



Medical Packet for All Camp Participants
DIOCESAN SUMMER CAMPS
Department of Youth and Young Adult Ministries
Diocese of the Armenian Church of America (Eastern)

A. Participant Information and Health Insurance Form

Health exams must be completed by a medical provider at least every two years; however, **an updated and signed form is required annually**. This information provides camp healthcare personnel the background to provide appropriate care based on the individual's needs. Keep a copy of the completed packet for your records. Any changes to this packet should be provided to camp health care personnel upon the participant's arrival in camp. **These forms will need to be uploaded to your online ACTIVE family portal by JUNE 1 for St. Vartan Camp and by JULY 15 for Hye Camp.** Please make sure your scans are bright and legible.

PLEASE NOTE: Forms C and D must be completed by a medical provider, with a signature or stamp at the bottom of Form D verifying completion. Without these completed and signed forms, a participant will not be permitted to attend camp.

PARTICIPANT INFORMATION:

Participant Name: _____ DOB: _____

Home Address: _____

Parent/Guardian: _____

Parent/Guardian Phone: _____ Email: _____

Circle Session(s) Attending: A | A1 B | B1 C | C1 Hye Camp

INSURANCE INFORMATION:

Is the participant covered by family or personal medical/hospital insurance? ___ Yes ___ No

Insurance Company: _____ Policy Number: _____

Subscriber Name: _____ Subscriber DOB: _____

****ATTACH a clear copy of the front and back of the participant's health insurance card.****

B. Participant Health History Form

The following information can be filled in by the parent/guardian of a minor or by an adult staff member.

Participant Name: _____

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

HEALTH HISTORY: Please explain any “yes” answers from the above general questions:

ALLERGIES: List all known allergies (medicine, food, environment, or other), as well as the reaction and management of the allergy. If none, please indicate no known allergies:

DIET & NUTRITION: Please list any special dietary restrictions (vegetarian, vegan, lactose intolerant, gluten-free, etc):

ADDITIONAL NEEDS: Please provide honest information about the participant’s **behavior** AND **physical, emotional,** or **mental** health of which the camp should be aware in order to meet his/her individual needs:

C. Examination and Immunization Form

The following information must be completed by a medical provider.

Participant Name: _____ was examined on ____/____/____

Height: _____ Weight: _____ BP: _____

Name of Family Dentist/Orthodontist: _____ Phone: _____

Dentist/Orthodontist Address: _____

1. In my opinion, the above individual ____ IS ____ IS NOT able to participate in an active camp program.

2. Describe all conditions for which the participant may be under the care of a physician. Note any limitations and/or restrictions while at camp. All medications and treatments prescribed should be listed on Form D:

3. Please complete the box below, OR attach a printed immunization record from your doctor's office:

All dates of immunization for:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
COVID-19 (Pfizer / Moderna / J&J)									
Diphtheria Tetanus (DTaP)									
Hepatitis A (HepA)									
Hepatitis B (HepB)									
Haemophilus Influenzae B (HIB)									
Influenza									
Measles Mumps Rubella (MMR)									
Pneumococcal (PCV13/PPSV23)									
Polio (IPV)									
Rota Virus									
Varicella - <i>Chicken Pox</i> (Var)									

****If the participant has NOT been fully immunized due to medical or religious exemption, then please attach the proper documentation from your medical provider.****

D. Standing Orders for the Administration of Medications Form

The following information must be completed by a medical provider.

In order to administer any medication at St. Vartan Camp / Hye Camp, we require a medical provider signature **and** a parent signature. "Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies, as well as prescribed medications. Medications must be in **the original pharmacy prepared containers** and **labeled with the name of the child**, name of the drug, strength, dosage, frequency, authorized prescriber's name and date of the original prescription. Any modifications to the prescription bottle instruction must have a signed doctor's note. Provide enough of each medication to last the entire time the camper will be at camp. All medications, whether prescribed or over-the-counter, will be returned on the final day of camp; medication that is not picked up on the last day of camp will be destroyed.

PARTICIPANT NAME: _____

Prescription Medications and Over-the-Counter Treatments

Please complete with current regimen for both scheduled and as-needed medications, in addition to any other orders deemed necessary to be implemented by the camp nurse/doctor (i.e., dressing changes, cast care, special dietary instructions).

