

***Teen Adventure Weekend***

***August 3-5, 2018***

*Dear Campers and Parents,*

*We are so excited that you are interested in attending* ***Teen Adventure Weekend 2018****! We are looking forward to an exciting and meaningful weekend together. Many of you have mentioned how important it is for you to have the chance to talk about your burns with people who understand, and we will have this opportunity at teen camp 2018. This teen camp is heading to a brand new location and will be an adventure for us all!*

*The registration packet is attached. There are a number of pages, be sure you complete them all! Please pay special attention to each page, as each teen must have everything completed in order to attend camp.* If you completed the medical form to attend Camp Celebrate this year, we can use that, just write “see Camp Celebrate application” in that space please. Physicals must have been completed within the last 1 year.

Pages 2-3 Registration Parent/Guardian complete for

All Campers camper

Pages 4-6 Health Form Parent/Guardian complete for These must be complete for teen to attend camp.

All Campers camper

\*Page 6 All Campers \*Healthcare Provider complete\* This section is at the bottom of page 6 and must be completed by

a healthcare provider. Do not wait to get this completed!

Page 7 All Campers Camp Staff to complete Will be completed at check-in. Send in with packet.

Page 8 All Campers Camper and Parent/Guardian Please discuss this page with your child/camper.

must sign

Page 9 All Campers Parent/Guardian to sign Pictures and information regarding your camper are used on the Burn

Center webpage, for media coverage regarding camp and for professional presentations. The Burn Center is very protective of its patients and their personal health information. If you have any concerns regarding this release, please contact our staff.

Waiver All Campers Parent/Guardian to sign In order to ride the bus to off site activity

*Campers will not be officially registered until we receive your completed registration packet. Once we receive your completed forms, you will receive confirmation of your registration with directions,details and a list of things to bring to camp! We only have 24 spaces available and they go fast! Every year we have a waiting list, so if somebody cancels we will let you know. Camp drop off and pick up will be in Sophia, NC at Camp Caraway.*

*\*\*Please complete the entire Registration Packet ASAP and return before July* ***15, 2018*** *!\*\**

*Mail completed packets to:*  ***OR*** Fax to:

**Teen Camp**

**Pediatric Aftercare Coordinator 984-974-1870**

**North Carolina Jaycee Burn Center**

**101 Manning Drive, Campus Box 7600**

**Chapel Hill, NC 27599-7600**

If you have any questions, please contact Michele Barr, Camp Director at 919-962-8427 or [michele.barr@unchealth.unc.edu](mailto:michele.barr@unchealth.unc.edu)

We look forward to seeing you at Teen Camp! ***The Burn Aftercare Team***



TEEN CAMP REGISTRATION FORM

Camper’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Called: \_\_\_\_\_\_\_\_\_\_\_\_ (First) (MI) (Last)

Date of Birth: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ **** Male **** Female

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City/State/Zip Code

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If different from Camper) Street City/State/Zip Code

Phone: home ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper Cell phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is this a “smart” phone? Y \_\_\_ N\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact (other than parent/guardian): Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate number: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation:**

Who is bringing camper to Check-In on Friday at Camp Caraway in Sophia, NC? ?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will pick up camper at the end of camp on Sunday at Camp Caraway in Sophia, NC?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is anyone else authorized to pick up camper from camp? **** Yes **** No

If yes, who?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*IMPORTANT NOTE!\*\*\***

***We do not want any camper to miss coming to Teen Camp because of lack of transportation!***

***We do not provide transportation to camp, however we can put you in contact with other parents from your area if you need assistance with transportation. If you have questions or would like to discuss your transportation needs, please contact the Aftercare Office at 919-962-8427.***

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

*In order to ensure that your child feels respected and to maximize their camp experience, please help us to know him/her better.*

What language does camper speak? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this camper’s first time away from home? **** Yes **** No

Has camper ever been to an overnight camp? **** Yes **** No

Has camper ever been to Camp Celebrate? **** Yes **** No

Camper’s School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Upcoming Grade: \_\_\_9\_\_\_10\_\_\_\_11\_\_\_12\_\_\_\_\_\_\_\_\_

How well can camper swim? **** Does not swim **** Not well **** OK **** Good **** Very Well **** Unsure

Has your child been involved in any disciplinary action at school or legal trouble with local authorities within the past year?

