

Carson-Simpson Farm Summer Camp 2014 Registration Form

3405 Davisville Rd Hatboro, PA 19040 215-659-0232 fax. 215-659-5129 www.CSFarm.org

CAMPER INFORMATION : Please PRINT and use a SEPARATE form for each camper.

Camper's Last Name _____ First Name _____ DOB ___/___/___ Male Female

Street Address _____ City _____ State _____ Zip _____

Grade completed by June _____ School _____ School District _____ T-Shirt size _____

Church Name and Town _____

Please confirm registration via (check 1) Postal mail E-mail How did you find out about CSF? _____

Has/does the camper:

1. Ever been diagnosed with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)? Yes No

2. Ever been treated for emotional/behavioral difficulties, self-harm or an eating disorder? Yes No

3. Ever have need for an aide at school? Yes No

4. Speak a primary language other than English? Yes No

Explain "Yes" answers in the space below, noting the number of each question requiring a response. Attach additional pages or contact the camp to provide additional information if needed.

Provide any additional information about the camper's behavior or physical, mental, emotional, and social health that you think important or that may affect the camper's ability to participate successfully in the camp program (shyness, fears, etc.). List any strategies used to manage the concern or enhance the camper's ability.

FAMILY INFORMATION :

Name of Father/Guardian (circle) _____ Home tel. _____ E-mail _____

Name of Mother/Guardian (circle) _____ Home tel. _____ E-mail _____

List family members with whom the child lives primarily, or if shared residences, specify schedule:

Are there any visitation restrictions of which the camp must be aware? If such a restriction exists, a copy of the current court order must be on file at the camp. Every camper, regardless of family issues or dispute, must be safeguarded when in our care. Without legal documentation, we cannot enforce any instructions with regard to parental custody/visitation. If yes, Please specify: _____

SCHOLARSHIP INFO : Please sign below and attach a short letter explaining your reason for scholarship need.

I request a Scholarship for Summer Camp 2014 _____

Signature of parent/guardian

PERMISSION :

- I give my permission for the above named camper to attend the 2014 summer camp event(s) with the Eastern PA Conference-UMC/Carson Simpson Farm that are included on this registration form. I understand that part of the camping experience involves activities, arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to. I am aware of these risks, and I am assuming them on behalf of my child.
- I acknowledge my responsibility for payment of all fees in full to Carson-Simpson Farm THE MONDAY BEFORE THE START OF THE EVENT. I understand a late fee of \$10.00 will be charged if payment is not received on time.
- Upon signing, permission has been granted to Carson-Simpson Farm to use photos and video images of the camper for publicity purposes. This could include, but is not limited to: brochures, flyers, DVDs, newspapers, publications of AM. Camping Assoc., CCCA and the UM Church, and use on the camp website and social media pages. If you do not agree to this you must make your request known in writing at the time of registration.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

(Only parents or legal guardians of camper may sign)

Continue to other side to complete registration

Certification Classes			Disciple Program	
6/4	\$90 <input type="checkbox"/>	Red Cross Life Guard Recertification Class (Life Guard, First Aid, CPR/AED)	See information printed in brochure or on website	
6/4	\$45 <input type="checkbox"/>	Red Cross Life Guard CPR/AED Recertification Only		