Medication	Dose, Route, and Frequency	Indication, other comment(s)

Standard Over-the-Counter Medications, First Aid, and Preventative Treatment

*The following non-prescription medications may be stocked in the camp health center and may be used on an as-needed basis to manage illness and injury at the nurse/doctor's discretion. **CROSS OUT** any medications the camper should **NOT** be given.*

Acetaminophen (e.g. Tylenol)	Ibuprofen, (e.g. Advil, Motrin)	Naproxen (e.g. Aleve)
PMS/Menstrual Relief (e.g. Midol, Pamprin)	Body Powder (e.g. Gold Bond)	Dietary Fiber (e.g. Metamucil, Benefiber)
Cough Medication (e.g. Robitussin, Nyquil)	Decongestant (e.g. Dimetapp, Sudafed)	Antihistamine (e.g. Benadryl, Claritin)
Throat Spray (e.g. Chloraseptic)	Cough Drops (e.g. Halls)	Canker Sore Relief (e.g. Orajel)
Antacid (e.g. Tums, Mylanta, Maalox)	Anti-diarrheal (e.g. Imodium, Pepto Bismol)	Laxative (e.g. Milk of Magnesia, Dulcolax)
Antiseptic Cleanser (e.g. Bactine)	Antibiotic Ointment (e.g. Neosporin)	Steroidal Ointment (e.g. Hydrocortisone)
Topical Antihistamine (e.g. Benadryl, Calamine)	Sun care (e.g. Sunscreen, Aloe Vera, Solarcaine)	Bug Repellent (e.g. Off!)
Eye Drops/Lubricant (e.g. Visine)	Swimmer's Ear Drops (e.g. Auro-Dri, Swim Ear)	Athletes Foot Care (e.g. Tinactin)

MEDICAL PROVIDER SECTION: *I have completed and verified the medical information on Form C and Form D.*

Signature/Stamp of Medical Provider: _____

Printed: _____ Date: _____

Address: _____

Phone: _____ Fax: _____

PARENT/GUARDIAN/STAFF SECTION: *I have read the above statements and agree to their terms.*

Signature: _____ Date: _____

E. Meningococcal Meningitis Vaccination Response Form

The following letter must be reviewed, completed, and signed by a parent/guardian/staff member.

Dear Parent/Guardian/Staff Member:

We are writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. We are required, as overnight children's camps, to distribute information about meningococcal disease and vaccination to the parents and guardians of all campers who attend camp for seven or more nights.

Meningococcal disease is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. Meningococcal disease can cause serious illness such as infection of the lining of the brain and spinal column (meningitis) or blood infections (sepsis). The disease strikes quickly and can lead to severe and permanent disabilities, such as hearing loss, brain damage, seizures, and limb amputation, in as many as one in five of those infected. Ten to 15 percent of those who get meningococcal disease will die. Meningococcal disease can be easily spread from person-to-person by coughing, sharing beverages or eating utensils, kissing, or spending time in close contact with someone who is sick or who carries the bacteria. People can spread the bacteria that cause meningococcal disease even before they know they are sick. Anyone can get meningococcal disease, but certain people are at increased risk, including teens and young adults 16 – 23 years old and those with certain medical conditions that affect the immune system.

The single best way to prevent meningococcal disease is to be vaccinated. The meningococcal ACWY (MenACWY) vaccine protects against four major strains of bacteria which cause meningococcal disease in the United States. The Center for Disease Control and Prevention (CDC) recommends a single dose of MenACWY vaccine at age 11 through 12 years with a booster dose given at age 16 years. Children are not routinely recommended to receive the MenACWY vaccine prior to the recommended ages, unless they have certain underlying medical conditions which increase their risk of disease. The meningococcal B (MenB) vaccine protects against a fifth strain of meningococcal bacteria which causes meningococcal disease. Young adults aged 16 through 23 years may be vaccinated with the MenB vaccine and should discuss the MenB vaccine with a healthcare provider.

We encourage you to carefully review the Meningococcal Disease Fact Sheet available on the New York State Department of Health website at: <http://www.health.ny.gov/publications/2168.pdf>.

Information about the availability and cost of meningococcal vaccines can be obtained from your healthcare provider or your local health department. Please note that St. Vartan Camp / Hye Camp does not offer meningococcal immunization services.