**** Yes **** No (Please note that a yes response will not necessarily keep your child from being able to participate in teen camp.)

If yes, please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us anything you think important for us to know about your camper while at camp.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper T-shirt size:

**** Adult Small **** Adult Medium **** Adult Large **** Adult Extra Large **** Adult 2XLarge **** Adult 3XLarge

Camper Shorts /pants size:

**** Adult Small **** Adult Medium **** Adult Large **** Adult Extra Large **** Adult 2XLarge **** Adult 3XLarge

 Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

**** Male **** Female Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ Month / Day / Year

Age on arrival at camp: \_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH FORM All campers are **required** to have a completed health form. If you had a physical to attend Camp Celebrate this year, let us know and we can use that form! **If your camper has medication for ADD/ADHD please remember to send that to camp! Even if they take a break in the summer, we really need for them to bring their medicine to camp and take it.**

Camper Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

Parent or guardian with legal custody to be contacted in case of illness or injury:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State/zip

Preferred Phone numbers: Cell ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second parent/guardian or other emergency contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State/zip

Preferred Phone numbers: Cell ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Dentist/Orthodontist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Camper covered by family medical insurance? **** Yes **** No

Insurance Co: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Please indicate any pertinent information or requests regarding medical conditions which may limit or alter camp participation.  Activity Restrictions:  Dietary Restrictions:  Medical Treatments:  **EMERGENCY AUTHORIZATION:**  I hereby give my permission to the medical staff at the North Carolina Jaycee Burn Center’s ***Teen Camp*** to order xrays, routine tests, and routine treatment for my child. In the event I cannot be reached in an emergency, I hereby give permission to the medical staff to hospitalize, secure proper treatment for, and to order injections, anesthesia, surgery for my child named above. I understand and accept that UNC Hospitals and ***Teen Camp*** may use Personal Health Information (PHI) for purposes of treatment, payment, and health care operations. I hereby give permission for necessary PHI to be released to insurance carriers, health care treatment facilities, and other professionals. This includes PHI from pharmacies, hospitals and clinics.  Signature of parent/guardian, or adult camper / staffer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

**HEALTH HISTORY** (To be completed by parent/guardian)

**ALLERGIES:** Does your child have any known drug, food or environmental allergies? **** Yes **** No

(medications, peanuts, poison ivy, bee stings, etc)

If yes, please list and reaction:

**IMMUNIZATIONS:** Were immunizations completed prior to entrance to school? **** Yes **** No

Month/Year of last Tetanus immunization (DPT,DT,T) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Year

**General health history: check “yes” or “no” for each statement. Explain “yes” answers below.**

|  |  |
| --- | --- |
| Has/does the camper/CIT have? **YES NO** | Has/does the camper/CIT have? **YES NO** |
| 1. Chronic or recurrent illness? ** ** 2. Illness lasting over one week? ** ** 3. Hospitalizations? ** ** 4. Surgery? ** ** 5. Recent infectious disease? ** ** 6. Recent injury? ** ** 7. Asthma/wheezing/shortness of breath? ** ** 8. Diabetes? ** ** 9. Seizures? ** ** 10. Frequent Headaches/Migraine? ** ** 11. Orthopedic injury/abnormality? ** ** 12. Problems with heart/blood pressure? ** ** 13. Chest pain with exercise? ** ** 14. If female, problems with periods/menstruation? ** ** | 1. Fainting or dizziness? ** ** 2. Concussion/unconsciousness? ** ** 3. Heat stroke/exhaustion/problem with heat? ** ** 4. Sleepwalking? ** ** 5. Nose bleeds? ** ** 6. Frequent ear infections?  ** ** 7. Intolerance to strenuous exercise? ** ** 8. Emotions problems? ** ** 9. Behavioral problems? ** ** 10. Bedwetting problems? ** ** 11. ADD/ADHD? ** ** 12. Wear glasses/contacts? ** ** 13. Wear braces/appliances? ** ** 14. Had a significant life event that continues to affect   the camper’s life?  ** ** |