Day Camps

Dates	Half-day Camp	Day Camp	Day Camp with AM	Day Camp with PM	Day Camp w/ Extended	Creative Camp Options	
						Classes, etc.	Swim Enhancement**
A- 6/2-6	N/A	\$180 <input type="checkbox"/>	N/A	N/A	N/A		
B- 6/9-13	N/A	\$200 <input type="checkbox"/>	\$235 <input type="checkbox"/>	\$235 <input type="checkbox"/>	\$250 <input type="checkbox"/>		
1- 6/16-20	\$135 <input type="checkbox"/>	\$230 <input type="checkbox"/>	\$265 <input type="checkbox"/>	\$265 <input type="checkbox"/>	\$280 <input type="checkbox"/>		
2- 6/23-27	\$135 <input type="checkbox"/>	\$230 <input type="checkbox"/>	\$265 <input type="checkbox"/>	\$265 <input type="checkbox"/>	\$280 <input type="checkbox"/>	M-W Art Class (4-9 grade) <input type="checkbox"/> \$30	
3- 6/30-7/3 (4 days)	\$108 <input type="checkbox"/>	\$184 <input type="checkbox"/>	\$212 <input type="checkbox"/>	\$212 <input type="checkbox"/>	\$224 <input type="checkbox"/>		
4- 7/7-11	\$135 <input type="checkbox"/>	\$230 <input type="checkbox"/>	\$265 <input type="checkbox"/>	\$265 <input type="checkbox"/>	\$280 <input type="checkbox"/>	M-W Cartooning (4-9 grade) <input type="checkbox"/> \$30	MW <input type="checkbox"/> \$20 TTh <input type="checkbox"/> \$20
5- 7/14-18	\$135 <input type="checkbox"/>	\$230 <input type="checkbox"/>	\$265 <input type="checkbox"/>	\$265 <input type="checkbox"/>	\$280 <input type="checkbox"/>	M, T, Th Food Fun! (4-9 grade) <input type="checkbox"/> \$30 5 th & 6 th Overnight <input type="checkbox"/> \$50*	MW <input type="checkbox"/> \$20 TTh <input type="checkbox"/> \$20
6- 7/21-25	\$135 <input type="checkbox"/>	\$230 <input type="checkbox"/>	\$265 <input type="checkbox"/>	\$265 <input type="checkbox"/>	\$280 <input type="checkbox"/>	M-W Jr. Science Lab (4-6 grade) <input type="checkbox"/> \$30 3 rd & 4 th Pool Party 7/22 <input type="checkbox"/> \$10	MW <input type="checkbox"/> \$20 TTh <input type="checkbox"/> \$20
7- 7/28-8/1	\$135 <input type="checkbox"/>	\$230 <input type="checkbox"/>	\$265 <input type="checkbox"/>	\$265 <input type="checkbox"/>	\$280 <input type="checkbox"/>	M-W Art Class (1-3 grade) <input type="checkbox"/> \$30	MW <input type="checkbox"/> \$20 TTh <input type="checkbox"/> \$20
8- 8/4-8	\$135 <input type="checkbox"/>	\$230 <input type="checkbox"/>	\$265 <input type="checkbox"/>	\$265 <input type="checkbox"/>	\$280 <input type="checkbox"/>		M-F Jr. Lifesaving <input type="checkbox"/> \$75
9- 8/11-15	\$135 <input type="checkbox"/>	\$230 <input type="checkbox"/>	\$265 <input type="checkbox"/>	\$265 <input type="checkbox"/>	\$280 <input type="checkbox"/>		

*5/6 overnight with AM or PM - \$36, with extended - \$30 **M/W Class is for campers trying to attain green band (deep water). T/Th Class is for campers trying for blue band (middle level).

I would like to purchase the 2014 CSF Camper Yearbook (payment must be included with order).....\$15.00

PAYMENT METHOD : Please pay full amount or \$25 minimum deposit for each week/event

Cash Check/Money Order (Make payable to Carson Simpson Farm) Amount \$ _____

Credit Card # _____ Exp _____ Signature _____

PARENT/LEGAL GUARDIAN AUTHORIZATION FOR CAMPER RELEASE :

Camper/s Name _____

The Camper/s named above may be picked up at camp by persons listed below.

List anyone that you permit to pick up your child. If someone attempts to pick up your child that is not on the list, the staff **will not** allow them to leave the property without consent from a parent/guardian. We reserve the right to ask for picture I.D.

BE SURE TO LIST PARENT/GUARDIAN NAMES

NAME	RELATIONSHIP	PHONE #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Signature of Parent/Guardian _____ Date _____

Unless Carson Simpson Farm is restricted by a court order directed expressly to the camp, CSF is hereby authorized to release the child to either parent (or persons authorized by either parent) at any time during the day even if both parents do not live at the same address.

