

## Dear Campers and Parents,

Teen Adventure Weekend

August 18th-20th,2023

## We are so excited that you are interested in attending ***Teen Adventure Weekend 2023****!* We are looking forward to an exciting and meaningful weekend together in Rock Hill, SC! 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 throughout the weekend. Safety is our top priority, and we will continue to follow guidelines of the CDC and UNC Hospitals.

The registration packet is attached. There are a number of pages, please 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**. Physicals must have been completed within the last 1 year.**

Pages 2-3 Registration All Campers

Pages 4-6 Health Form All Campers

Parent/Guardian complete for camper

Parent/Guardian complete for camper

These must be complete for teen to attend camp.

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 7-8 All Campers Parent/Guardian complete for

camper

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.

Page 9 All Campers

Page 10 All Campers

Page 11 All Campers

Parent/Guardian & Camper must sign

Parent/Guardian must sign Parent/Guardian to sign

Please discuss this page with your child/camper.

Participant Release From

Cell Phone Policy

## 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.

*\*\*Please complete the entire Registration Packet ASAP and return before July 28th****, 2023*** *!\*\**

|  |  |  |
| --- | --- | --- |
| *Mail completed packets to:* | ***OR*** | Fax to: |
| **Teen Adventure Weekend****North Carolina Jaycee Burn Center 101 Manning Drive, Campus Box 7600 Chapel Hill, NC 27599-7600** |  | **984-974-1870** |

*You can also email completed registration packets to:* **maria\_albani@med.unc.edu**

If you have any questions, please contact Chelsea Hendricks, Camp Director at 919-962-8427 or

Maria Albani, Administrative Coordinator, 919-962-8420

***The Burn Aftercare Team***



**TEEN ADVENTURE WEEKEND REGISTRATION FORM**

Camper’s Full Name: Name Called:

(First) (MI) (Last)

Date of Birth: / /

Age:

Male

Female

Preferred Pronoun:

Mailing Address:

Street City/State/Zip Code

Parent/Guardian Name: Relationship: Phone: home ( ) work ( ) cell ( )

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

\_\_\_

\_\_\_

Parent Email: Camper Email: Emergency contact (other than parent/guardian): Name:

Phone ( ) Alternate number: ( )

Relationship to camper:

### Transportation:

Who is bringing camper to Check-In on 8/18/2023?

Name: Cell Phone: ( ) Relationship:

Who will pick up camper at the end of camp on Sunday 8/20/23?

Name: Cell Phone: ( ) Is anyone else authorized to pick up camper from camp? Yes No If yes, who?

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Relationship:

Name: Cell Phone: ( ) Relationship:

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

***We do not want any camper to miss coming to Teen Adventure Weekend 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 Teen Adventure Weekend? Yes No

Camper’s School Name: Upcoming Grade:

\_\_\_

8 \_9\_ 10

11 \_12\_ \_

Anticipated graduation date/year :

\_\_

\_\_

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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?

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

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If yes, please describe:

Please tell us anything you think important for us to know about your camper while at camp. Please include any history of mental health related issues.

Camper T-shirt size:

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Adult Small

****

Adult Medium

Adult Large

Adult Extra Large

Adult 2XLarge

Adult 3XLarge

needed during camp. **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.**

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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 with a parent signature to authorize any treatment

Second parent/guardian or other emergency contact:

Name: Relationship to Camper:

Home Address:

Street City State/zip

Phone ( )

Preferred Phone numbers:

Cell (

) Work ( )

Other ( ) Email:

Family Physician: Phone ( )

Family Dentist/Orthodontist: Phone ( )

Is Camper covered by family medical insurance? Yes No

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Insurance Co: Policy Holder: Policy #

Please indicate any pertinent information or requests regarding medical conditions which may limit or alter camp participation.

**EMERGENCY AUTHORIZATION:**

I hereby give my permission to the medical staff at the North Carolina Jaycee Burn Center’s ***Teen Adventure Weekend*** to order x- rays, 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 Adventure Weekend*** 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.

 Date:

Signature of parent/guardian, or adult camper / staffer:

Medical Treatments:

Dietary Restrictions:

Activity Restrictions:

Camper Name:

First Middle Last

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

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**ALLERGIES:** Does your child have any known drug, food or environmental allergies?

(medications, peanuts, poison ivy, bee stings,

Yes No

etc) **If yes, please list what the allergy is to, and the reaction:**

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

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

Month Year

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| **General health history: check “yes” or “no” for each statement. Exp**Has/does the camper/CIT have? **YES NO** | **ai** | **n “yes” answers below.**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:

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Date of Burn Injury:

 /

Month / Year

Age at time of Burn Injury:

% of body burned:

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

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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***

Camper Name:

First Middle Last

This camper will not take any daily medications while attending camp. This camper **will take** the following daily medication(s) while at camp:

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*Medication:*

\*\*In order for your child and the other campers 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!

