. **For controlled substances only:** If your child is staying longer than 30 days, the law requires a new prescription for each 30-day supply. *Two separate 30-day prescriptions are required for controlled substances*. Send all prescriptions together. We must receive the *original* prescription. Please provide your physician with the Physician Instructions located in the About Us tab on the CampMeds website.
5. **Prescriptions are filled as written.** It is your responsibility to confirm all prescriptions are written exactly how and when your child takes the medication and the correct medication and dose is prescribed.
6. Write Camper ID # on the top corner of prescriptions. ***Do not send us medication, only the written prescription.***
7. **Nonprescription medications/vitamins:** Physician's authorization or written directions by parent required.
8. Include a copy of both sides of your insurance/prescription card.
9. Mail prescriptions, registration receipt, and copy of insurance card directly to:

CampMeds PO Box 267037, Ft. Lauderdale, FL 33326-7037

Fees: There is a one-time registration fee for the entire summer which will be charged to your credit card immediately upon registration. ****Fees are per camper, not prescription, and do not include the cost of medicine.**

- Fee for campers attending up to 30 days of camp is \$50 including shipping.
- Fee for campers attending more than 30 days of camp is \$60 including shipping.

Deadlines: ALL ITEMS ABOVE MUST BE RECEIVED 30 DAYS PRIOR TO SESSION START DATE.

A **\$25 late fee** will be charged to your credit card if any of the items above are received after the deadline.

Please be aware that your credit card will be charged any additional shipping cost for medication prescribed after your child's initial medication and/or refills have been sent to camp.

Email Notification: You are notified by email when CampMeds receives your online registration, when your prescriptions are received, and when medications are sent to camp. *Contact CampMeds if you do not receive a confirmation email within one week of sending prescriptions.*

Insurance/Prescription Medications: The CampMeds pharmacy partner accepts most insurance plans. They will verify your insurance upon registration and submit to your plan once camp begins. You are responsible for all copayments, deductibles, and medications not covered by your insurance. If the pharmacy is not a provider for your insurance, we will notify you to arrange alternative plans. **All of your medication charges will appear on your credit card statement from the Pharmacy usually after your child returns home.*

Over-the-Counter Items and Medications Not Covered by Insurance: Will be charged to your credit card by the pharmacy.

Please refer to the CampMeds website www.CampMeds.com for registration and important details. For questions, contact CampMeds at 954.577.0025 or info@CampMeds.com. Please review the following important FAQs.

CAMPMEDS FREQUENTLY ASKED QUESTIONS

1. Exactly which medications am I required to have CampMeds dispense?

- All prescription and nonprescription medications and vitamins (taken daily and "as needed").
Except the following: Accutane, insulin, growth hormone injections, birth control pills, and as needed, Lactaid.
- Most camps stock drugs such as Tylenol, Advil, Benadryl, etc; you do not need to have CampMeds dispense those typical items if they are only taken "as needed." Check with your camp to confirm what over-the-counter medications they stock.
- If your camper takes herbal/specialty vitamins, please contact CampMeds to determine if they can be packaged.

2. How can I be sure the medications will be packaged exactly the way my child takes them?

It is your responsibility to check that the prescription is written correctly. If the medication is to be taken daily, the prescription should be written for every day with the time of day, such as morning, with lunch, etc. If the medication is to be given at bedtime, the prescription must specify. **If a prescription is written as "once a day" with no specific time, the medication will be packaged for the morning.** If the medication is taken only "as needed" (PRN), the prescription must be written to specify only "as needed."

3. Do I need to register my child again if I registered last summer?

Yes, you need to register for this summer and your child will be assigned a new Camper ID.

4. How can I ensure the medications will be covered by the CampMeds pharmacy partner?

Be sure the prescriptions we are filling are written exactly the way your child has always taken the medication. Review the prescription with your physician *before sending to CampMeds*. If a new medication or dose is prescribed, contact your prescription plan to confirm the medication and dose is covered for a 30-day supply.