Continue to other side to complete registration

Carson-Simpson Farm Christian Center

2014 Financial Policies

1. Payments:

- All payments can be made in person or through the mail using cash, check, money order, Visa, Master Card, or Discover Card.
- Automatic payments using a credit card can be set up with the office staff.
- Partial payments toward balances due may be made at any time until the due date which is the Monday prior to each session registered for. A \$10.00 late fee will be charged if payment is not received by due date.
- A \$5.00 store credit will be given for any week paid in full by May 1. (Day Campers only.)

2. Cancellations:

- **Before May 15th**
 - All money refunded.
- **May 15th and after:**
 - *More than 7 days prior to week registered for* - there will be a \$10 cancellation fee to cancel registration, all other fees refunded.
 - *7 or less days prior to week registered for* - deposit fee will be kept, all other fees refunded.
 - If no notice of cancellation is received, and your child does not attend, no money will be refunded.

3. Returned checks: There will be a \$20.00 fee for any check returned to our bank.

4. Multi-child family discount: \$20.00 discount for second child and each child enrolled thereafter in the same camp session and from the same family. (Day Campers only.)

5. Store accounts: Parents can stop in the office to add money, request limits, or on the child's last day, collect any balance. Remaining balances not collected will be considered a donation to the camper scholarship fund.

6. Summer office hours are 7 AM to 6 PM and there is a mail slot by the office door for payments or correspondence being made before and after hours.

Please remember to:

- Sign your child in and out each day
- Between the hours of 9 and 4 the sign in/out book will be in the office
- **Please call the office by 9:00 if your child will be absent**
- **Send a note or call the office if you will be picking your child up earlier than 4:00**
- Sign out before getting your child from playground
- Please be sure to record the actual time of pick up (for insurance coverage purposes)

Before Care and Extended Care drop off begins at 7:00 AM

Regular Day Camp* drop off begins at 8:50 AM

Regular Day Camp* pickup deadline is 4:10 PM

After Care and Extended Care* pickup deadline is 6:00 PM

*A fee of \$1.00 per minute, per child will be added to your account for any time exceeding these limits.
If you need to add extended care, please stop in the office.

PREPARING FOR DAY CAMP

PACKING FOR CAMP

All campers carry their own back pack. Included should be: swim suit and towel, *water bottle*, jacket for cool days, rain gear/umbrella when needed, suntan lotion, and bug repellent.

***We ask that campers wear appropriate clothing to camp. (See camper contract) *Campers should wear sturdy shoes or sneakers*. Flip flops may only be worn at the pool. If extremely hot, campers may wear sandals/flip flops, but please send sneakers in back pack for games or hikes. All articles should be labeled with camper name.

WHAT DO I DO WHEN I GET THERE?

- Please park on the grass to the right of the entrance and bring your child to the sign in/out table by the office.
- Check-in **no earlier than 8:50** for Day Camp or between 7:00 and 9:00 for the AM extended program.
- Each day your child must be signed in when arriving at camp, and signed out when picked up. Only persons listed on your release form will be allowed to sign out your child.
- **On your child's first day of camp for the summer, after signing in you must stop and see the nurse.** The nurse will be available to receive any medications or discuss medical concerns each day from 8:30 - 5.
- Staff will be available if you want to put money on your child's store account.
- If you are bringing payment for a future week's balance, please put it in the mail slot by the office door.
- Check the White Announcement Board for information about weekly specials, dress-up days, and to find out who your child's counselor is.

MEET YOUR CHILD'S COUNSELOR

Each Monday morning between 8:45 and 9:00, you will have the opportunity to meet your child's counselor for the week. The counselor's names will be listed on the announcement board outside the office, and the counselors will be stationed by their group's backpack rack. Please feel free to stop by and introduce yourself.

If you would like to have an extended conversation with a counselor, please stop in the office to make an appointment. You may always discuss any concerns with the Administrative Staff.

