

AGBU CAMP NUBAR
 55 East 59th Street, New York, New York 10022
 (212) 319-6383 Fax: (212) 486-6196
 www.campnubar.org campnubar@campnubar.org



January 2, 2010

Dear Parents and Campers,

Welcome to the 2010 Camp Nubar season. As always children will enjoy a summer of fun and Armenian fellowship in our beautiful Catskill Mountain setting. We believe that our commitment to fostering Armenian traditions, culture and spirit combined with our extensive program and state-of-the-art facilities distinguishes Camp Nubar and is why our campers return year after year.

Enclosed you will find our Camper Application Form. This is the first step to enrolling your child for all the fun and friendship that Camp Nubar has to offer. Please fill it out and return it to the AGBU office with a \$200 deposit as soon as possible to reserve a place for your child this summer. The session dates for this summer are listed below. Once we have received your application, we will send you an information packet that includes our Parent & Camper Guide and the required forms. The Parent & Camper guide gives you all the information you'll need to make your child's stay enjoyable and safe and explains some of Camp Nubar's policies. Please familiarize yourself with the Guide as new policies are implemented every year. The Parent & Camper Guide and all Forms are always available on our website.

All required documents and payment to **complete** a camper's file must be submitted by **June 15th**. In the event a camper's file is not complete by this date, a **\$100 administrative fee** will be imposed. However, we are also offering a **discount of \$100 per camper for any completed file postmarked before May 1st, 2010**. Please note that a **complete** file consists of:

- **Camper Application**
- **Health Form**
- **Camper Profile**
- **Balance of Tuition**
- **Horseback Riding Fees**
- **Transportation Fees**
- **Medical Deposit**

This year's session dates are as follows:

First Session.....	July 3rd – July 17th
Second Session.....	July 17th – July 31st
Third Session.....	July 31st – August 14th
First Half Session.....	July 3rd – July 25th
One-week Trial Session.....	July 17th – July 25th

We would like to invite you and your family to join us at Camp Nubar this summer for our Open House.

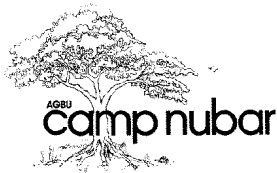
Open House on Sunday, July 25th 2010.

This summer, give your child the opportunity to make friends and memories that will last a lifetime at Camp Nubar.

Sincerely,

Mardi

Mardi R. Merjian
 Chairman
 AGBU Camp Nubar



CAMPER APPLICATION FORM

AGBU CAMP NUBAR

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info@campnubar.org



Please use ONE application per child (there are 2 pages)

Camper's Name _____ Male Female

Address _____ Birth date _____

City _____ State _____ Zip _____ Tel # _____

Camper's Email Address _____ Age by July 1st _____

Father's Name _____ Daytime Tel # _____

Father's Email Address _____ Cell Phone # _____

Mother's Name _____ Daytime Tel # _____

Mother's Email Address _____ Cell Phone # _____

Emergency Contact _____ Phone # _____

Has the Camper ever been a Camp Nubar camper? Yes No If so, when? _____

Please enroll my child for the Camp Nubar Session(s) below:

Please check the desired session below- all session dates are listed on the cover letter and on our website.

2 Weeks

1st Session (\$1,300)

2nd Session (\$1,300)

3rd Session (\$1,500)

6 Weeks

1st, 2nd & 3rd Sessions (\$3,500)

3 Weeks

First Half of the Season (\$1,950)

4 Weeks

1st & 2nd Sessions (\$2,500)

2nd & 3rd Sessions (\$2,500)

Special Trial Session (3rd Week of Camp)

1 Week for New Campers (\$750)

Camper's must be between the ages of 8 and 15 years. To improve your chances of securing your desired session, please apply early. All applications are processed daily on a "first-come" basis. All fees are payable in U.S. dollars. In the event of a cancellation before the camper's arrival at camp, all fees, less \$200.00, are refundable, provided notice of cancellation is received at least two weeks before the camper's scheduled stay. No refunds for partial stays. The balance payment and all forms must be submitted by June 15th. In the event that payment and forms are received after June 15th, a \$100 administration fee will be charged to your account. AGBU Camp Nubar maintains a racially non-discriminatory policy as to all campers in all its activities.

