

COVENANT ACRES CAMP

7037 Albro Rd., Pike, NY 14130 • 585-493-2220 • (fax) 493-2759
 covacres@aol.com www.covenantacres.org

2010	INSURANCE AND HEALTH FORM			2010
Child's Name	Legal Guardian	Relationship		
Phone: Home	Work (and ext.)	Pager	Cell	
Alternate Emergency Contact Person		Relationship		
Phone: Home	Work (& ext.)	Pager	Cell	
Address:	City	State	Zip Code	
Health Insurance Carrier	Policy Number	Name of Policy Holder		
Company through which policy is held:				
Primary Care Physician:		Telephone (area code and) Number		

New State Law requires that the camp maintain an up-to-date record of your child's immunizations (month and year of last booster). New campers **MUST** fill this out.
 Please use my immunization records from the 2008 summer camp season. My camper has not had any new immunization records to date.

Haemophilus influenza type b ___/___/___
 Varicella ___/___/___ Hepatitis b ___/___/___
 Diphtheria ___/___/___ Mumps ___/___/___
 Oral Polio ___/___/___ Measles ___/___/___
 Tetanus ___/___/___ Rubella ___/___/___

Check if camper has had any of the following:

___ Chicken Pox ___ Frequent colds ___ Mumps
 ___ Red Measles ___ Hay Fever ___ Hepatitis
 ___ German Measles ___ Appendicitis ___ Bedwetting
 ___ Tonsillitis ___ Toothaches ___ Asthma
 ___ Whooping Cough ___ Rheumatic Fever ___ Sinusitis
 ___ Ear Trouble ___ Stomach Aches
 ___ Epilepsy or Fainting

By signing below, you certify that to the best of your knowledge, your child is in good health and that you agree to notify the camp if your child is exposed to an infectious disease during the **three weeks prior to camp.**

Medications presently taken: None
 See Primary Care Physician's report
 Health / Activity Restrictions: _____

Describe injections or treatments required:

Allergies to medications: _____

Signature of Parent or Legal Guardian _____ Date _____

Dear Parent,

To keep current with the many different state codes regarding dispensing medication to campers, we are required to have a doctors signed form before our nurse can dispense over the counter medications or current prescription medications to your child. Please fill out this form and have it signed by your doctor or current healthcare provider. **Without this completed form on file, we cannot dispense any form of medication to your child!**

Individualized Orders for: Camper _____

Date of Birth ___/___/___ Height _____ Weight _____

Standard over the counter medications/PRN Medications (The following medications are available in the infirmary and will be administered at the discretion of the medical staff, only if the camper's healthcare provider indicates approval.)

Medication	Administer order		Routine	Dose/Time
Tylenol	Yes	No	PO	
Ibuprofen	Yes	No	PO	
Advil	Yes	No	PO	
Tums	Yes	No	PO	
Pepto Bismol	Yes	No	PO	
Kaopectate	Yes	No	PO	
Benadryl	Yes	No	PO	
Mylanta Liquid	Yes	No	PO	
Neosporin	Yes	No	PO	

Prescription Medications: Please complete this table with your campers current regimen for both over the counter and prescription medications, including inhalers. All medications sent to the camp must be in their original containers. No pill boxes or unlabeled containers will be accepted. (Use additional paper if necessary.)

Medication	Route	Dosage	Time(s)	Diagnosis

For EpiPen & Inhalers: Has camper been trained in proper use of inhaler or EpiPen? YES NO

Parental consent for child to keep EpiPen or inhaler? Y / N _____
 Signature of parent or legal guardian

Name of Camper's Healthcare Provider: _____

Address of Provider: _____

Provider's License # _____ Phone: (_____) _____

Provider's Signature: _____ Date: _____



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Dear Parent or Guardian,

The New York State Law requires your Primary Care Physician (your family doctor) to give permission to use any over-the-counter medications, such as Tylenol, aspirin, Pepto Bismol.

Because of this law, **we can not administer any over the counter meds** without the signature of your physician.

I have attached the medical form for you to give to your doctor. Their office may fax it back to us if that is easier, 585-493-2759.

Please... **NO FLIP-FLOPS**. They can be used in the cabin, but not for walking. Campers have too many minor injuries because of them. Thank you for your understanding. If you have any questions, feel free to contact us at any time.

We are looking forward to making this summer the best summer of your camper's life!

Thomas W. Bartz
 Executive Director

Checklist

The following are the recommended list of "to bring" items:

- Modest clothing for hot days & cool nights Rain gear Bible
- Flashlight Sleeping bag & pillow Towels
- Smile Bug Repellent Sunscreen Swimsuit (one piece)
- Toiletries Money for Bubba's Canteen (camp store)
- Camera Fishing gear Washcloths Warm sweatshirt & jacket
- Old clothing for mud pit **NO FLIP FLOPS for walking**

Items NOT allowed on Camp grounds:

Knives, firearms, fireworks, matches, lighters, immodest clothing, tobacco, Alcohol, any illegal substances, radios, portable CD players, handheld games, MP3 or any musical device, and **Cell phones**.

Arrival Times

Sunday's - 4:00-5:30pm

Departure Times:

Every Friday, 3:00-4:00 pm

A late pick up charge of \$12.00 per hour (one hour minimum) will be assessed for each camper picked up after 4:30 pm.

CAMPER PICK-UP PERMISSION SLIP

2010

THIS MUST BE FILLED OUT AND RETURNED WITH YOUR HEALTH FORMS

No child/teen will be released to anyone other than those with written permission from their parent or guardian unless prior arrangements have been made.

I, _____, give my permission for my

Son(s) _____,

Daughter(s) _____,

to be picked up on _____

By _____

SIGNATURE OF CAMPER'S PARENT OR GUARDIAN

Phone _____

Comments or special instructions:

Please return this form with your camper's health records.

**Covenant Acres Camp & Retreat Center
 7037 Albro Road, P.O. Box 207, Pike, NY 14130**

Office copy Director's Copy Counselor Copy

ORDER YOUR 2010

COVENANT ACRES CAMP T-SHIRT!!

Please indicate the size needed.

Camper Name: _____

Camp Week: _____

(circle one) **Adult size:** S M L XL XXL

Child size: S (6-8) M (10-12) L (14-16) XL (18-20 child's X-large is the same as adult small)

Cost: \$10.00 (\$12 for XXL)

\$12.00 (\$14 for XXL) after June 18th

Make checks payable to Covenant Acres.

Credit Card Payments (**MasterCard** or **VISA** or **Discover** only)

Card # _____

Zip Code _____ Exp. Date (mm) ____/____ (yy) Amount \$ _____

Authorized Signature

Credit card orders can be made by telephone.

Money for Bubba's Snack Shack & Cedar Gift Shop

I have enclosed \$ _____ for my camper for the snack shack

(name) _____

Camp Week: _____

Yes, I/we will be joining you for the Sunday BBQ* at the pavilion

\$5.00 # ____ adults **\$3.00** # ____ children under 10

Total \$ _____ Will be served at 5:00 PM sharp in the pavilion

Campers eat separately in Cedar Hall • BBQ consists of 1/4 lb Hamburg's, macaroni salad, baked beans, chips, drink, dessert.

Receive \$.50¢

**(good at Bubba's Snack Shack or Cedar Gift Shop)
for every empty inkjet printer cartridge
you bring in on registration day!**

(Sorry no cartridges from copiers, laser printers etc.

Only inkjet printer cartridges)

How do you know which ones to bring?

If they fit in the palm of your hand, that's the size.

No Limit has to how many you can bring!!