POOL NEWS

Prior to swimming, each child will be tested and issued a band that they must wear at all swimming sessions. New bands are given every Monday. If the band is lost or torn intentionally, a replacement will be issued at a charge of \$1.00.

CAMP STORE

The store will be open two (2) times each afternoon. Campers can use a store account or cash. If using cash, campers are responsible for the safe keeping of their own money. If using a store account, parents can stop in office to add money, **request limits**, or on the child's last day, receive any balance. Any moneys left on accounts at the end of camp will be considered a donation to the camper scholarship fund. A complete store price list is available at the registration table.

Examples of items available:

Water/Gatorade/soda/juice	\$.75 - \$1.25	Toys/animals/balls	\$.50 - \$10.00
Ice cream/candy	\$.25 - \$2.00	Jewelry	\$.50 and up
Chips/crackers/cookies	\$.75 - \$1.25	T-shirts/sweat shirts	\$10.00 and up

2014 Special Events for the Family at Carson-Simpson Farm

Put these dates on your calendar NOW! Plan to join us for as many of these events as you can. These will be our fundraisers for the summer. We thank you in advance for your support of Carson-Simpson Farm.



Spaghetti Dinner . May 17 5 - 7PM

Bring your family and friends for a delicious meal at camp. All-you-can-eat spaghetti, salad, bread, and desserts. Call the camp or get an order form from the website to purchase tickets.

Pre-purchase price: \$10.00 for adults, \$8.00 for children 6 - 11, 5 and under - FREE!

Cost at the door: \$12 for Adults, \$10 for children 6 - 11.

Disciple Car Wash . July 24 (rain date 7/25) 10 - 2

The Disciples in our Cornerstone Youth Leadership Program will be washing cars to raise funds for a special project of their choosing to meet a need of the camp. At the time of the event the Disciples will reveal their project.



Family Camp Night and Silent Auction . July 16 5 - 8PM (rain date 7/17)

- A **FREE** event for the whole family.
- Pool will be open from 5:45 - 6:45.
- Join your child in a game of Ga-ga, giant 4-square, basketball or other camp activities.
- You are welcome to bring a picnic dinner. There will be food available for purchase also.
- Family members and friends are welcome, however all children must be watched over by an adult. CSF staff will not be responsible for children during this event.
- CSF campers and staff will provide entertainment on the blacktop from 7:30 - 8:00.
- **Silent Auction** - All items will be available for bidding starting at 7AM. Bidding will end at 7:30PM, and items will be available to take by 8:00.
- **If you, your business or your employer have an item or service you would like to donate for the Silent Auction, please contact JoAnne at camp at 215-659-0232 or JoatCSFarm@verizon.net.**



Pizza Fundraiser . Joe Corbi's delicious frozen pizzas, snacks, cakes, and cookie dough.

Ask family, friends and co-workers if they want to order too! Information will be available beginning June 18. Last day to place orders - July 31. Pick up date - August 7, 4 - 6PM.

CSF Kids Give Back - Hope Alive Clinic Ministries: Medika Mamba* Program

Kick off date - June 17 Ending date - August 14

The Campers are invited to participate in this year's CSF Kids Give Back. *Medika Mamba is Creole for peanut butter medicine, which is a ready-to-use therapeutic food made of ground roasted peanuts, powdered milk, cooking oil, sugar, vitamins and minerals. It is a treatment used for malnourished children in Haiti. The program for a child lasts 6-8 weeks. Within 6 weeks 85% of children recover. It costs \$69 for one child. Each family or ministry group will receive a bank to use throughout the summer. Each Friday we will have a total of our project posted. This is a wonderful opportunity to give back as a family outside of our community and country. Hope you can join us.

Duck Tape a Staff Member . July 31 Kids can purchase a yard of tape for \$1.00. Let's see if we can get enough to tape a beloved staff member to the wall!

Check your Parent's Survival Guide (which you will receive the first day of camp) and the White Board at the sign in table for updates to these events, and for information on weekly themes, dress-up days and specials for the campers each week.