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

**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.**

 **Date:**

**Parent/Guardian Signature:**

**Parent Permission:**

The following non-prescription medications may be stocked in the *Teen Adventure Weekend* Health Center and are used on an as needed basis to manage illness and injury. **Check any that camper should not be given.**

Acetaminophen (Tylenol)

Phenylephrine decongestant (Sudafed PE) Antihistamine/Allergy medicine (Zyrtek, Claritin) Diphenhydramine antihistamine/allergy medicine (Benadryl) Sore throat spray

Lice shampoo or cream (Nix or Elimite) Calamine Lotion

Laxatives for constipation (Ex-Lax, )

Ibuprofen (Advil, Motrin) Pseudoephedrine decongestant (Sudafed) Guaifenesin cough syrup (Robitussin)

Dextromethorphan cough syrup (RobitussinDM) Generic cough drops

Antibiotic Cream Aloe

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

Phone (

Address

)

### (Camp Use Only)

Date

Camper Name:

# Authorization for Education, Fundraising and Marketing / Public Relations Purposes - Photo, Video and Other Protected Health Information (PHI)

## HIM# 739s

|  |  |  |  |
| --- | --- | --- | --- |
| *Patient’s Name (print)* |  | *Date of Birth* |  |
|  |  |
| *Patient’s Address* |  | *City* |  | *State* |  | *Zip* |  | *Phone #* |  |
|  |  |
| **I AUTHORIZE THE RELEASE OF MY PHI FROM:** |
| *Name of UNC Health Hospital, Clinic or UNC Physicians Network Clinic that may release my PHI:* |
| **I AUTHORIZE THE RELEASE OF MY PHI TO:** | **UNC Hospitals/NC Jaycee Burn Center** |
| **(***check the purpose for the release, then describe the intended use of PHI and print name of the entity and/or individual that will receive PHI with contact information listed for the entity and/or individual.***)****Marketing Public/Relations**: If the purpose of the release is for Marketing/Public Relations Describe *marketing/public relations activities*:*Print name and contact information of individual or department performing* marketing services:**Fundraising**: If the purpose of the release is for fundraising:Describe fundraising activities: *Print name and contact information of entity performing the fundraising activity:***Education**: If Release is for educational purposes**:**My PHI may be used for education offered or directed by my UNC Health physician or provider in any format or forum which may include but not be limited to publication in written or online media, videos, calendars, books or journals, classroom instruction and/or medical training at UNC Health or other educational institutions, and/or at local national and global conferences or other professional or educational events.*Print name and contact information of physician and/or department that will receive PHI*:IF RELEASE IS FOR EDUCATIONAL PURPOSES A COPY MUST BE SENT TO UNC HEALTH HIM DEPARTMENT FOR PLACEMENT INTO THE PATIENT’S CHART. |
| **INFORMATION THAT CAN BE RELEASED:** If specific dates only, list dates:  |
| Name Testimonials |  | Name of facility, hospital or clinic | **I further authorize the release of the** |
| Address Diagnosis |  | where treatment was received | **following information which may be** |
| * **Video and/or** Treatment

**photograph(s) of me** Information |  | Other (describe in detail):  | **included in my PHI:** |
| * Mental Health/Psychiatric Treatment
 |
| **which may include my** Prognosis |  |   | * Alcohol or Substance Abuse Treatment
 |
| **face and images or** Physician or **video of procedures or** care giver’s **treatment I have** name(s) **received** |  |  | * STD/HIV/AIDS Treatment(s) or Test(s)
* Genetic Testing
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Chart Location: Authorization

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# Authorization for Education, Fundraising and Marketing / Public Relations Purposes - Photo, Video and Other Protected Health Information (PHI)

I will not receive remuneration for releasing my PHI for the purpose(s) listed above.

I hereby release UNC Health and its affiliates and employees from any and all liability that may arise from the release of my PHI as authorized by this form.

I have the right to revoke this Authorization at any time if I do so in writing and address it to the person or institution named above. The revocation will not apply to any information already released as a result of this Authorization.

I may refuse to sign this Authorization, and I cannot be denied or refused treatment if I refuse to sign and my refusal to sign this Authorization will not affect my treatment, payment, enrollment or eligibility for benefits or the quality of care I receive.

Once information is disclosed pursuant to this Authorization, it is possible that it will no longer be protected by the federal medical privacy laws and could be re-disclosed by the person or agency that receives it.

This Authorization shall not have an expiration date and shall remain in effect unless and until I provide my written revocation made to the UNC Health office, facility or health care provider listed above.

My signature below indicates that I am giving permission for the use and disclosure of the PHI described above.