Please explain all “yes” answers:

Date of Burn Injury: \_\_\_\_\_/\_\_\_\_\_\_\_ Age at time of Burn Injury: \_\_\_\_\_ % of body burned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month / Year

Where did camper/CIT receive treatment for his/her burn injury?

**** UNC North Carolina Jaycee Burn Center **** Wake Forest University Baptist Medical Center

**** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does camper currently wear pressure garments? **** Yes **** No

If **yes, please send these to camp** and outline wearing instructions here:

Does camper use creams or lotions on his/her skin? **** Yes **** No

If yes, please send these to camp with your child and outline type, location and frequency of applications:

Does camper wear a splint, prosthesis, or an orthopedic device? **** Yes **** No

If yes, please send these to camp with your child and outline type and wearing schedule:

Will camper have any wound care/therapy needs other than creams/lotion/sunscreen? **** Yes **** No

If yes, please bring wound care supplies with your child to camp and outline instructions here:

**HEALTH HISTORY *continued***

***Medication:*  This camper will not take any daily medications while attending camp.**

** This camper will take the following daily medication(s) while at camp:**

**\*\*In order for your child to get the most out of the camp experience, please send your child to camp with his/her medications, ESPECIALLY ADD/ADHD medications. All medication must be listed below (use back of form if more room is needed) and provided by parent/guardian in a container properly labeled by a pharmacist with identifying information (eg the name of the child, medication dispensed, dosage required, and the time and route it is to be given.) Provide enough of each medication for the entire weekend!**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of medication** | **Reason for taking it** | **When it is given** | **Amount or dose** | **How given** |
|  |  | **** Breakfast  **** Lunch  **** Dinner  **** Bedtime  **** Other time: \_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  | **** Breakfast  **** Lunch  **** Dinner  **** Bedtime  **** Other time: \_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  | **** Breakfast  **** Lunch  **** Dinner  **** Bedtime  **** Other time: \_\_\_\_\_\_\_\_\_\_ |  |  |

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| **Parent Permission:**  **I hereby give my permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive medication during camp. The above medication(s) has been prescribed by licensed medical provider. Medications listed below are non-prescription and would only be given as needed for illness/injury. I hereby release UNC Healthcare and their agents/employees from any and all liability that may result from my child taking medication at camp.**  **Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| The following non-prescription medications may be stocked in the *Teen Camp* Health Center and are used on an as needed basis to manage illness and injury. **Cross out those this camper should not be given.**  Acetaminophen (Tylenol) Ibuprofen (Advil, Motrin)  Phenylephrine decongestant (Sudafed PE) Pseudoephedrine decongestant (Sudafed)  Antihistamine/Allergy medicine (Zyrtek, Claritin) Guaifenesin cough syrup (Robitussin)  Diphenhydramine antihistamine/allergy medicine (Benadryl) Dextromethorphan cough syrup (RobitussinDM)  Sore throat spray Generic cough drops  Lice shampoo or cream (Nix or Elimite) Antibiotic Cream  Calamine Lotion Aloe  Laxatives for constipation (Ex-Lax, ) Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

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| **\*\*\*To Be Completed by Medical Provider\*\*\*** |

**Health Care Recommendations by Licensed Medical Personnel (signed within 12 months of examination).**

I have examined the above camp participant. Date of last examination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In my opinion the above applicant \_\_\_\_\_is, \_\_\_\_\_ is not able to participate in an active camp program.

