



Dear Campers and Parents:

Welcome back to Mountain Meadow! As a returning camper, you understand the community that Mountain Meadow brings together each year, where each person's abilities and differences are celebrated and lasting meaningful friendships with other people from similar families are formed. We hope you are geared up to be a part of that community again this year and ready for another amazing experience at camp this coming summer! As you might remember, there's an application process and some rules and some fees to know about in order to register for camp. First, in your **APPLICATION PACKET**, you will find:

1) **Camp Application:** including important consent forms for you to fill out and return;

2) **Camper Questionnaire:** Information from campers that help us understand and meet their needs and interests while planning for and providing the camp each year. Please make sure that your child(ren) complete this questionnaire and return it with their application;

3) **Parent Questionnaire:** Parents fill out this questionnaire and return it with the application. The information we collect assists us in many ways – from assessing campers' needs (from the eyes of their parents) to collecting important information that helps us evaluate the program and continuously improve it each year. Grants and donations make up over two-thirds of the cost of running camp, and your answers to these questions are key in helping us prove the need for the programs, and showing that the program is evaluated and improved in part from the real-life experiences of its participants. The information you provide will be used in a confidential way. Please do not put identifying information on this questionnaire.

4) **Medical Forms:** In order to assure the health and safety of every camper, we require that medical forms be submitted for each camper. Child(ren) cannot attend camp without these important forms. If your child had a physical in the past two years and his/her immunizations are up to date, *you will not need to schedule a new physical, but your health care provider must sign the form.* If you have health insurance for your child, please include a copy of the card with their application. Please specify if you do not have insurance.

5) **Summer Food Service Program Forms:** A NJ Food Program reimburses Mountain Meadow for a percentage of our food costs during at camp. Since it costs more than \$10,000 to feed our campers three nutritious meals a day, we ask for your help. To receive these much-needed funds, we must have forms on file for every camper, including those who are not eligible for the program. Please pay special attention when completing this form – the State of New Jersey will not accept forms with missing information. The New Jersey form will be posted on our website as soon as it becomes available from the state. Camper applications may be submitted without the New Jersey food form, however the form must be in by June 30th in order for your camper's application to be complete.

6) **Tuition** – As you may know, we offer our camp experience to everyone, regardless of income level and ability to pay. This requires us strive for as much support from foundations and donors throughout the year. Our sliding-scale tuition, described in detail on page 7 of the camper application, helps us raise almost one-third the costs of our programs. Due to the economic crisis impacting us all, Mountain Meadow is not increasing its camp tuition in 2009. Additionally, we are committed to working with you on a case-by-case, accepting flexible (monthly or quarterly) payment plans and other ways that provide the most access to our Summer Program.

OTHER IMPORTANT INFORMATION:

Summer 2009 Camp Dates: Sunday August 9th to Saturday August 22nd

Please have your camper(s) at our site on **SUNDAY, August 9th** between 1 p.m. and 3 p.m. When picking your camper(s) up, on **Saturday, August 22nd** please plan to arrive at 12:00pm and stay for lunch and the end-of-camp show. ***It is important that you plan to stay through 2:00 p.m.***

Camp size and ages: We can accommodate 81 campers in three different programs. Our general camp program can accommodate 48 campers ages 9-13. Teen camp is limited to 24 14-15 year-olds and our SIT (Staff-In - Training) program has space for nine 16 year-olds. (Please see below for information on our Junior Staff Program for 17 year-olds.)

SIT Program: This program is for 16-year-old campers who are interested in developing the skills needed to become a strong staff member. SITs participate in community building and leadership training sessions that include learning how to lead discussions, run group activities, understand the needs of campers at different ages, resolve conflicts between campers, build campfires, and much more. Teens who feel they are ready for these new challenges should complete the separate SIT application that must be filled out **in addition** to the regular camper application. Those accepted into the SIT program will receive a scholarship equal to 50% of their camp fee.

