## 2022 Camper Application

Camp Cherokee rules for acceptance and participation are the same for everyone, without regard to race, color, creed or national origin.

### Please type or print neatly. Must be signed by parent or guardian:

Camper's Name (Last, First, Middle)		Home Phone	Parent/Guardian Work Phone
Date of Birth	Grade	Gender: Male	Female
Home Church		Desires Baptism at Camp:	YesNo

Email Address

### Parents, Please Initial Applicable Statements (1&2 required)

- I give my permission for a doctor or nurse to treat my child in the event of an emergency. My child suffers from no chronic illnesses. I understand that my own medical insurance policy will be applied to any medical/hospital costs incurred.
- \_ I have read the camp brochure and will comply with all regulations, policies and procedures stated therein.
- \_ I permit Camp Cherokee to use photographs of my child for promotional purposes.
- \_\_\_\_ I give permission to my child to participate in the following camp activities: horseback riding, tubing, swimming, archery, Rockwall climbing, crafts, and their described difficulty and risk level as outlined on www.campcherokeeadk.com.
- \_\_\_\_ I give permission for sunscreen and/or bug spray to be applied to my child.
- \_ I understand that registration begins at 2:00 pm in the cafeteria

Picture - \$5.00

I agree to the policies regarding electronic devices. I understand that this policy requires NO ELECTRONIC DEVICES in possession of the camper at camp throughout the duration of the week. I agree to not have any electronic devise (cell phones, iPhones, iPods, MP3 players, hand-help gaming devices, etc.) while I am at camp. I understand that any electronic device that is found in my possession will be confiscated. I understand that Camp Cherokee is not responsible for any device that is brought to camp. I agree that any confiscated device will be returned to me only at my payment of the required \$25 fee at the end of the week.

Date

Date

Signature of Camper

Signature of Parent/Guardian

#### Fees: \$425.00

\_\_\_\_ CD - \$10.00 (check box & include with total below.)

Camp #	Camp Date	Cam	p Selection(s)	Camp Cost	\$100 DEPOSIT	
1	July 3-10	Teen Camp			REQUIRED WITH	
2	July 10-17	Junior/Tween Camp			APPLICATION	
3	3 July 17-24 Adventure/Diabetic Awareness Camp					
	<ul> <li>* \$100 deposit is part of the total camper fee.</li> <li>** If paid in full and postmarked by June 1*. (No discount after June 1)</li> <li>*** If paying by credit card, a 3% surcharge will be added to the total.</li> </ul>		NY Conf. Member Discount (\$25)		This deposit is	
(No discou			Early Bird Discount (\$25)**		non-refundable	
total.			Store/Offering		unless cancellation is two weeks prior	
Send completed application, Health History/Physical Exam, Release, and non-refundable deposit to: Camp Cherokee/New York Conference P O Box 15502, Syracuse, NY 13215		Picture/CD		to Camp.		
		TOTAL***				

For Office Use Only								
Date	Rec#/Ck#	Total Ck	Fee	Store	Offering	Picture	DVD	Balance

# Camper Health History/Physical Exam Form

(NOT NEEDED FOR FAMILY CAMPS)

Fill in all requested information. Incomplete forms cannot be processed and will be returned. Forms are due two (2) weeks before your Child's session begins

### Camper Name\_

<u>Physical Examination</u> - To be filled out by a licensed healthcare provider New York State law requires a signed/dated physical exam, within the last 12 months and dates of most current boosters

Immunization History - Must be completed with dates or enclose a copy. Please record the date (month and year) of basic immunizations and most recent booster doses:

DPT or DT MMR	Tuberculosis Polio vaccine (most recent)	Other tetanus Pneumonia vaccination	Hepatitis vaccination Chicken Pox Vaccine Recent exposure to contagious disease Flu vaccine
General Condition	n or Appraisal		
Birthdate	Nutrition	Allergy	Athlete's foot
Height	Nose	Foods	Impetigo
Weight	Throat-tonsils	Drugs	Infection
Posture & Spine	Lungs	Other	Pediculosis
Feet	Eyes	Abdomen	Describe Current conditions (diabetic, seizures, emotional
			issues, etc.)
Teeth	Discharge	Genitals	
Blood pressure	Glasses	Hernia	
Heart murmur	Menstruation	Skin	
Ears	Urine	Scabies	

Standard Over the counter/PRN medications: (The following medications are available in the infirmary and will be administered at the discretion of an RN, if approval is indicated by the camper's healthcare provider)