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E. Meningococcal Meningitis Vaccination Response Form (Cont'd)

St. Vartan Camp / Hye Camp is required to maintain a record of the following for all camp participants:

1. Receipt and review of meningococcal disease and vaccine information; AND EITHER
2. Certification that the camper has been immunized against meningococcal meningitis within the past 10 years; OR
3. An understanding of meningococcal disease risks and benefits of vaccination at the recommended ages and the decision not to obtain immunization against meningococcal meningitis at this time.

To learn more about meningococcal meningitis and the vaccine, please feel free to contact us and/or consult your child's physician. You can also find information about the disease at the website of the Centers for Disease Control and Prevention: www.cdc.gov/vaccines/vpd-vac/mening/default.htm.

Please complete and sign this Meningococcal Meningitis Vaccination Response Form.

Thank you for your attention to this matter. Please feel free to contact the camp office with any further questions.

PLEASE CHECK ONE STATEMENT AND SIGN BELOW:

_____ My child has had the meningococcal meningitis immunization within the past 10 years.

Date received: _____

_____ My child is not of the recommended age to receive the meningococcal meningitis immunization.

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

Participant Name: _____ DOB: _____

Parent/Guardian/Staff SIGNATURE: _____ Date: _____

F. Emergency Contact and Pick-Up Authorization Form

Please complete one form per family. Adult staff members do NOT need to fill out this form.

Camper/CIT Name(s): _____

1. In the event that I am NOT available to pick my child up from the camp session, especially if they contract any communicable diseases, I (the parent/guardian) authorize the following TWO individuals to be the Emergency Contacts to pick up my child. I have verified that both contacts will be willing and available to pick up my child during the duration of the camp session. Each of the contacts added below must be within driving distance from camp and available for same-day pickup.

Name: _____

Address: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____

Address: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

2. Please list any person(s) NOT authorized to pick up your child/children:

If there are any custody issues of which St. Vartan Camp / Hye Camp should be aware, please attach court documentation, if applicable.

3. Please fill in the following information if your child/children is/are traveling home by a chartered bus/van:

I authorize _____ to chaperone my child/children to the designated drop off point in my community.

PLEASE NOTE: Any person unfamiliar to our summer camp staff will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent or legal guardian to the Camp Director(s) or Diocesan Staff.

Parent/Guardian SIGNATURE: _____ **Date:** _____

G. Participant Agreement Form

The following waiver must be signed by the parent/guardian of a minor or by an adult staff member.

CAMPER/CIT/STAFF NAME: _____

PARENT/GUARDIAN NAME (*if participant is under 18*): _____

I give my permission for the above-named Camper/CIT/Staff (“Attendee”) to attend the Hye Camp Program or the St. Vartan Camp Program - Session A , Session B , Session C . (The Hye Camp Program and the St. Vartan Camp Program are hereby referred to as the “Camp.”) The Attendee’s participation in this program is fully voluntary.

I understand and specifically assume all risks and hazards associated with the Attendee’s participation in the Camp including, but not limited to, the risks associated with the COVID-19 virus. I understand that despite the Camp’s efforts to ensure a safe and healthy environment, the Attendee will be associating with staff and other participants and may contract viruses and other illnesses, including COVID-19, and/or pests (e.g. bedbugs, lice, etc.) through the Attendee’s participation in the Camp. I understand that those illnesses and/or pests may subsequently be transmitted from the Attendee to me and members of my household.

I understand that while reasonable supervision is provided, participation in Camp activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury or illness. I certify that the Attendee is in good health, and has no current concerns or conditions that would interfere with or make it unsafe for their full participation in camp activities. I understand that Camp includes outdoor activities, hikes and walks in the woods with possible exposure to mosquitos, bees, ticks, poison ivy, and slippery and jagged surfaces among other dangers and risks. I also understand that outdoor Camp activities may occur in the hot sun and in the rain. I agree that the Attendee will be sent with appropriate attire for Camp activities. I will also provide insect repellent and sunscreen for use at Camp, and I give my permission for staff to assist with the supervision of and/or application of, if necessary, the repellent and sunscreen provided by me.

I authorize any medical treatment deemed necessary in the event of any injury or illness. In the event of a medical emergency, 911 will be called. In the event of an emergency, I understand that I will be notified of the situation as soon as possible. I agree to pay any necessary expenses incurred in and related to the medical treatment of the Attendee, including, but not limited to all transportation costs.

