



IMPORTANT FIRST AID MESSAGE TO CHURCH PARTNERS & PARENTS!!

We are experiencing an increase in the number of medications and treatments needed by youth while attending camp. Children with special medical needs include conditions which require special medical attention, health attention or care while the participant is at camp such as asthma, epilepsy, insulin dependant diabetics, cancer, cystic fibrosis, or any other physically disabling condition. Please be advised that prior to sending children with special medical needs to camp, parents must do the following:

1. Please check if your child has any of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Chronic Asthma | <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Cardiac Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Emotional Handicap | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Nervous Disorder | <input type="checkbox"/> Physical Handicaps | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Requires An Injection Of Any Kind | | |

*If you checked any of the above boxes, please fill out the **Special Medical Needs Procedure Authorization Form** along with the **Youth Registration & Medical Consent Form**. If no box is checked only the **Youth Registration & Medical Consent Form** is required.*

2. Please read the “**Sending Medications to Camp**” page.

3. If your child is a type I Diabetic you must send the following items for your child to attend camp:

1. M.D. orders on Special Needs Form & Signature
2. Glucagon Pen (No exceptions)
3. Insulin/syringes
4. Glucogel or Glucose tabs
5. Glucometer/Strips/lancets
6. Parent’s written consent if child is to self-administer their injections & signature on Special Medical Needs Form.

4. If your child requires any special medical treatment to attend camp, the **Special Medical Needs form will need to be completed and signed by you and your child’s MD**. In addition, please call Forest Home at 909-389-2300 and ask for the First Aid Supervisor to insure we can meet the needs of your child **BEFORE** sending them to camp.

5. We do not give allergy or growth hormone injections at camp.

Please read/review Sending Medications to Camp as it tells you specifically how to send each type of medication that your child may need to take during their time at camp.



SENDING MEDICATIONS TO CAMP



Dear Parents,

In an effort to help manage your child's medication needs at camp we are supplying you with Forest Home's First Aid Department requirements regarding distribution of medication in a clear and concise manner. We hope this helps you understand how medications must be sent to camp. If you have any questions, please contact Paula Buchanan, First Aid Supervisor at 909-389-4326 or firstaid@foresthomes.org. We appreciate your collaboration in our efforts to maintain a safe delivery of all camper medications.

<p>Over the Counter Medication: This includes vitamins, supplements, herbals, cough drops, & pain medication.</p>	<p>Medication must be in the ORIGINAL store bought container with dosing on original label. The dosing on bottle is our guide. DO NOT write on the label.</p>	<p>Your doctor can write a different dosing and we can follow that order. Otherwise the bottle dose MUST be used. Your child's age must be within the bottles age/direction. We cannot use a parent note for altered amounts.</p>
<p>Prescription Medication: Pills, liquids, powders, & creams that are swallowed or applied.</p>	<p>Medication must be in the ORIGINAL container with pharmacy label, which includes child's name and dosing instructions. DO NOT write on the label.</p>	<p>If your child's dose is different from the written label you MUST get a Doctor's order for the correct dose. We cannot use a parent note to change a Doctor's order.</p>
<p>Prescription Medication: Injections – insulin & epi pens <i>Please note that we do not administer growth hormones or allergy shots</i></p>	<p>Medication must be in the ORIGINAL container (vial) with pharmacy label, which includes child's name and dosing instructions. DO NOT write on the label.</p>	<p>Injections require a Special Needs Procedure Authorization Form be filled out and signed by your Doctor. Specify the allergy if it is for an epi pen. Your child can carry their epi pen but we must still have the label at camp.</p>
<p>Prescription Medication: Inhalers & Nebulizers</p>	<p>Medication must be in ORIGINAL container with pharmacy label (on the box), which includes child's name and dosing instructions. DO NOT write on the label.</p>	<p>If your child's dose is different from the written label, you MUST get a Doctor's order for the correct dose. We cannot take a parent note to change a Doctor's order. Your child can carry their inhaler but we must still have the label at camp.</p>

NOT ACCEPTABLE MEDICATIONS:

- Baggies with loose pills
- Sunday-Saturday containers with pills
- Inhalers & epi pens without a label
- Any prescription medications without the pharmacy labels*

**Your pharmacy can print you a label if you have misplaced one.*



YOUTH REGISTRATION FOR OFF-SITE MINISTRIES



In accordance with the American Camping Association and the Laws of the State of California, we must have a Health History/Medical Consent Form completed and signed by the parent or legal guardian for each camper under age 18 attending Forest Home. Your camper cannot begin the program unless this form is completed and the required signatures are provided. Please be aware that Forest Home does NOT provide medical or hospital insurance coverage.