Junior Staff Program: Mountain Meadow's Junior Staff Program is designed for 17 year-olds who have successfully completed the SIT program. (Other interested teens will occasionally be accepted.) Junior Staff job descriptions and applications can be found at www.mountainmeadow.org under the summer camp program.

Non-discrimination: We do not discriminate on the basis of race, ethnicity, color, class background, sexual or affectional orientation or preference, sex, gender, gender identity, gender expression and presentation, nationality, physical ability, height, weight, special needs, relationship status, veteran status, religious (or non-) beliefs, HIV/AIDS status, age or ancestry.

Anti-violence: Mountain Meadow is a safe non-violent camp designed to provide a fun and meaningful camp experience for children and youth of lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ) and other non-traditional families.

Ground Rules: All campers, staff, and visitors are required to abide by Mountain Meadow's rules and policies.

- We do not tolerate any form of verbal, physical, or emotional abuse. Fighting, cursing, sexual harassment, degrading language, any form of discrimination, etc. are not permitted under any circumstance. Staff members are skilled in helping campers resolve their differences through non-violent means.
- Mountain Meadow is an alcohol and drug-free organization. Any form of alcohol or illegal drugs is strictly forbidden.
- Campers are not permitted to use tobacco at camp.
- Parents may call to speak to camp administrators during our call-in hours. Campers are not permitted to talk on the phone except in the case of an emergency (or if they have a birthday while at camp). Our camp address, phone number, and call-in hours are in the camper packet

*A Complete list of Mountain Meadow's Camper Policies is located in the camper packet. Any camper who is unable to abide by our basic rules and policies may be asked to leave camp immediately. A **parent/guardian or emergency contact person must be available to pick up their camper if they are asked to leave camp.** There will be no refunds if a camper is sent home.*

Camper Packets: Camper Packets include a packing list, directions to camp, a daily schedule, and other important camp information. Camper Packets are located on our website at www.mountainmeadow.org. The packets are password protected. You will receive the password once your camper is accepted into the summer program.

Getting to Camp: If your camper needs to be picked up at the airport, train, or bus station, please let us know no **later than three (3) weeks** before the start of camp. If you need help with transportation for your camper(s), please contact the office for a list of parents in your area who have offered to assist with rides. Directions are located in the camper packet.

Mail: Campers love mail from home! Please plan to write at least 4 letters while your camper is at camp, and be sure to mail one before camp even begins!

Please be aware that **camp slots fill up quickly!** In order to assure returning campers a spot, **returning camper applications must be received prior to April 1st in order to be given preference.** After April 1st, all applications are approved on a first come, first serve basis, with no priority given to returning campers. Although we'd love to accommodate everyone who applies, we only have a limited number of slots (*especially for teen camp!*) We hate to disappoint your children, so please send in your application right away! Don't hesitate to contact us if you have any questions or need help completing the application. We can be reached at (215) 772-1107 or inquiries@mountainmeadow.org.

See you in August!

Sincerely,

Steve Duffy
Executive Director

****Please note that there are two different camper applications – one for **returning** campers and one for **new** campers. If your child(ren) has attended Mountain Meadow's Summer Camp Program within the last two years, please complete the **Returning** Camper Application.*

MOUNTAIN MEADOW SUMMER CAMP 2009
RETURNING CAMPER APPLICATION

Camper's name: _____

SECTION I—BASIC DEMOGRAPHIC INFORMATION OF YOUR FAMILY AND CHILD(REN)

Camper Birth Date: ____/____/____ Grade in Sept. '09: _____ Age at Camp: _____

Gender Identification of camper: _____ Camper Email: _____

Race/ethnic background of camper _____

Language(s) spoken at home: _____

Your child will get a camp shirt. Please tell us your camper's T-shirt size.

Adult sizes: S M L XL XXL XXXL XXXXL Child sizes: M L

(You may pre-order extra shirts for \$15 each. Please enclose a note telling us how many and the sizes and a check made out to **Mountain Meadow** if you want extra shirts. Please remember to ask for the shirt when you pick up your camper on the last day of camp.)