I agree that the Attendee will comply with all health screening protocols prior to arrival at camp. This includes but is not limited to truthful attestations, immediately notifying the camp if the Attendee develops a fever or illness, tests positive for COVID-19 or another serious illness, has been exposed to COVID-19, or has come into contact with bed bugs or lice. I agree and understand that I am responsible for providing Attendee’s relevant health information to the Camp Nurse, including Attendee’s conditions, medication and allergies, and that I will cooperate fully with staff to ensure adherence to medication plans and management of allergies.

I understand that participation in Camp activities carries certain risks and could result in injury and/or death to the Attendee. I (or Attendee’s parent/guardian) knowingly, willingly, and voluntarily assume these risks. I (or Attendee’s parent/guardian) hereby give the Attendee permission to participate in Camp activities and agree to not hold the Camp, Diocese of the Armenian Church of America (Eastern), Board of Trustees, Diocesan Council, Diocesan Primate, its insurers, the Camp’s governing council, and each of their respective clergy, employees, staff, representatives, agents, members, and volunteers (the “Released Parties”) responsible for any loss, damage or injury, including death, that occurs

as a result of participation in Camp activities. I understand that the Camp and the Released Parties are not liable for any injuries or other occurrences due to indoor and outdoor Camp activities or related risks, and/or the actions or omissions of the Camp clergy, staff, volunteers, and employees. Further, I assume full responsibility for personal injury, accidents or illness, including death, and any expenses as a result of an Attendee's actions or negligence. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.

To the fullest extent permitted by law, I hereby waive, release, and discharge any and all claims, causes of action, damages, and claims of rights of any kind, known or unknown, present or future, intentional or unintentional, foreseeable or unforeseeable, arising from or relating in any way to any damage, injury, trauma, illness, loss, harassment, disability, dismemberment, or death that may occur to the Attendee, me, or my household members whatever the cause, due to the Attendee's participation in the Camp ("Claims"), against the Released Parties. This includes, without limitation, any claim arising from or related to the acts or negligence of the Camp or Released Parties, the acts or negligence of my child, or the acts or negligence of a third party. I further agree not to sue the Released Parties, and agree to defend and indemnify the Released Parties for all Claims, damages, losses, or expenses, including attorneys' fees, if a Claim is brought or is filed against the Camp or the Released Parties relating to or arising from Attendee's participation in the Camp.

I, on behalf of myself and/or the Attendee and on behalf of my/his/hers executors, successors, personal representatives, administrators, assignees, heirs and next of kin, hereby release, waive, discharge, and covenant not to sue the Released Parties, from any and all claims for personal injury (including death), damages, losses, demands, and any other actions or claims whatsoever, which I/he/she may have, including claims based upon the acts or negligence of the Camp, which may, in any way whatsoever, arise out of, be related to or be connected to participation in any and all Camp-related activities.

I understand and agree that I am giving up substantial rights, on behalf of myself and/or my child, including the right to sue. I agree to indemnify and defend the Camp from any and all fault, liabilities, costs, expenses, claims, demands or lawsuits arising out of, related to, or connected with participation at Camp; presence on or use of the buildings, land and the premises, and any and all acts or omissions of myself and/or my child. I agree to indemnify the above-mentioned entities and individuals for any and all expenses and liability they incur as a result of any of the Attendee's conduct related to the Camp.

I understand that the Camp may, in its sole discretion, dismiss any Attendee for any reason at any time. If such dismissal occurs, I understand that I will not receive a refund of camp fees for unattended days and will be fully responsible for any costs or expenses associated with such dismissal.

I expressly agree that this instrument is intended to be as broad and inclusive as permitted by law. If any provision of this instrument is held invalid or otherwise unenforceable, the enforceability of the remaining provisions shall not be impaired thereby. This instrument must be signed by the Attendee (or, where child is a minor, by Attendee's parent or guardian, and binds the Attendee (as well as Attendee's parent(s), guardian(s), executors, personal representatives, administrators, assignees, heirs and next of kin. This instrument shall be governed by the laws of the State of New York with respect to St. Vartan Camp or the laws of the State of Illinois with respect to Hye Camp.

Camper/CIT/Staff Signature

Date

Parent/Guardian's Signature *(if participant is under 18)*

Date