5. Will the pharmacy accept my insurance?

Our pharmacy partner is contracted with most insurance plans however, until you submit your online registration form with complete insurance information, your plan cannot be verified for billing. *We will contact you if the pharmacy is not on your plan.* You will not be required to participate in the CampMeds program if your insurance will not pay for medicine dispensed by our pharmacy. It is CampMeds responsibility to verify the pharmacy is a provider for your insurance plan. You will be responsible for copayments, deductibles, and any over-the-counter requests not covered by insurance. If you have an insurance change, please fax the updated insurance card to CampMeds in order to avoid credit card charges for the full cost of medication. All credit card charges from the pharmacy will appear as a separate charge *after* your child returns from camp.

6. Will my copay be the same from the CampMeds pharmacy?

Our pharmacy partner will confirm that they are a participating provider for your insurance plan once you have registered at www.campmeds.com. This will ensure that your copays should be the same as you pay at your local pharmacy, but there are some insurance plans that do charge a higher copay depending on which pharmacy fills the prescriptions, so be sure to contact your plan to confirm your copays via the CampMeds pharmacy. You will be notified if we are NOT a provider for your plan. Since we will NOT submit to your insurance until your child arrives at camp (a courtesy that enables refills prior to camp, if needed), there is no way for the pharmacy to determine in advance if the medication and/or dose prescribed will be covered by your insurance, or if a prior authorization from the physician will be required for a particular medication prescribed. *It is your responsibility to contact your insurance to confirm all medication and dosages will be covered.* Please keep in mind that insurance plans change frequently, so it is a good idea to contact your prescription processor prior to mailing your child's prescriptions to CampMeds.

7. What if I use a mail order pharmacy or have a 90-day prescription plan?

Usually our pharmacy can only dispense a 30-day supply of medications. You will be responsible for a 30-day copay determined by your insurance plan. After registering with CampMeds, we ask that you contact your member services:

- To confirm that your prescription plan is NOT mandatory mail order for the medications we will dispense.
- To confirm that your prescription plan does not have any limitation on how many times you are allowed to fill outside your mail order plan.
- To confirm what your 30-day copays will be for the medications.
- To request a Vacation Override so our pharmacy can get paid when they submit to your insurance on the day camp begins. *The camp start date will be the submitted fill date.*

You will then need to ask your physician to write a 30-day prescription to send to us (with refill, if applicable).

You will need to avoid refilling the medication within 60 days of the camp start date, or you can request only the number of days needed until the start date of camp since that will be the date we will submit to your insurance. This will enable the pharmacy to process the medication through your insurance when camp begins.

If your plan does not allow you to get 30-day prescription filled with our pharmacy, please email CampMeds.

8. What if my child's medication needs to be refilled while at camp?

Medication prescribed for "daily" use is automatically refilled by our pharmacy and sent to camp for campers attending more than 30 days. Prescriptions must be written with refills. (Except for controlled substances, which require two separate 30-day prescriptions.) **PLEASE NOTE:** Refills will be billed 30 days after the initial billing. Do NOT refill your child's medication while at camp. This will cause your insurance to reject our pharmacy claim submitted for your child's medication, and you will be charged full price for medications dispensed. Once your camper finishes any unused medications brought home from camp, along with any medications left at home prior to camp, you may then refill your child's medication. You will fall right back in to your refill cycle!

9. How are "as needed" medicines packaged?

CampMeds will pre-package "as needed" (PRN) medicine separately from daily medications. Your child will go to the nurse for these medications when he/she needs them and they will be refilled only if necessary. The camp nurse will contact CampMeds if a PRN medication needs to be refilled. Unused medications will be sent home at the end of camp.