Parent(s)/Guardian(s)' name(s): _____

Address: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Other Phone numbers (please specify): (____) _____ (____) _____

Email: _____ Email: _____

Sibling(s): Please note names and ages of any other children in your family

Emergency Contacts other than parents/ guardians listed above: *(This section must be completed)*

#1: Name: _____ Relationship to Camper: _____

Address: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

#2: Name: _____ Relationship to Camper: _____

Address: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Will you be driving to and/or from Mountain Meadow? Yes _____ No _____

If so, will there be room in your car for another camper? Yes _____ No _____

May we provide your name and phone number to another camper parent who might need help with transportation? Yes _____ No _____

May we provide your child's contact information (address, phone number, and e-mail) in the camp yearbook? (Only other campers and staff receive this section of the yearbook.) Yes_____ No_____

SECTION II—Parent Questionnaire -HELP US MEET YOUR CHILD'S NEEDS AT CAMP

Note: Information provided will be shared with summer staff members who work directly with your child. If there is any information that you wish for only the camp leadership to know, please provide that information on a separate piece of paper.

1. What year did your child *last* participate in Mountain Meadow camp? _____

Please describe problems or difficulties (if any) your child experienced and/or issues you anticipate may affect your child's upcoming camp experience:

2. Does your child have a friend coming to camp?

Yes _____ No _____ Please indicate the name and age of the friend: _____

3. What are your and your child's expectations of camp this year?

4. What kind of activities does your camper seem to enjoy most?

5. If your child is from an LGBTQ family, has your child's attitude towards your family changes on account of their experience at Mountain Meadow? If yes, how?

6. How has your child's experience at Mountain Meadow affected them and/or your family overall?

7. With so many other summer camps out there, why are you choosing to send your child back to Mountain Meadow?

8. Is there anything else you would like us to know?

SECTION III—OTHER INFORMATION ABOUT YOUR CAMPER

Note: Information provided will be shared with summer staff members who work directly with your child. If there is any information that you wish for only the camp leadership to know, please provide that information on a separate piece of paper.

ABOUT YOUR CAMPER

1) Is your child differently-abled (including physical, learning, behavioral, visual, hearing, mental, etc.)
Yes_____ No_____ → If yes, please be specific (ADHD, Asthma, dyslexia, etc.):
(Please note that we want to make all possible accommodations. Please contact camp to discuss your child’s special needs.):

2) Has your child ever been a victim of abuse or assault? Yes_____ No _____
****Please only provide us with information that may be relevant to your child’s participation at camp. Other information related to these issues that may not be relevant to your child’s participation at camp should not be disclosed.**

3) Any other special needs we should know about? Yes _____ No _____
(you may include emotional issues such as homesickness, bed-wetting, anger management, etc.)

4) Have you or your partner had to deal with or are currently dealing with custody issues?
Yes_____ No_____
Please explain how this has affected your child and your relationship with your child:

******Please explain all yes answers on the back of this paper, including how we can make your child’s stay at camp more enjoyable.******

Networking information:

1. Mountain Meadow enjoys networking and sharing resources with other organizations. Are you involved with any organizations (including religious organizations) that may be interested in networking with Mountain Meadow? (They do not need to be in the Philadelphia area.)

2. Would you like more information on becoming involved with Mountain Meadow year-round by volunteering or serving on the Board of Directors?
Yes_____ No_____

SECTION IV—TUITION COST FOR CAMP

At Mountain Meadow, we strive to make camp available to our campers regardless of their financial capacity. Although it costs Mountain Meadow nearly \$1,300 per camper to provide the Summer Program, most families pay a lot less. About one-third of our budget expenses are underwritten by tuition and the remainder through foundation grants and donations from generous friends. If you'd like to personally contribute an amount over-and-above your tuition, or you know someone who might be interested in making camp possible for a child they know, please contact us at (215) 772-1107 or email us at inquiries@mountainmeadow.org