*Signature of Patient*

*Date*

*Time*

*OR Signature of Authorized Representative*

*Date*

*Time*

*Printed Name of Authorized Representative*

*Explain Representative’s authority to act on behalf of the Patient:*

*Phone Number of Authorized Representative*

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## Chart Location: Authorization

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Code of Conduct – Teen Adventure Weekend Adventure Weekend

I affirm my understanding that the activities at *Teen* Adventure Weekend 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 phones, drugs or weapons, for all campers and counselors. No Cell Phones** are permitted at Teen Adventure Weekend**.** It is the policy and purpose of aftercare programs that every member of the teen adventure community 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
* I will give effort, and try to participate in almost all of the activities offered at camp

STANDARDS AND RULES

* I will not use alcohol, tobacco, or drugs at *Teen Adventure Weekend*
* I will not bring electronics, including cell phones, to *Teen Adventure Weekend.* 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 Adventure Weekend.*
* 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.

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



**“TEEN ADVENTURE WEEKEND” PARTICIPANT RELEASE FORM**

## P a g e |10

**I ACKNOWLEDGE THAT, BY SIGNING THIS RELEASE, I AM RELEASING THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, THE UNIVERSITY OF NORTH CAROLINA HEALTH CARE SYSTEM, THE UNIVERSITY OF NORTH CAROLINA HOSPITALS AT CHAPEL HILL, THE UNC JAYCEE BURN CENTER, AND THEIR REPRESENTATIVES, AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, SPONSORS, PROMOTERS, AND AFFILIATES (COLLECTIVELY “RELEASEES”) FROM LIABILITY, AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS RELEASE IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES OCCURRING AT THE “CAMP CELEBRATE” EVENT (THE “EVENT”), REGARDLESS OF WHETHER SUCH ACTIVITY IS SPECIFICALLY IDENTIFIED HEREIN. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS AND WHAT I AM AGREEING TO BY SIGNING.**

**name)**

**In consideration of the acceptance of (camper’s**

**to participate in the Event, I hereby freely agree to and make the following contractual representations and agreements:**

**I acknowledge that camping and other associated activities are inherently dangerous activities and FULLY ASSUME THE RISKS ASSOCIATED WITH MY AND CAMPER’S PARTICIPATION IN THE EVENT, INCLUDING, for example**

**(but not limited to): THE RELEASEES’ OWN NEGLIGENCE, the negligence of others, and weather conditions; strenuous exertions of various muscles placing stress on the muscles, bones, and joints; sustained physical activity placing stress on the heart, arteries, and blood pressure; minor injuries such as soreness, sprains, strains, and bruises, and the possibility of serious physical and/or mental trauma, injury, or death associated with the Event. For myself and Camper, our heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively, “Successors”), I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS,**

**AND PROMISE TO INDEMNIFY AND NOT SUE the Releasees and the organizer of the Event and any property owners, law enforcement agencies, public entities, special districts and properties that are in any manner connected with the Event, and their respective agents, officials, and employees, (the foregoing are also collectively deemed to be Releasees) FROM ANY AND ALL RIGHTS AND CLAIMS, INCLUDING CLAIMS ARISING FROM THE RELEASEES’ OWN NEGLIGENCE TO THE MAXIMUM**

**EXTENT PERMITTED BY LAW, which I have or which may hereafter accrue to me, Camper, and/or any of either of our Successors (collectively, “Releasors”), and from any and all damages that may be sustained by any Releasor directly or indirectly in connection with, or arising out of, Camper’s or my participation in or association with the Event, or travel to or return from the Event.**

**I understand that I am responsible for my own and Camper’s conduct and decisions while participating in the Event and agree that this Release shall apply to any claim arising out of my or Camper’s participation in all activities in the Event. I agree it is my and Camper’s sole responsibility to be familiar with the Event course and agenda, the Releasees’ rules, and any special regulations for the Event, and I agree we will comply with all such rules and regulations. I understand and agree that situations may arise during the Event that may be beyond the control of the Releasees, and that I and/or Camper must continually participate so as not to endanger ourselves or others. Neither I nor Camper have any medical or physical condition that, to my knowledge, could endanger ourselves or others if I or Camper participate in the Event, or could interfere with my or Camper’s ability to safely participate in the Event. To the extent I am or Camper is using our own equipment while participating in the Event, such equipment will be in proper working equipment.**

**I agree, for myself, Camper and our Successors, that the above representations are contractually binding, and are not mere recitals, and**

**that should I, Camper or our Successors assert any claim contrary to what is agreed to in this Release, the claiming party shall be liable for the expenses (including legal costs and attorneys’ fees) incurred by the Releasees in defending such claim. This Release may not be modified orally or otherwise, and a waiver or modification of any provision shall not be construed as a waiver or modification of any other provision herein, or as a consent to any subsequent waiver or modification.**

**I consent to the release by any third party to Releasees and their insurance carriers of my and/or Camper’s name and medical information that may relate solely to any injury or death suffered arising from the Event.**

**Every term and provision of this Release is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.**

AGE ON DAY OF EVENT

CITY

ADDRESS

**NAME OF CAMPER** (print)

TODAY’S DATE

EMERGENCY CONTACT PHONE

EMERGENCY CONTACT

PHONE NUMBER

E-MAIL

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE OF GUARDIAN/PARENT** |  | **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 **984-569-0433.**

***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.