



2019 Camper Application Claggett Specialty Camps

Specialty Camps at Claggett

At all Claggett camps, young people are invited into an experience of Christian community. We seek to offer campers:

- ☆ love and acceptance
- ☆ time away from the routines of everyday life
- ☆ opportunity to enjoy the beauty of God's creation
- ☆ chances to embrace their creativity
- ☆ new supportive friendships
- ☆ the opportunity to develop life skills
- ☆ the experience of sharing the love of God for all people in community.

We offer two camps that are targeted to reach children who have common experiences, and which we are pleased to offer at no cost to campers' families. They are:

- **Camp Amazing Grace:** a ministry of The Claggett Center and the Episcopal Diocese of Maryland, providing Maryland children who are affected by the incarceration of a parent or other loved one with a summer camp experience. (August 2-4)
- New in 2019, **Camp SpiritSong** provides a camp experience especially for children who are affected by the opioid addiction of a loved one. This is offered in partnership with the SpiritWorks foundation. (August 11-16)

Both camps are for children who have completed grades 4-8.

Attached, you will find the required paperwork for camp participants. Please return it by mail or email to:

Rita Yoe
Bishop Claggett Center
3035 Buckeystown Pike
Adamstown, MD 21710
ryoe@claggettcenter.org

Online registration is also available at www.claggettcenter.org/youth-programs. Please contact Rita Yoe to request additional paper registration forms.

Please note that no applications will be accepted without proper immunization records. Please print neatly on all forms.



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Health Information:

Name of personal healthcare provider: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

Name of primary insured: _____ Plan #: _____

Health History List any physical, emotional or behavioral conditions that may limit or affect participation in any camp activity. Use additional paper if necessary:

Allergies? None _____

List:

Reaction:

	List:	Reaction:
Medications		
Food		
Insects		
Bee Stings		
Plants		
Animals		
Other		

Health History Information: Circle Y or N

Asthma	Y	N	Diabetes	Y	N	High Blood Pressure	Y	N
ADD/ADHD	Y	N	Digestion	Y	N	Kidney Disease	Y	N
Cancer/Leukemia	Y	N	Heart Trouble	Y	N	Lungs	Y	N
Convulsions/Seizures	Y	N	Hemophilia	Y	N	Mental Illness	Y	N
Eyes/Ears/Nose/Throat	Y	N		Y	N	Daily Prescriptions	Y	N

Please give details for any YES answers:



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MEDICATION CHART:

All medications must be checked in with the health care provider at registration.

All medications must be in their ORIGINAL containers with the camper's name and the dosage clearly visible. Medications must be given as per the directions on the prescription container.

EACH Medication (Over-The-Counter and Prescription) listed below MUST be accompanied by DHMH-4758 (included in packet), and MUST be signed by a doctor.

Medication	Dosage and Time to Be Given						
	Pre-Breakfast	Breakfast	Lunch	Dinner	Night	Other	As Needed
1.							
2.							
3.							
4.							
5.							
6.							
Other Instructions:							



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Camper Name: _____

Community Living Covenant

Claggett youth programs are a place where participants and staff can live out their faith in ways that are fun and exciting. The formation of an intentional Christian community gives everyone an opportunity to come away from the world to experience God's love in a different way. Participation in this type of community is a privilege requiring some sacrifice as we strive to have our actions reflect the model set forth by Jesus.

Summer camps at Claggett Center and youth activities are subject to the Code of Maryland Regulations governing youth camps. As we work to build community and comply with the State, each participant is asked to pledge his or her commitment to live by certain community standards. ***Cooperation and respect are the starting points for behavior that builds community.***

I will demonstrate *respect for myself* by

- *Refraining from the use of drugs, alcohol, and tobacco.
- Abiding by all safety procedures.
- Having a willing attitude toward participation in camp activities

I will demonstrate *respect for others* by

- Building others up with positive comments and encouragement.
- Focusing on people rather than things. **I therefore agree to leave items such as electronic games, cell phones, and other handheld devices at home.**
- *Leaving weapons at home (including pocket, pen, and hunting knives).
- *Abstaining from sexual contact with others.
- Working to ensure the safety and health of others.
- By abiding by the rules and times set for lights out and quiet times.

I will demonstrate *respect for authority and Claggett property* by

- Cooperating with the staff
- Agreeing that the Programs Coordinator, the Executive Director of Claggett, or their designee may search my belongings at any time.
- Abiding by the rules for use of buildings and equipment.

I understand that the Programs Coordinator has the right to send me home at the expense of my parent or guardian if my conduct is disruptive and harmful to the community. **Violation of any item marked with an asterisk (*) will mean immediate dismissal from camp.**

This covenant must be signed by the participant and parent or guardian. Parent or guardian, please be certain that you have reviewed the agreement with your youth. Your signature indicates a willingness to abide by the standards listed in this pledge and in the general policies.

Camper Signature

Date

Parent/Guardian Signature

Date

MEDICATION ADMINISTRATION AUTHORIZATION FORM

for Youth Camps in Maryland

Maryland Department of Health (MDH)
Center for Healthy Homes and Community Services (CHHCS)
(410) 767-8417 Toll Free 1-877-4MD-MDH ext. 8417

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- An authorized individual must bring the medication to the camp and give the medication to an adult staff member.

I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME		2. DATE OF BIRTH ____/____/____ Month Day Year	
3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		4. EMERGENCY MEDICATION <input type="checkbox"/> YES <i>-If yes, see Section III below.</i> <input type="checkbox"/> NO	
5. MEDICATION NAME	6. DOSE	7. ROUTE	
8. TIME/FREQUENCY OF ADMINISTRATION		9. IF PRN, FREQUENCY	
10. IF PRN, FOR WHAT SYMPTOMS			
11. KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
12. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 14b below unless more restrictive dates are specified in 12a and 12b. This authorization is NOT TO EXCEED 1 YEAR.		12a. FROM ____/____/____ Month Day Year	12b. TO ____/____/____ Month Day Year
13. PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE ZIPCODE		
14a. PREScriBER'S SIGNATURE (<i>Parent/guardian cannot sign here</i>) (ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)			14b. DATE

II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to administer the medication or supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an authorized individual, as listed in 15c below, which may include the child, must pick up the medication, otherwise it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.

15a. PARENT/GUARDIAN SIGNATURE	15b. DATE	15c. INDIVIDUAL(S) AUTHORIZED TO PICK UP MEDICATION
15d. HOME PHONE #	15e. CELL PHONE #	15f. WORK PHONE #

III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)

This section should only be completed if this medication is approved for self-administration. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I authorize self-administration of the above listed medication for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated below, the child named above may self-carry emergency medication.

16a. PREScriBER'S SIGNATURE authorizing self-administration	16b. SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	16c. DATE
17a. PARENT/GUARDIAN'S SIGNATURE authorizing self-administration	17b. SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	17c. DATE