TUITION/CAMP FEE

- Please use our sliding scale guidelines to calculate the tuition that applies to you.
- **At least a 50% deposit must be sent with this application.**
- **Full Tuition is due by June 30th.** *If you are unable to pay the tuition within this time frame, you must contact us to complete a payment extension plan. We will work with you to assure your child attends camp!*

CANCELATION POLICY

Your tuition payment, or the completion of a payment plan, confirms your camper's place in camp. Therefore, your camper's registration will be canceled if your payment or payment plan is not received by the due date. This policy allows Mountain Meadow adequate time to offer any unconfirmed spaces to campers on waiting lists.
Campers who have an outstanding bill from a previous year will not be permitted to register for camp until the bill is paid. Exceptions to this cancellation policy will be considered only in extenuating circumstances.

STAFF-IN-TRAINING (SIT)

Mountain Meadow offers sixteen year-olds accepted into the SIT program a tuition scholarship equal to 50% of the regular tuition fee (as calculated with the table below).

SLIDING FEE SCALE GUIDELINES

We understand the financial stress that many of our families face. At the same time, we need to cover the costs of running a high quality camp. Mountain Meadow works hard to raise money to make sure that no camper is turned away due to financial challenges. Supplemental funding is available for those families with financial need. *We are committed to including campers from all economic backgrounds in camp, and no camper will be turned away as a result of financial difficulties.* **If the below scale is unmanageable for you and your family, please call the office to make arrangements for a payment that is manageable for your financial situation.**

Yearly Household Income

Camp Fee Per Child

	<u>For a family of two</u>	<u>For a family of three</u>	<u>For a family of four or more</u>
Up to \$9,000	\$131	\$109	\$88
\$9,000-14,999	\$175	\$154	\$132
\$15,000-19,999	\$284	\$240	\$197
\$20,000-27,999	\$394	\$349	\$306
\$28,000- 34,999	\$503	\$458	\$415
\$35,000-44,999	\$634	\$567	\$524
\$45,000-59,999	\$742	\$698	\$655
\$60,000-74,999	\$954	\$874	\$764
\$75,000-99,999	\$1,638	\$1,365	\$1,092
\$100,000-149,999	\$2,730	\$2,184	\$1,638
Above \$150,000	\$3,821	\$3,275	\$2,730

WE OFFER A DISCOUNT OF 15% FOR EACH ADDITIONAL CAMPER FROM THE SAME FAMILY

The value of this service is \$1,300. All tuition over this amount is tax deductible.

Mountain Meadow Refund Policy:

Until April 30	100% of total camp <i>tuition pledge</i> is refundable (less \$25 processing fee)
May 1 – May 31	70% of total camp <i>tuition pledge</i> is refundable.
June 1-June 30	20% of total camp <i>tuition pledge</i> is refundable

No refunds will be made after June 30th.

PAYMENT VOUCHER

SPACE CANNOT BE HELD FOR YOUR CAMPER UNTIL:

1. We have received a deposit (Please make all checks or money orders payable to **Mountain Meadow**)
2. We have received a completed application form (exception: health care provider forms are due by June 30th)

Our household's yearly income: \$ _____

The number of people supported on that income: _____

Using the chart on the previous page, the tuition amount is: \$ _____

I have enclosed my deposit along with this application in the amount of: \$ _____

BALANCE owed to Mountain Meadow: \$ _____

BALANCE will be sent by _____ (no later than June 30th)

I am including an additional tax-deductible donation in the amount of \$ _____

I am requesting other payment arrangements YES _____ NO _____

I would prefer to pay for camp by: CREDIT CARD _____ PAYPAL _____ OTHER _____

(Mountain Meadow will contact you directly if alternative ways to pay become available)

I understand that if I do not complete the pledged tuition payments by June 30th, I must request a payment extension. Failure to do so will result in the cancellation of the camper's registration.