Note: The New York State Public Health Law requires that Camp Nubar be licensed by the New York State Department of Public Health. Camp Nubar is required to be inspected twice yearly. Inspection reports concerning the camp are filed with the New York State Department of Health, Oneonta District Office, PO Box 459, Upper West Street, Oneonta, NY 13820.

BUS TRANSPORTATION

Transportation to and from Camp Nubar (not available at end of Trial Session) is available for a fee of \$60 each way from St. Thomas Armenian Church in Tenafly, NJ. Airport pick-ups and drop-offs are available for an additional fee. Please call the Camp office before you make your flight arrangements to arrange any necessary Airport pickups.

I want transportation from Tenafly NJ to Camp.

I want transportation from Camp to Tenafly NJ.

INSURANCE/MEDICAL

Each camper’s own health insurance coverage is their primary insurance coverage. Camp Nubar provides secondary health insurance coverage only, for each camper with a \$250 deductible. Please supply the camper’s insurance information and enclose a photo copy of their Insurance Card.

Ins. Co Name: _____ Policy/ ID #: _____

A \$100 medical expense deposit is required for each camper to cover medical costs not covered by insurance. Any/all deposits will be refunded if not used.

HORSEBACK RIDING

- | | |
|--|--|
| <input type="checkbox"/> 1 Week Trial \$160. | <input type="checkbox"/> 4 Weeks..... \$320. |
| <input type="checkbox"/> 2 Weeks \$160 | <input type="checkbox"/> 6 Weeks \$480 |
| <input type="checkbox"/> 3 Weeks \$320 | |

I hereby give permission to my child/ward to participate in Horseback Riding lessons.

Parent/Guardian Signature

Date:

CANTEEN

Camp Nubar operates a small camp store known as the “Canteen”. Also, all campers will most likely go on at least one out-of-camp trip per 2-week session. Camp and cabin photographs are also available for purchase at the Canteen. For these reasons, we suggest campers be given \$60 per 2-week session as “pocket/Canteen” money. Canteen money must be sent as **a separate check** made payable to AGBU Camp Nubar Canteen. At your election, the unused portion, if any, will be returned to you at the end of the camp season, or used as a donation to Camp Nubar’s Building Fund (which is used solely for capital improvements to Camp Nubar’s facilities).

Canteen Money enclosed: \$ _____ *Check the appropriate box below:*

- | | |
|--|--|
| <input type="checkbox"/> Please donate Canteen balance to the Camp Nubar Building Fund | <input type="checkbox"/> Please refund Canteen balance |
|--|--|

I hereby give permission to my child/ward to participate in Out-Of-Camp trips.

Parent/Guardian Signature

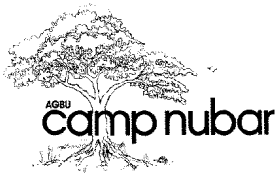
Date:

PLEASE NOTE:

- Each application must be accompanied by a non-refundable \$200 deposit.
- Camper’s medical forms and full balance of tuition are due no later than **June 15th**. In the event that your payment and forms are received after June 15th, **an administration fee of \$100** will be charged to your account.
- A \$100 discount, per 2 week session (not applicable to the 1 Week Trial session), will be applied for every additional child from the same family.

Referred by: _____

Comments: _____



CAMPER PROFILE
AGBU CAMP NUBAR

55 East 59th Street, New York, New York 10022
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Please fill out this camper profile to help us prepare for your child this summer, and to make their stay more enjoyable. This form is read only by senior staff dealing directly with your child and is shredded at the close of the camp season.

Camper's Name: _____ Birth date: _____

Grade Completed: _____ E-mail Address: _____

Kindly list any phone numbers and convenient times for *non-urgent* contact:

What can we do to make sending your child to camp an easier experience for you?