Name _____ Age _____ D.O.B. _____ Sex _____ Ht _____ Wt _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Dates of Camp ____/____/____ - ____/____/____ Name of Church / Group _____
 Please check camper status: Camper Volunteer Grade: (For summer camps, indicate grade in Fall) _____
 Parent/Guardian Name(s) _____ Day Time Phone (_____) _____
 Evening Phone (_____) _____ Mobile Phone or Pager (_____) _____
 Emergency Contact (other than parent) _____ Relationship to Camper _____ Phone (_____) _____

Thank you for selecting Forest Home for your child's camping experience. During their time at camp their photo may be taken which may be used on our website or used in materials to promote Forest Home. If you rather not have your child's photo taken while with Forest Home, please check here:

Also, we stay in touch with our alumni, campers and guests via print material and emails. If you do not wish to receive Forest Home updates, please check here:

MEDICAL CONSENT FORM *REQUIRED MEDICAL INFORMATION:*

Forest Home REQUIRES this information in order to provide appropriate medical care in the event of injury and/or illness while at camp. Forest Home is committed to protecting the confidentiality of this information.

Do you carry family medical/hospital insurance? YES NO
 Insurance Carrier _____ Policy # _____
 Name of Responsible Party _____
 Address _____ Phone (_____) _____ Relationship to Camper _____
 Name of Family Physician _____ Phone (_____) _____
 Name of Family Dentist/Orthodontist _____ Phone (_____) _____
 Has Camper been recently exposed (within last 3 weeks) to any kind of communicable disease? _____

If your child has **ANY medical, emotional, behavioral, physical** condition including any of the following: Asthma, Bleeding/Clotting Disorders, Cardiac Problems, Diabetes, Emotional Disorder, Epilepsy, Nervous Disorder, Physical Handicaps, Seizure Disorder, or requires injections of any kind, a **SPECIAL NEEDS PROCEDURE FORM or SPECIAL MEDICAL NEEDS PROCEDURE AUTHORIZATION FORM must be submitted AT LEAST 2 WEEKS PRIOR TO CAMP DATES.** If a child with special needs comes to camp without proactive communication, Forest Home may not be able to care for his/her needs. The child may be asked to return home.

List all medical conditions: physical, emotional, behavioral disorders, and learning disabilities. _____

Please List ALL Allergies: Drug _____ Insect/Plant _____
 Food _____ Diet Restrictions _____

List Medications Camper will require while at camp and reason for taking the medicine: _____

IMMUNIZATIONS: *Please fill in the immunization information below or attach a recent copy of your child's immunization record.*

- Are all immunizations up to date: YES NO
- Polio (OPV or IPV) Date: _____
- DTP/DTap/DT/TD (Diphtheria, Tetanus and Acellular Pertussis or Tetanus and Diptheria only) Date: _____
- MMR (Measles, Mumps, Rubella) Date: _____
- Hepatitis B Date: _____
- Varicella (Chicken Pox) Date: _____

PERSONAL BELIEFS AFFIDAVIT
 I hereby request exemption of this child from the immunization requirements for camp entry because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her own protection.

Parent Signature: _____
 Date: _____



PLEASE TURN OVER, SIGNATURE REQUIRED ON BACK >>>

All prescription medications, over-the-counter medications, vitamins, and herbal products that are provided to First Aid OR Trip Staff to administer to your child *MUST* be in *ORIGINAL* containers with labels and dispensing instructions in English. Individuals requiring injections should provide medications, syringes and written instructions signed by the physician.

By signing this form I give my informed consent to the First Aid personnel assigned by Forest Home, Inc. who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic First Aid and comfort measures through standardized camp treatment procedures which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a camper with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize Forest Home, Inc. to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Forest Home, Inc. to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization. This completed form may be photocopied for trips away from Forest Home, Inc. properties.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer for my child: analgesics, cough drops, antacid, antibiotic ointment, hydrocortisone cream, burn cream, band aid wash, antiseptic skin and wound cleansers, electrolyte replacement fluids, with the exception of _____. I understand that these are stocked and dispensed by the First Aid personnel free of charge as needed for the comfort of my child.

I have requested Forest Home, Inc. to allow my child to participate in any and all activities that may include but are not limited to those outlined in the camp brochure and website. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my child's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my child and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release and discharge, indemnify and hold harmless Forest Home Inc., its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my child's participation in Forest Home, Inc.'s camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. In the event that child abuse is reported while your camper is at Forest Home, we may fully cooperate with Child Protective Services and Law Enforcement for the best interest of the child.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature of Parent or Legal Guardian _____ **Date** _____

GENERAL HEALTH HISTORY: REQUIRED: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:	YES	NO		YES	NO
1. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	11. Had fainting or dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
2. Ever had surgery	<input type="checkbox"/>	<input type="checkbox"/>	12. Passed out/had chest pain during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have recurrent/chronic illnesses?	<input type="checkbox"/>	<input type="checkbox"/>	13. Had mononucleosis ("mono") during the past 12months? ...	<input type="checkbox"/>	<input type="checkbox"/>
4. Had a recent infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	14. If female, have problems with periods/menstruation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had a recent injury?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have problems with falling asleep/sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
6. Had asthma/wheezing/shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back/joint problems?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have a history of bedwetting	<input type="checkbox"/>	<input type="checkbox"/>
8. Had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
9. Had headaches?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
10. Wear glasses, contacts, or protective eye wear? ...	<input type="checkbox"/>	<input type="checkbox"/>	20. Traveled outside the country in the past 9 months?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.