**Please list any medical information the camp medical staff should be aware of regarding this camp participant:**

**Signature of Licensed Medical Personnel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Camp Use Only)** Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ Month / Day / Year

**Initial Screening: Date /Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name / Credentials**

Brought to Camp by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scheduled to be picked up from camp by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does anyone other than the above named person have permission to pick up your child from camp? **** Yes **** No

If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

** Screening has been completed. Findings are as follows:**

1. Health forms complete? **** Yes **** No
2. Any changes to information on health history? **** Yes **** No
3. Signs/symptoms of illness or injury on arrival? **** Yes **** No
4. Any report of exposure to communicable diseases? **** Yes **** No
5. Medication checked in with medical staff? **** Yes **** No
6. Signs/symptoms of head lice? **** Yes **** No
7. Height \_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_

Provider Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Camper Check Out:** Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Left with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper left with all remaining medications **** Yes **** No **** N/A

**** Camper left with no illness or injury

**** Camper left with the following problem/concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person told about the problem was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Code of Conduct – Teen Camp

I affirm my understanding that the activities at *Teen Camp* are mostly held out of doors. I understand that in the woods, as in other outdoor settings, there are natural risks (tripping over tree roots, mosquito bites, etc.) **I understand that all bags will be searched upon arrival to provide a safe environment, free of drugs or weapons, for all campers and counselors.** No Cell Phones are permitted at Teen Camp**.** It is the policy and purpose of aftercare programs that every member of the teen camp community camp experience a safe and healthy environment. All participants have the responsibility to show respect to one another and the camp.

I additionally affirm my understanding of the goals, rules, and standards stated below:

* To have a good time
* To work with the group and participate in all activities as a TEAM
* To challenge myself, to try things I’m not sure I can do
* If I have a problem or concern, I will talk to a counselor or staff person

STANDARDS AND RULES

* I will not use alcohol, tobacco, or drugs at *Teen Camp*
* I will not bring electronics, including cell phones, to *Teen Camp.* If I forget, I will turn it in to the camp staff at registration and will have it returned when I leave camp or send it home with my parent.
* I will read the Cell Phone Policy, see attached page
* I will not use foul language
* I will not fight, verbally or physically, at *Teen Camp.*
* I will not engage in any bullying activity and will report anybody who does to staff.
* I will be on time for all scheduled meetings and events
* I will not throw my trash on the ground. I will place it into a suitable trash container.
* I will not use any equipment without proper supervision
* I will follow all safety guidelines given by the staff
* I will not take any clothes, money, or other things that do not belong to me
* I will respect the personal space of other campers and adults. Inappropriate touching will not be tolerated.
* I will observe lights out, and not leave my cabin after hours
* I will not enter the cabin bunk area of the opposite gender
* I will participate in camp activities and understand that naps are not a part of the camp schedule.
* Everyone is responsible for keeping the bus clean. Food and drink on the bus is a privilege and if the bus becomes messy the privilege will be taken away. Campers will be responsible for cleaning the bus if necessary.

\*I agree to abide by these goals, standards, and rules. I understand that I may be dismissed from *Teen Camp* for

refusing/failing to follow any of the above. My signature acknowledges that I have read the cell phone policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant/Camper Printed Name Date

\*My child has read and understands the above goals, standards, and rules. I understand the above goals, standards, and

rules. **I understand that if my child’s behavior does not meet these standards at any time during the weekend that**

**I am responsible for transporting them home.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Printed Name Date

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***AFTERCARE CELL PHONE POLICY***

Why No Cell Phones at Camp?

***We have a “NO CELL PHONE” policy at camp.***  Aside from the fact that cell phones are expensive and can get lost and that the physical camp environment is not kind to such items, there are fundamental problems with campers having cell phones at camp. When teens come to camp, they are encouraged to connect with the other campers and counselors, spend time in nature, and be fully immersed in the camp experience. While cell phones are fantastic tools and can enable us to do incredible things, in some situations, they can actually be a hindrance.

***We want to foster independence and growth.*** We believe that developing independence is one of the greatest benefits of camp. The separation from cell phones, friends and family is relatively brief in our Friday-Sunday camp. This means that your teen will only experience one full day (Saturday) without a cell phone. This can be a positive and healthy experience, even though it may feel challenging. We can assure you that if you child is having any difficulty while at camp, we will contact you. You can always contact us during the camp weekend by calling 919-259-0352.