Do you have any apprehensions about sending your child to our camp? Yes No

Does your child have any particular sensitivities or fears (nickname, weight, fire, dark, etc)? Yes No

Does your child have any allergies, medical or dietary needs we should know about? Yes No _____

Are there any circumstances, changes, or difficulties we should be aware of regarding your child's home life that might affect his/her camp experience? Yes No _____

WILL THE PARENT(S) BE VACATIONING DURING THE CHILD'S STAY AT CAMP? Yes No If yes:

Departure Date: _____ Return Date: _____ Vacation Telephone: _____

If traveling to a remote area where reaching you may be difficult, please leave an emergency contact name and all possible contact numbers (home, work, cell, etc.)

Name: _____ Relationship _____

Tel.#: _____ Work#: _____ Cell#: _____

PARENTS' CHECKLIST BEFORE GOING ON VACATION:

- Yes No Have you contacted the Director and made him/her aware of your plans?
- Yes No Should an event occur in your absence that requires swift medical attention, are you certain that you have given consent to treat by signing the appropriate space on the medical form?
- Yes No Are you certain that your child's medications are in order and that you left ample supply with the Camp Nurse?

Please feel free to use the other side of this paper for additional comments.



Summary of Costs & Required Documents

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Kindly complete this tally sheet for each camper and return it with your payment and all necessary forms by **June 15th**

Camper's Last Name: _____ **First Name:** _____

Tuition:

- 1-Week Trial \$750 \$ _____
- 2-Week Session 1st or 2nd session \$1,300 \$ _____
- 2-Week Session 3rd session \$1,500 \$ _____
- 3-Week Session \$1,950 \$ _____
- 4-Week Session \$2,500 \$ _____
- 6-Week Session \$3,500 \$ _____

Please do not write in this space

Horseback Riding:

\$160 per 2-week session session(s) x \$160 = \$ _____

Transportation:

- From St. Thomas Church to Camp \$60 \$ _____
- From Camp to St. Thomas Church \$60 \$ _____
- Airport Transportation (as prearranged with the office) \$ _____

Subtotal: \$ _____

A \$100 discount, per session, will be applied for each additional child from the same family *(Does not apply to the Trial Session)*

Additional camper x _____ (sessions) x \$100 = \$ _____

A \$100 discount will be applied if the camper's **completed file** is postmarked by May 1st. *(Does not apply to the Trial Session)*

Early Completion discount - \$100 = \$ _____

Total Cost for Summer: \$ _____

(If payment and forms are submitted after June 15th add) **\$100 Administrative Fee:** \$ _____

Less Deposit/Prior Payment: \$ _____

Amount Enclosed: \$ _____

Deposits: *(Please supply a separate check for each deposit.)*

- Medical Deposit: (\$100 per camper) \$ 100.00
- Canteen Deposit: (we recommend \$60 per child, per session) \$ _____
- Please donate Canteen balance, if any, to the Capital Improvement Fund. Please refund Canteen balance, if any.

Required Documents: *(Please check to make sure you include the following:)*

- Completed Health Form *(the Dr.'s and Parents sections must be completed and signed)*
- Camper Profile
- Check for the balance of tuition due
- Separate checks for \$100 medical deposit and Canteen
- This Tally Sheet



PARENT & CAMPER GUIDE

AGBU CAMP NUBAR

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Welcome to AGBU Camp Nubar! We're thrilled to know that you will be joining us this summer for another exciting summer in the heart of the Catskill Mountains. Whether your child is a first-time camper, or one of our many returning campers, they will be captivated by Camp Nubar. We take pride in providing a safe and healthy environment where Armenian children spend a summer of fun and fellowship while developing a true awareness of their Armenian heritage and the way in which it enriches their American life. Campers, you'll join other Armenian kids from all over the world in exciting and stimulating activities at Camp Nubar. This guide will explain the included necessary forms to enroll your child at Camp Nubar and will acquaint you with some of our more important policies. Please take the time to read it carefully. Please note that your payment balance, \$100 medical deposit and all completed forms are due by **June 15th**. In the event that they are received **after** June 15th a **\$100 administrative fee** will be charged to your account.

HEALTH FORMS

In order to attend, all campers must have had a physical examination by a licensed physician within 12 months of their arrival at camp that includes a health history and a record of immunizations. It is important that you and your physician provide complete information regarding any physical, mental, emotional or psychological condition or recent illness that may require our attention while your camper is at camp. This information is absolutely mandatory for us to be able to offer the highest level of health and medical attention to your child. These forms and the information contained in them are kept in strict confidence by the camp administration.