I have signed, dated, and enclosed the complete application, consent forms, questionnaires, medical information (with or without the health care provider form), and the New Jersey food form. I understand that my application will not be accepted until the above information and a deposit is received.

I have read and fully understand the refund policy described in the Sliding Fee Scale Guidelines and the Cancellation Policy outlined on the previous page.

Signature of adult completing this application

Printed Name

Signature of parent or legal guardian

Printed Name

Signature of 2nd parent/guardian (Optional)

Printed Name

Date

Date

Please feel free to make copies of this application for your friends and acquaintances. Or have those interested call camp at (215) 772-1107.

Please send all completed applications and payments to

**Mountain Meadow Summer Camp
1315 Spruce Street, Suite 411
Philadelphia, PA 19107**

MOUNTAIN MEADOW CONSENT FOR PHOTOGRAPHS AND/OR VIDEOTAPING

Pictures and video are an important part of capturing the true experience of Mountain Meadow's programs and activities. Photographs and/or video are also important for us as we use them in our reports, newsletters, website, and other documents we provide the public and our funders to promote the organization and its programs. Mountain Meadow safeguards these photographs and/or video and does not lend or sell these to outside individuals or organizations. *In order to be able to use pictures of your family for our brochures, magazine, magazine or television articles or stories, our quarterly newsletter, or our web page, we need your permission through signed written consent.*

I, as the parent(s) or legal guardian(s) of: _____

give my consent to Mountain Meadow to take photographs and/or video tapings of my child(ren) and the myself/ourselves (_____). I further give my consent to Mountain Meadow to use photographs and/or videotapes of my child(ren) and the adults within my family to either promote the program or organization and/or maintain and seek funding through the means listed in the first paragraph of this consent form. I understand that I may withdraw my consent at any time by submitting a written consent withdrawal letter to Mountain Meadow at 1315 Spruce Street, Suite 411, Philadelphia, PA 19107. I further understand that Mountain Meadow will cease to use my child(ren)'s and or family photographs and/or videotape in its publicity and fundraising documents and efforts on the date they receive my written withdrawal to this consent. I further understand that any photograph and/or video of my child(ren) and or family that has already been used in Mountain Meadow publicity and fundraising documents and efforts prior to receiving my written withdrawal to this consent may not be able to be withdrawn, and may not be covered by my written consent withdrawal since these documents may have already been made public.

I, as the parent(s) or legal guardian(s), shall defend, indemnify, and hold harmless Mountain Meadow from and with respect to any and all liabilities, causes of action, claims, damages, losses, and expenses including, but not limited to, attorney's fees and/or court costs resulting from or arising out of any personal or emotional injury, damage to reputation, or other damage of any nature sustained as a result of the public use of any and all photographs and/or videos as described herewith.

I have had the opportunity to read the information contained in this consent form, I have been given the opportunity to further discuss this form with a Mountain Meadow Representative, and I certify that I fully understand the contents of this form.

_____/_____
Signature of parent(s) or legal guardian(s) Date

****Please note that all adults listed above must sign this form.****

**MOUNTAIN MEADOW SUMMER CAMP
LIABILITY WAIVER AND INDEMNITY AGREEMENT**

I, _____, as the parent or legal guardian of _____, a Mountain Meadow summer camper, shall defend, indemnify, and hold harmless Mountain Meadow Summer Camp and Camp Sacajawea—the site where Mountain Meadow Summer Camp will be held—and their officers, respective employees, guests, volunteers, agents, respective family members, assigns, invitees, licensees, or contractors from and with respect to all liabilities, causes of action, claims, damages, losses, and expenses including, but not limited to, attorneys' fees and court costs resulting from or arising out of any personal injury, loss of life, property damage, or other damage of any nature sustained on or about or near the property or upon the appurtenance thereto by any person or persons whatever including, but not limited to, any damage, environmental or otherwise, to any of my or my child's property, and any and all loss to me or to my child in connection with any act or acts, omission or omissions of Mountain Meadow, the Owner of the site, or any of their respective employees, employees, guests, agents, assigns, invitees, licensees, or contractors, and also for any matter or thing, directly or indirectly, related to the Camp's use or occupation of the property or any part thereof, or the Camp's program or operations. The undersigned additionally agrees to release Mountain Meadow from all liability for all loss or damage on account of injury to the person or property, whether know or unknown, even though that liability may arise out of negligence or carelessness on the part of the Releases.