SPECIAL MEDICAL NEEDS PROCEDURE AUTHORIZATION FORM

(For camper's with chronic medical needs requiring First Aid staff intervention)



Child's Name: _____ Date of Birth: _____ / _____ / _____

Illness/ Condition: _____

Camp (circle): The Village Adventure Mountain Creekside Lakeview Forest Center Ojai Valley Neighborhood Day Camp Dates attending: _____

Church Group Name: _____

Parent's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

• • • • • **The following portion to be completed by camper's physician / M.D.** • • • • •

Specialized Health Care Treatment / Procedure required while at Camp

(Specify dosage, time, route, duration if medication)

Special Restrictions / Recommendations _____

Clinician's Signature: _____

Date: _____

Clinician's Phone: _____

Fax: _____

Office Stamp

• • • • • **The following portion to be completed by camper's parent.** • • • • •

I hereby authorize the first aid staff at Forest Home Christian Camp to administer the above treatments as authorized by my child's physician.

I authorize my child to self administer their injectable or inhalation

Parents Signature: _____ Date: _____

If you have completed this form your next step is to call the Camp First Aid Supervisor.

Mill Creek Canyon Phone#: (909)389-4326 and Fax#: (909)389-2221 Ojai Valley Phone#: (805)715-6060 and Fax#: (805)715-6061



SPECIAL NEEDS COMMUNICATION FORM



Camper Name (First, Last)

Parent or Legal Guardian (First, Last)

Address (street, city, state/province/region, postal/zip code, country/region)

Email

Phone

GENERAL QUESTIONS.....

Does your child attend full-day school or child care?

YES

NO

Does your camper have previous day camp experience?

YES

NO

Was this previous day camp experience successful?

YES

NO

MENTAL/PHYSICAL/EMOTIONAL PROFILE

Please complete below if it applies to your camper.

Communication Domain:

Describe the camper's general communication ability.

Cognitive/Academic Domain:

Indicate the camper's level of mental functioning.

- No mental impairment
- Educatable/mildly mentally impaired
- Trainable/moderately impaired
- Severely mentally impaired
- Other

Describe briefly specific strengths and weaknesses.

Emotional Domain

Describe the emotional characteristics of your camper, especially with regard to any perceived limitations. Does your camper show signs of anger? How does he/she manifest frustration? Can he/she communicate these emotions?

Physical Domain:

Indicate physical limitations.

Has your camper had any recent surgery? Serious illness or injury?

Diagnostic Information:

Describe specific diagnosis, degree of involvement, year of onset, etc.

CAPABILITIES

We want your camper to experience all that they can. All campers should leave camp with a feeling of pride and self-worth as a result of their accomplishments. Please provide us with as much information as possible, so that we can make the wisest choices in activity participation.

Walking

- Can walk without difficulty
- Has difficulty
- Uses walking aids
- Uses wheelchair
- Other

Eating

- Can feed self
- Needs help preparing food
- Needs to be fed
- Uses special equipment/utensils
- Other

Additional Comments or Instructions: _____

Toileting

- Must be reminded
- Can care for self
- Needs special help
- Wears pampers
- Uses suppository
- Needs assistance during periods
- Uses catheter

Additional Comments or Instructions: _____

- Has a urostomy
- Additional Comments or Instructions: _____

- Other

Dressing

- Can dress without assistance
- Needs help with clothes
- Needs total help with dressing
- Other

Equipment

- Helmet
- Body Jacket
- Wheelchair
- Braces or Walker
- Other

Vision

- Normal vision
- Low vision
- Blind
- Other

Arm/Hand Use

- Has no limitations
- Has limitations
- Other

Communication

- Speaks clearly, easily understood
- Speaks but is not always understood
- Does not speak
- Cannot hear at all
- Uses American Sign Language
- Other

SOCIAL BEHAVIOR

Names and ages of siblings at home

Favorite activities (games, sports, hobbies)

Is your camper overactive or hyperactive? YES NO

If yes, what suggestions can you give us to handle your camper's overactivity and help them settle into daily routine at camp?

Is your camper easily fatigued or subject to headaches and/or dizziness when participating in activities?
 YES NO

Does your camper have any swimming restrictions?
 YES NO

If yes, please explain.

Does your camper have fears or reactions to any of the following?

- Heights
- Stairs
- Water
- Storms
- Loud Noises
- Dark
- Other

PERSONALITY SNAPSHOT

What does your child like or not like?

How would you describe your child?

How can we help him/her build relationships with peers?