10. What if I need to fill a prescription for my child before camp starts?

You may refill your child's medication anytime before camp, if necessary. The pharmacy will not bill your insurance until camp begins, but, in order to help ensure that medications for camp will be covered by your plan, please request only the amount of medication needed at home before camp begins. The other option is to have your insurance put in an "override" for the CampMeds pharmacy for the start date of camp, which is when the claim will be submitted to your insurance.

11. I can only refill my child's medicine when he is down to his last pill. How can the pharmacy send the medications to camp before a refill is due?

The pharmacy will dispense the medications and send to camp prior to your child's arrival, but will not submit to your insurance until the day your child begins camp. If necessary, the pharmacy will resubmit the claim form on the appropriate date for reimbursement if a vacation override is not given for the camp start date.

12. Why don't you dispense medications for the exact days of camp, rather than in 30-day increments?

Most insurance plans only reimburse for 30 days of medication per month, and you the insured, pay a copay for each 30-day supply. When the prescription is written for less than a 30-day supply, your copay will cost the same as a 30-day supply. Refills should also be for the full 30-day supply, as unused medications are sent home from camp.



13. Will nonprescriptions cost the same as I pay at my pharmacy?

The pharmacy is competitive in pricing, but there is no way to know if you will pay a few dollars more or less.

14. Can a half of a pill be packaged?

Yes.

15. My child takes a different dose of the same medicine every other day. Can it be packaged that way?

Yes.

16. Will the pharmacy dispense generic or brand name?

Unless the prescription is written with the words "*Brand Name Necessary*," the pharmacy will dispense generic. *It is your responsibility to confirm the prescription is written correctly.*

17. What if my child takes a controlled substance such as Concerta or Adderall?

An *original prescription* is required. For campers staying more than 30 days, an additional prescription for a 30-day supply of medication is required. It is against the law for a *controlled substance* to be refilled. *Please send a separate prescription for every 30-day supply.* All prescriptions for the child's camp stay should be received by CampMeds at the same time. You may explain that we can accept two separate 30-day prescriptions written for the same date, but they will only be dispensed one month at a time. The physician may also write both prescriptions each with a different date. Please visit our website at www.campmeds.com for a detailed letter you may give your physician on controlled substance prescriptions to be dispensed by the CampMeds pharmacy.

18. What if my child is placed on a prescription or nonprescription daily medication after the deadline date to register and submit prescriptions has passed?

CampMeds will always accommodate all campers at anytime. You may be asked to send your child with a small supply of medication as back up and the \$25 late fee will apply.

19. What if my child requires a new medication while at camp?

Our pharmacy will always send out any additional medication and/or dose change. You will be charged the shipping cost for any medication change or if additional medications are ordered and sent to camp after your initial medication and/or refills have been sent.

20. When will the pharmacy charge me for my camper's medications?

Since our pharmacy partner will not submit to your insurance until camp begins, you may not receive a charge on your credit card until two months after your camper returns home. Please notify us of any credit card changes during the summer.

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 _____

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 _____ Date _____

Printed _____

Title _____

Address _____

Phone (____) _____

FOR THE DOCTOR

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 that 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 physician. Please circle yes or no in the order column.

Drug Name	Route	Dosage	Schedule	Order		Comments
Acetaminophen	PO (chewable or tabs)	Per label instructions by age/weight	Q 4hr prn for pain or fever > °F	Yes	No	
Ibuprofen	PO	Per label instructions by age/weight	Q 6hr prn for pain or fever > °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	
Caladryl/ Calagel	Topical	Per label instructions	Prn insect bites, rash, poison ivy/ oak rash	Yes	No	

Nonprescription 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, and ear and eye drops. Medications must be in the original labeled bottle with directions for administration.

Drug Name	Route	Dosage	Schedule and Indications	Comments

Name of Camper's Physician _____

Signature _____

License # _____ Date _____

Address _____

Phone (_____) _____

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, health.state.ny.us; the centers for Disease Control and Prevention, cdc.gov/ncid/dbmd/diseaseinfo; and the American College Health Association, 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 Email Address (optional) _____