I, _____, understand that Mountain Meadow staff and campers often engage in learning experiences that explore the affects of sensitive issues on their everyday lives. These issues include, but are not limited to: homophobia, heterosexism, racism, classism, sexism, gender identity and expression, body image, self-esteem, sexuality, sexual harassment, and sexual health and safety. I give my child permission to participate fully in all such discussions and activities while at Mountain Meadow Summer Camp.

I, _____, understand that Mountain Meadow selects and hires only responsible adults to supervise children at all times during the summer camp season. I further understand that these camp employees and volunteers are trained to and are required to take every reasonable step to prevent injury or harm to campers.

_____/_____
Signature of parent(s) or legal guardian(s)

Date

MOUNTAIN MEADOW SUMMER CAMP CAMPER QUESTIONNAIRE

In order for us to be able to provide you with a camp experience that meets your needs, we need all campers to complete this section. **PLEASE FILL OUT THE WHOLE PAGE!** Thank-you!!

Your Name: _____

1. How excited are you about returning to camp this year? Very____ Somewhat _____ Not really _____

2. What particular things or activities are you looking forward to at camp this year? _____

3. Is there anything about camp that you are not looking forward to? _____

4. In what ways did your experience at Mountain Meadow make a positive change in your life? _____

5. Are there any ways you have changed since last summer that you want us to know about?

6. What is the most important thing to you about coming to Mountain Meadow? _____

7. What do you want your counselors to know about you? _____

These are optional questions for youth who have lesbian, gay, bisexual, transgender, or queer parents or family members. You don't have to answer the questions if you don't want to. We use LGBTQ to mean lesbian, gay, bisexual, transgender, or queer.)

7. Has there been anything that has been really hard about having an LGBTQ parent or family member during the last year? (Please explain). _____

8. What has been really great about having an LGBTQ parents or family member during the last year? _____

**MOUNTAIN MEADOW SUMMER CAMP
PARENTS QUESTIONNAIRE**

This information is essential for reports to funders, publicity, and other Mountain Meadow fundraising efforts. **DO NOT put your name or other identifying information on this questionnaire.** We value the protection of your privacy. This questionnaire *will not* go into your child's camp file. None of the information you provide through this questionnaire will effect your child's application. Please answer all the questions to the best of your ability so that we can accurately describe our campers and their families to donors and other supporters of Mountain Meadow. **PLEASE FILL OUT THE WHOLE PAGE!**
Thank you!

Primary Caretaker #1

Primary Caretaker #2

- | | |
|------------------------------------|---------------------------------|
| 1. Relationship to camper: _____ | Relationship to camper: _____ |
| 2. Gender Identification: _____ | Gender Identification: _____ |
| 3. Sexual Orientation: _____ | Sexual Orientation: _____ |
| 4. Racial/Ethnic Background: _____ | Racial/Ethnic Background: _____ |
5. What is the racial/ethnic background of your child? _____
6. Source of Income (of primary household, please check all that apply)
____ Employment/Self-Employment
____ Unemployment Compensation
____ Disability Insurance or Social Security Disability Income
____ Welfare or other type of government sponsored financial assistance
____ Other: _____
7. What best describes the location of the primary residence of the camper?
____ Rural Area ____ Town ____ Suburb ____ City
8. Is your child eligible for the free or reduced lunch program at his or her school?
Yes ____ No ____ Don't know ____
9. Is your family eligible for low-income health insurance such as state-provided medical coverage, Medicaid, the Caring Foundation, or any other low-income program?
Yes ____ No ____ Don't know ____
10. Is your child differently-abled (including physical, behavioral, visual, hearing, mental, etc.)
Yes ____ No ____ → If yes, please be specific (ADHD, Asthma, dyslexia, etc.):

11. If camp could be a different length/duration, what would be your preference?
One Week ____ Three Weeks ____ More than three Weeks ____ Day Camp _____

Thank you very much for taking the time to complete this questionnaire!