Creative Camp Options and Add-Ons For 2014

3rd & 4th Grade Pool Party . For children completed 3rd or 4th grade

July 22 7:00 . 8:30 Cost: \$10.00

Come enjoy a night swim and play some fun pool games with your friends from camp. A snack will be provided.

Pre-Teen Overnight Option - For preteens who have finished grades 5 . 6

July 14 - 18 Cost: \$50.00 - Cost will be adjusted if registered for any extended care.

Boys will stay overnight Monday and Tuesday. Girls will stay overnight Wednesday and Thursday.

Campers need to be registered for the Day Camp Week 5 session and then add the overnight option. The program in the evenings will include night swims, bonfires, games, devotions and more.

Swim Enhancement Program . For children completed 1st . 6th Grade

July 7 – 31 (4 two-day sessions per level) 3:30 . 4:30 Cost: \$20.00 per 2 day session

This program is for campers who need a little extra help to reach the next pool band level. Campers can register for any or all of the 4 sessions available. The Monday/Wednesday sessions will be for those campers who are trying to attain the green (highest level) band. Tuesdays and Thursdays will be for those campers seeking the blue (middle level) band. There is a maximum of 5 campers per guard for each session so campers will receive plenty of individual attention.



Art Class . For children completed 1st . 3rd Grade

July 28 – 30 (M – W) 3:30 . 4:30 Cost: \$30.00

This is a class for those who love fine art and would enjoy learning how to express their creativity through different mediums.

Art Class . For children and youth completed 4th . 9th Grade

June 23 – 25 (M – W) 3:30 . 4:30 Cost: \$30.00

This is a class for those who love fine art and would enjoy learning how to express their creativity through different mediums.



Cartooning . For children and youth completed 4th . 9th Grade

July 7 – 9 (M – W) 3:30 . 4:30 Cost: \$30.00

Campers will learn how to create their own cartoon characters.

Food Fun! . For children and youth completed 4th . 9th Grade

July 14, 15, 17 (M, T, Th) 3:30 . 4:30 Cost: \$30.00

Campers will experiment with various foods and then enjoy the fruits of their labors.



Jr. Science Lab . For children completed 4th . 6th Grade

July 21 – 23 (M – W) 3:30 . 4:30 Cost: \$30.00

Lots of fun exploring the world of science through experiments.

Red Cross Junior Lifesaving . For children and youth ages 11 - 14

August 4 – 8 (M – F) 3:45 . 5:45 Cost: \$75.00

The Red Cross Junior Lifesaving Program is an introduction to pool safety, basic CPR, spotting, and beginner guard techniques. This program is used to develop interest in taking the full Lifesaving course when students turn 15. Each student will receive a workbook.

Please contact office staff for more information or to register for any of these options.

Carson-Simpson Farm Christian Center Camper/Disciple Contract



Please read over this entire contract with your child and sign

The purpose of camps and retreats are to enjoy the outdoors, to have fun, to enjoy friendships, and also to have a chance to reflect on our own lives and our relationship with Jesus Christ. Each person attending camp or a retreat at Carson-Simpson Farm Christian Center is required to make a commitment to the following statements by signing this contract.

- I agree to **Respect** all other persons attending camp by treating them with kindness and patience, putting the needs of others before my own. I will show respect through both my words and actions toward others. I will also show respect for all personal property of others and of the camp.
- I agree to **Follow Directions** of all camp staff.
- I agree to **Attend All Events** on time and participate in all camp activities, and I will not leave the camp grounds.
- I agree to **Follow All Camp Rules Including:**
 - *God's name should be held in reverence and only used when praying or in worship.*
 - *Personal electronics including cell phones, toys, trading cards, etc. are forbidden at camp.*
 - *Body piercings, other than ears, shall be covered or removed for camp attendance.*
 - *Bathing suits must be modest in appearance, properly covering the body.*
 - *Clothing should be modest with appropriate undergarments. Underwear should not be seen.*
 - *Cursing or current slang that is improper will not be tolerated.*
 - *Behavior not honoring to God (fighting, racism, gossiping, bullying etc.) will not be tolerated.*
 - *Possession of any kind of weapon is reason for immediate dismissal from camp.*
 - *Possession or use of any illegal substance or alcohol is prohibited.*
 - *Agreeing to follow the camp internet policy (OVER)*
- I understand that this camp will present **Biblical Teaching**. I agree to respectfully listen and consider the presentation of Christian attitudes and teaching. If I do not agree with everything, I will still allow others to listen and consider the opinions offered, by showing respect in my words and actions.
- I **Understand** that if I do not follow the statements of this contract that the camp staff will take disciplinary measures as follows:

Disciplinary Steps (written records kept for all steps)

1. Verbal warning by counselor, followed by loss of store or pool time if behavior continues.
2. 1st Disciplinary visit, child meets with Disciplinary Staff, parent is notified.
3. 2nd Disciplinary visit, child calls parent themselves, Disciplinary Staff notifies parent of next step
4. 3rd Disciplinary visit, child must be picked up from camp and must take the following day off from camp (no refund)
5. 4th Disciplinary visit, child will be dismissed from camp for the remainder of the summer (no refund on balance of week and loss of deposit for the remaining weeks)

As a parent or guardian, I agree to be partners with Carson-Simpson Farm Christian Center in the discipline of my child. I agree to support the camp disciplinary code.

Signature of Parent of Guardian _____

Name of Camper/Disciple (please print) _____

As a Camper/Disciple at Carson-Simpson Farm, I agree to follow the Camper Contract and understand the consequences if I do not.

Signature of Camper/Disciple _____

Dear CSF Parents:

We share the concerns of many families, schools, and camps regarding the dangers associated with young people's use of social networking Web sites such as Twitter and Facebook. As you may know, the risks range from online sexual solicitation to cyber-bullying to the damaging of one's own reputation, school or camp admission status, or job prospects by posting inappropriate information, photos or comments on personal pages.

The American Camp Association (ACA), by whom we are accredited, is working with its members to develop model policies designed to keep campers, employees, and camps safe. Our policy is below for your review. We hope you will discuss it with your child and encourage him or her to share any inappropriate postings by or about members of our camp community.

Please know that we remain committed to the health and safety of all members of our community. As always, we appreciate your support and welcome your comments.

Carson-Simpson Farm Christian Center
Internet Social Networking and Blogging Policy for Campers, Disciples and Staff

In general, our camp views social networking sites (e.g. Twitter, Facebook), personal Web sites, and Weblogs positively and respects the right of campers, disciples and staff to use them as a medium of self-expression. If a camper, disciple or staff member chooses to identify himself or herself as a part of our camp community on such Internet venues, some readers of such Web sites or blogs may view the camper, disciple or staff as a representative or spokesperson of the camp. In light of this possibility, our camp requires, as a condition of participation in the camp, that campers, disciples and staff observe the following guidelines when referring to the camp, its programs or activities, its campers, disciples and/or employees, in a blog or on a Web site.

1. Campers, disciples and staff must be respectful in all communications and blogs related to or referencing the camp, its employees, and other campers or disciples.
2. Campers, disciples and staff must not use obscenities, profanity, or vulgar language.
3. Campers, disciples and staff must not use blogs or personal Web sites to degrade the reputation of the camp, other campers, disciples or employees of the camp.
4. Campers, disciples and staff must not use blogs or personal Web sites to harass, bully, or intimidate other campers, disciples or employees of the camp. Behaviors that constitute harassment and bullying include but are not limited to, comments that are derogatory with respect to race, religion, gender, sexual orientation, color, or disability; sexually suggestive, humiliating, or demeaning comments; and threats to stalk, haze, or physically injure another person.
5. Campers, disciples and staff must not use blogs or personal Web sites to discuss engaging in conduct that is prohibited by camp policies, including, but not limited to, the use of alcohol and drugs, sexual behavior, sexual harassment, and bullying.
6. Staff and disciples must not tag or identify any camper in a photo.