***Texting.*** Texting is a popular means of communication, and we are certainly not against this outside of camp. At camp, however, one of the goals of the camp experience is to connect, or reconnect, with other survivors outside of our usual lives and to enjoy the opportunity to engage in face-to-face communication without distraction.

***Photographs/Digital Images.*** The built in camera of most cell phones can be a problem. It is our responsibility to maintain safety for all participants and to monitor the appropriate use and distribution of images taken at camp. At times, we have campers who do not consent to the use of their photo at any time. We also have to follow UNC Hospitals Social Media Policies, and we simply cannot adequately protect the rights of our participants with unrestricted cell phone pictures or social media exposures. While at camp, cameras may be provided to campers for use, and photos will be made available to campers in a format that may include printed photos, a post camp video and/or a photo book, etc.

**Hiding Cell Phones.** We are so appreciative that most families and campers will honor the request and support our reasoning for not bringing cell phones to camp. We also recognize that some campers or families may feel that hiding a cell phone in camper luggage, or on their person, is acceptable, and that it will not be abused. Our experience has been that this has been problematic during past camps. When a camper brings a cell phone to camp, the playing field is uneven, and it can, and has, had a negative effect on the teen camp experience. Please understand that when discovered, cell phones will be confiscated and the camper may lose the privilege to attend future aftercare events. We take the issue of cell phones very seriously. We ask for your full support of this policy.

Thank you for supporting the goals and objectives of our teen aftercare programming. We appreciate your partnership in providing a safe and healthy opportunity for your child(ren) to heal and grow.

|  |  |
| --- | --- |
|  | **University of North Carolina**  Health Care System  101 Manning Drive Chapel Hill, NC 27514 |

# PATIENT RECORDINGS AND INFORMATION RELEASE AUTHORIZATION FORM (COMMUNICATIONS, MARKETING AND EXTERNAL AFFAIRS) – HIM #739s

I authorize UNC Health Care System and [name of media outlet, as applicable] to take and/or release recordings (e.g., photographs, videos and/or audio), and related medical information, of

[patient name], for Public Relations and/or Marketing Purposes (including internet sites, publications, public media, presentations and advertisements). I understand that I may be identified by name, unless I initial the statement below.

**I do not consent to the use of my name.** I understand that, even though my name will not (initial here) be used, it is possible that someone may recognize me based on the recording(s) alone.

* I understand that I may revoke this Authorization at any time by sending a written request to the Office of Communications, Marketing and External Affairs, 211 Friday Center Drive, Chapel Hill, NC, 27517. Any revocation will not apply to information already released.
* I may refuse to sign this Authorization and UNC Health Care System will not condition my treatment or eligibility for benefits on receiving my signature on this Authorization.
* I have been informed and understand that information disclosed pursuant to this Authorization may be subject to redisclosure by a recipient of such information. Once disclosed, the privacy of the information may no longer be protected by federal and state privacy laws.
* Unless otherwise revoked, this authorization will expire in one year *or* on the following date, event, or condition: .

# I have read and understand the information in this Authorization form.

|  |  |
| --- | --- |
| **Signature of Patient or Authorized Representative:** | |
| **Printed Name:** | |
| **Date:** | **Time:** |

**Relationship of Authorized Representative to Patient (if applicable):**

Witness Date: Time:

For filing, please email competed form to Health Information Management at [mimdept@unch.unc.edu](mailto:mimdept@unch.unc.edu) or fax to 919-966-0839. Questions about filing? Call 919-966-2312.

\*HIM739\* HDF0652 Rev. 05/07/15 Chart Location: Authorizations



Bus Waiver

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do here hereby give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PRINT NAME) (PRINT CHILD’S NAME)

Permission to ride Academy Bus to and from activities during the Teen Adventure Weekend in Sophia , NC on August 3rd- 5th, 2018.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_