MOUNTAIN MEADOW SUMMER CAMP HEALTH HISTORY AND EXAMINATION FORM

The information on this form is not part of the camper or staff acceptance process but is gathered to assist us in identifying appropriate care. This form, except for the Health recommendations of licensed medical personnel, is to be filled in by parents/guardians of minors, or by adults themselves. Each camper must have a form on file at camp.

Name _____

Last

First

Middle

Home address _____

Birth Date _____ Age at camp _____ Gender Identity _____

Height _____ Weight _____

Custodial parent(s) or guardian(s) _____, _____

Home Address (if different from above) _____

Home phone _____ Hours to call _____

Business Phone _____ Hours to call _____

Cell phone _____ Hours to call _____

Business Name _____

Address _____

Second parent/guardian _____

Home Address _____

Home phone _____ Hours to call _____

Business Phone _____ Hours to call _____

Cell phone _____ Hours to call _____

BusinessName _____

Address _____

IMPORTANT- If neither parent/guardian is available in an emergency, please contact

Name _____

Relationship _____

Address _____

Does your child know this person? _____ How well? _____

Phone _____ Times to call _____

Cell Phone _____ Times to call _____

INSURANCE INFORMATION

If your child is not enrolled in a health insurance plan, and you know that your child is not eligible for the State funded program, Mountain Meadow may provide your child with insurance while at camp. (Not being enrolled in a health insurance plan will not prevent your child from coming to camp.)

Is the participant covered by health insurance? ()yes ()no

Does the insurance cover care while at our camp (i.e., may be out of state)? ()yes ()no

Insurance Company Name _____

Name of insured _____

Relationship to participant _____

Plan ID number _____

Insurance Company Phone Number _____

Insurance Coverage Restrictions _____

PLEASE PROVIDE A PHOTOCOPY OF BOTH SIDES OF YOUR CHILD'S INSURANCE CARD.

Important: this box must be completed for attendance:

Permission to provide necessary treatment or emergency care: I hereby give permission to the medical personnel selected by Mountain Meadow Summer Camp to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Mountain Meadow Summer Camp to secure and administer treatment, including hospitalization, for the person named above. This complete form may be photocopied for trips out of camp.

Signature of parent/guardian or adult camper/staff _____

Witness _____ Date _____

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

Name of family physician or health care provider _____

Address _____

Phone _____ Fax _____

Name of family dentist/orthodontist _____

Address _____

Phone _____ Fax _____

HEALTH HISTORY

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

GENERAL QUESTIONS (explain any yes answers below please)

Has/does the participant:

- 1. Had any recent injury, illness or infectious disease?
- 2. Have a chronic or recurring illness /condition?
- 3. Ever been hospitalized?
- 4. Ever had surgery?
- 5. Have frequent headaches?
- 6. Ever had a head injury or been knocked unconscious?
- 7. Get chest pain, lightheaded or pass out from exercise?
- 8. Wear glasses, contacts, or protective eyewear?
- 9. Have vision such that glasses cannot correct his or her vision to normal or nearly normal?
- 10. In the last two years, had frequent ear infections?
- 11. Ever had seizures (except due to fever as an infant)?
- 12. Ever had high blood pressure?
- 13. Ever been diagnosed with a heart murmur that was not called “innocent”?
- 14. Ever had back problems?
- 15. Ever had problems with joints (e.g. knees, ankles)?
- 16. Have an orthodontic appliance being brought to camp?
- 17. Have any skin problems (e.g. itching, rash, acne)?
- 18. Have diabetes?
- 19. Get more short of breath than most kids with exercise?
- 20. Have asthma?
- 21. If the participant has asthma, has he/she had to be in the hospital for it?
- 22. Has s/he been in an intensive care unit for asthma or had a ventilator breathe for him/her for it?
- 23. Does she/he cough daily?
- 24. Does she/he cough more than once a week at night on a regular basis?
- 25. Had mononucleosis (“mono”) in the past 12 months?
- 26. Had problems with diarrhea or constipation?
- 27. Have problems with sleepwalking?
- 28. Have a history of bedwetting in the past year? (If the participant wets the bed, please discuss short-term use of medication to control it at camp, and please plan to call camp to make a plan for how to handle it.)
- 29. Has the participant menstruated?
- 30. If not, please check the box if they do not know about menstruation.
- 31. Is there an abnormal menstrual history?
- 32. Have an eating disorder, such as anorexia or bulimia?
- 33. Ever had emotional problems, such as feelings of suicide, depression, bipolar, hallucination?
- 34. If #34 is yes, are these current problems?

Please explain any “yes” answers, noting the number of the questions

MEDICATIONS TAKEN BY CHILD

() This person takes no medications on a routine basis.

This camper takes medications as follows: (give name, dose and time taken) *(Please also identify any medications taken during the school year, which are not taken during the summer. Please note that if your camper takes medication for ADHD or ADD, s/he may benefit from having them available at camp.):*

RESTRICTIONS

Dietary:

- () Does not eat red meat () Does not eat seafood () Does not eat poultry () Does not eat eggs
- () Does not eat pork () Does not eat dairy products () Other _____

Activity: Please explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations may be needed)

Please use this space to provide any additional information about the participant’s behavior and physical, emotional or mental health about which camp should be aware.

Parent(s)/Guardian(s) Authorization

This history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted

Signed _____ Printed Name _____ Date _____

Signed _____ Printed Name _____ Date _____

HEALTHCARE RECOMMENDATIONS BY LICENSED MEDICAL PERSONNEL

I have examined the camper (name) _____ within the past two years. Date of last exam _____ CURRENT weight _____

WHICH OF THE FOLLOWING HAS THIS CHILD HAD?

- 1. Chicken pox 2. Measles 3. German measles 4. Mumps
 5. Hepatitis A 6. Hepatitis B 7. Hepatitis C 8. Shingles (reactivation of chicken pox)

IMMUNIZATION RECORD- Please give the following immunization information

Date of last tetanus vaccine _____ Date of 2nd MMR vaccine (required) _____
Date of first hepatitis B vaccine (required) _____ Had all 3 Hepatitis B vaccines? _____
Date of last polio vaccine _____
Date of varicella vaccine (required if camper has never had chicken pox) _____

The applicant is under the care of a physician for the following condition:

Current treatment / medications/ restrictions at the time of this report includes:

Tuberculosis risk questions

If this patient is at risk for TB, please provide proof of negative PPD or negative chest x-ray. Risk is defined as positive answers to any of the following questions:

- 1. Contact with someone who had or may have had tuberculosis?; 2. A teen or adult who was in jail at any time living in the household?; 3. The patient or family member living in a jail, a nursing home, a group home, a shelter for homeless, or any kind of institution?; 4. The patient or family member living in or visiting for more than 2 weeks a country in Asia, Middle East, Africa, Latin America?; 5. Anyone with AIDS or HIV virus living in the household?

[] This child is at low risk for TB.

[] This child is at high risk for TB. Date of negative PPD or Chest Xray: _____

In my opinion, the above applicant () is () is not able to participate in an active, overnight camp program.

Signature of Licensed Medical Personnel

Date

Printed Name

Address, Phone and Fax

Note: New Jersey Food Forms will be posted separately, and should be completed and sent in with the camper application.

Thank You!