Drug Name	Route (indicate formulation[s])	Dosage	Schedule & Indications	Healthcare Provider Initials	Comments
Sunburn Spray/Lotion/Aloe-Gel	Topical	To affected site	2-3 times daily (prn)		
Acetaminophen (Tylenol)	PO (chewable tabs,elixir, tabs)	Per label instr. by age/weight	Q 4 hr prn for pain or fever >ºF		
Ibuprofen (Motrin)	PO (chewable tabs,elixir, tabs)	Per label instr. by age/weight	Q 6 hr prn for pain or fever >0F		
Diphenhydramine Hydrocholoride (Benedryl)	PO (chewable tabs,elixir, tabs)	Per label instr. by age/weight	Q 6 hr prn for allergic reaction (hives, insect bite)		
Hydrocortisone Cream or Benadryl Cream	Topical	Per label instr. by age/weight	prn - itching		
Bismuth Subsalicylate (Pepto-Bismol)	PO (Liquid or chewable tabs)	Per label instr. by age/weight	Q 30 min to 1 hr prn for diarrhea (no>8 doses/24 hr)		
Loperamide HCI (Immodium)	Tab or liquid	Per label instr. by age/weight (max of 8 mg/24 hr)	Per episode/ max 8 mg/24 hr		
Tums	Chewable tab	Per label instr. by age/weight	No>10 tabs/24 hrs		
Throat Lozenges/Cough Drops	Tab	1 Lozenge	No>6/24 hr		

Prescription Medications (please complete with patient's current regimen for both scheduled and prn medications)

Drug	Route	Dosage	Schedule & Information	Comments

Additional Orders (as deemed necessary by healthcare provider to be implemented by an RN (i.e. peak flows, dressing changes, cast care, etc.)

I believe this child is able to attend camp and participate in all camp activities with the following restrictions and recommendations (attach specific instructions or medications, treatments and diet, restrictions or considerations):

Provider's Name (print)	License #:
Providers Signature	Date:
Address:	Phone:

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## Please Print (THIS SIDE AND TOP OF BACK PAGE TO BE FILLED IN BY PARENT BEFORE PHYSICAL EXAMINATION).

Camper Name	Birth date: Age	Sex Home Phone	
Parent/Guardian	Home Address		
Business Address		Business/Cell Phone	
Other Parent/Guardian	Home Address:	Home Phone	
Business Address		Business/Cell Phone	
In the event of emergency, and parer	nt or guardian cannot be reached, notify	Relationship to camper	
Address	Home Phone	Business/Cell Phone	

### Note:

This person must be a relative over 18. If someone is not a relative, a "notarized statement" authorizing that person to approve medical treatment is necessary. In the event of an injury or illness that does not require removal to a hospital, parents shall not be notified unless medical personnel's concerns dictate. When injuries or illnesses require a trip to the hospital, either the RN accompanying the camper or the camp director or their designee will notify the parents.

Health History - To be completed by PARENT/GUARDIAN (give approximate date of illness or 'no" if not applicable)

frequent ear infections heart defect/disease convulsions diabetes	hypertension     psychiatric treatment     mononucleosis     sleep walking	bleeding/clotting bed wetting fainting asthma	<u>Allergies</u> hay fever plants food:	other _ insect stings	<u>Diseases</u> chicken pox measles German measles mumps
Medication Allergies:					
Current medication (send in	original container with instruct	ions):			
Operations or parious injuria	a (dataa):		Dischility of chronic	or requiring illnoor	

Operations or serious injuries (dates):	Disability of chronic or recurring liness:
Dietary modifications:	Any specific activities limited:
Name of dentist/orthodontist:	Phone:
Name of family physician:	Phone:

## Medical Insurance

Policy Holder's Name		Name of insurance carrier and type of coverage	Policy No.	Group No.		
Authorization for release for information to above named insurance carrier						
Signature Date		Relationship to camper (parent, etc.)				
Address of Insurance Company						

Your personal medical policy is your child's primary coverage. All campers must have medical insurance to attend camp. All registered campers are covered by excess coverage accident insurance while at camp.

## **IMPORTANT** - This Box Must Be Completed For Attendance

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine test, treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp Director to secure and administer treatment, including hospitalization, for my child, as named above. The completed forms may be photocopied for trips out of camp.

#### Meningococcal Meningitis Vaccination Response

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response for every camper who attends camp for seven (7) or more nights. Please check one box and sign below.

- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will <u>not</u> obtain immunization against meningococcal meningitis disease.

Signature of parent or guardian

I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of minor \_

Licensed physician to fill out back of this form