Any camper, disciple or staff found to be in violation of any portion of this Social Networking and Blogging policy will be subject to immediate disciplinary action, up to and including dismissal.

Completed form **MUST** be received **BEFORE** the first day of camp!

HEALTH HISTORY FORM – page 1

Carson-Simpson Farm Christian Center

IDENTIFICATION

NAME: _____
Last First MI

Birth Date: _____ Age: ____ Gender: M ____ F ____

Height _____ Weight _____

Home Address: _____
Street Address

City State Zip

EMERGENCY CONTACTS

1st _____ Home: _____

Work: _____ Cell: _____

2nd _____ Home: _____

Work: _____ Cell: _____

3rd _____ Home: _____

Work: _____ Cell: _____

HEALTH PROVIDER INFORMATION

Physician: _____ PH: _____

Dentist: _____ PH: _____

INSURANCE INFORMATION

Covered by medical insurance? Yes ____ No ____

Carrier/Plan Name: _____ Policy/Group #: _____

Name of insured: _____

Relationship: _____

ALLERGIES

No known allergies

Allergic to: Food Medicine Environmental (hay fever, insects, etc.)

Describe below the allergy and the reaction seen.

AUTHORIZATION

1. I certify that the information on this health history form is, to the best of my knowledge complete and accurate.
2. The person described herein, has permission to engage in all camp activities except as noted.
3. I hereby give permission to the camp to provide non-prescription, over-the-counter medications and treatments to myself/my child at the discretion of the CSF Camp Nurse in accordance with the written treatment procedures. Treatment procedures are available to view at check-in.
4. I agree to the release of any records necessary for insurance purposes or medical treatment.
5. In the event of an emergency, I hereby give permission for the camp director or his designee to act in my behalf in securing medical treatment including hospitalization and for emergency transportation for myself/my child.



Signature of Staff Member/Parent/Guardian Date

HEALTH HISTORY

Check Yes or No for each statement. Have you/your child ever had or have any of the following?

- | | |
|-------------------------------------|--|
| 1. Hospitalization/surgery | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Frequent headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Heart murmur | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Joint or back problems | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Chest pain during/after exercise | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Diarrhea or constipation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Skin Disorders | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Abnormal menses or cramps | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Hearing impairment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Visual impairment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Recurrent or chronic illness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Recent injury/illness/infection | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Seizures | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Blood disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Glasses/contacts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Sleepwalking | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Bed-wetting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Special diet | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Explain ÷Yes÷ answers in the space below, noting the number of each question requiring a response.

IMMUNIZATIONS

All up to date? Yes ____ No ____

Date of Last Tetanus (DPT, DT, TT) _____ If applicable, Tuberculin Test: Type: _____ Results (circle): + --

Completed form **MUST** be received **BEFORE** the first day of camp!

HEALTH HISTORY FORM – Page 2

Carson-Simpson Farm Christian Center

<u>MEDICATIONS TAKEN ON A REGULAR BASIS</u>	<u>WILL THERE BE MEDICATIONS GIVEN AT CAMP BY THE NURSE?</u>
Med #1 _____ Dosage _____ Times _____ Reason _____	Yes ___ No ___ If yes, please list: Med #1 _____ Dosage _____ Times _____ Reason _____
Med #2 _____ Dosage _____ Times _____ Reason _____	Med #2 _____ Dosage _____ Times _____ Reason _____
Med #3 _____ Dosage _____ Times _____ Reason _____	Receiving Nurse's Signature _____

Note: ALL medications received MUST be in original pharmacy bottle/packaging accompanied by a doctor's note indicating current dosage.

ADDITIONAL INFORMATION

Please use this area to indicate any limitations or restrictions and any additional information for camp health care staff:

CAMP USE ONLY

Illnesses experienced in the last 30 days ___ Yes ___ No

If Yes, _____

Any recent updates to health history ___ Yes ___ No

If Yes, _____

Screened by _____ Date: _____

Overnight Campers only:

Head check: ___ Positive ___ Negative

Skin Lesions/Bruising: ___ Positive ___ Negative