The Camper Health Form has two parts that must be completed by you and your child's physician. Please be sure that you sign the Authorization for Health Care on the front page of the Camper Health History Form 1 and the Meningococcal Vaccination Response Form on the fifth page. Take the entire form to your child's physician and make sure the physician signs the last three pages including the Camper Health-Care Recommendations Form 2 and the Medication Rider. Under New York State Law, we cannot permit your child to come to Camp without a properly completed Health Form. **Please return the completed form by June 15th**.

New York State regulations require all medications (prescription and over-the-counter) to be turned over to our Camp Nurse at Check-In and kept in the infirmary and administered only by the Camp Nurse. No medication of any kind is to be left with campers or their counselors. Prescription medications must be in closed containers labeled with camper's name, medication identification, dosage and prescribing physician's name and contact information. If your child has been prescribed medication we recommend that you fill the prescription to ensure that they will have an adequate supply for their stay with us. Over-the-counter medications must be in original manufacturer's container with the label intact.

MEDICAL DEPOSIT

We require that you include a separate check in the amount of \$100 for each camper's Medical Fee Deposit. Camp Nubar provides secondary health insurance coverage only, with a \$250 deductible for each camper. The camper's own health insurance is primary. You are responsible for the payment of any doctor or hospital fees and/or the costs of any medicine incurred by your child. These costs will be deducted from your medical deposit. At the end of your child's stay at Camp, the remainder of your medical deposit will be returned to you.

Your own insurance carriers will cover any costs of hospitalization and/or medications prescribed to your child. Please include the name, address and policy number of your insurance carrier and a photocopy of the insurance card and a photocopy of your insurance prescription plan card.

HEALTH AND SAFETY

Every precaution is taken to assure the health and safety of our campers. Our New York State Licensed Camp Nurse will assess each child upon their arrival at camp. The Camp Nurse and American Red Cross Certified First Aid responders are available 24 hours a day to respond to your child's health care needs. The nearest hospital is O'Connor Hospital in Delhi, NY about 12 miles away. In the unlikely event that your child is ill or injured, our policy is that you will be notified immediately, or as soon as possible, if there is an illness or injury that requires transportation to the hospital or immediate medical care. You will be notified within 24 hours of any illness that requires an overnight stay in the infirmary or any serious injury. Only the Camp Nurse or Director may speak to you about your child's health and wellness and your child's counselors will direct your inquiries to them.

A certified Water Safety Instructor supervises our waterfront program and certified Lifeguards are on duty at the lake during all waterfront activities. Our nutritious and appetizing meals are prepared by a professional food service company that employs licensed food service professionals to oversee food preparation and service. Our water supply is tested by an independent testing facility and monitored daily.

CAMPER PROFILE FORM

The enclosed Camper Profile should be completed by you and your child. This profile will help us make your child's stay at Camp Nubar as comfortable, enjoyable and safe as possible. It is essential that you provide us with phone numbers to contact you as requested. All information supplied in this form is held by Camp Nubar in strict confidence.

TALLY SHEET

The enclosed Tally Sheet will help you determine your total balance. The balance of your child's tuition, including transportation fees and horseback riding fees, if applicable, must be received prior to June 15th. Your child cannot be guaranteed a place in their desired session(s) if payment is not received by this date.

CANTEEN

Camp Nubar operates a small camp store known as the "Canteen" where campers may buy beverages and snacks in limited quantities. In addition, the Canteen sells Camp Nubar clothing, stamps, batteries, toiletries, stationery items and camp and cabin photographs. Campers may also go on an out-of-camp-trip during their stay. For these reasons, we suggest that each camper be given \$60 per two-week session as "pocket/Canteen" money (more or less may given at your discretion). This money should be sent as a separate check. The Camp office will keep track of the money your children spend, and any unused portion will, at your election, either be returned to you following the end of the Camp season, or will be donated to Camp Nubar's Building Improvement Fund. Please check the appropriate box at the bottom of the enclosed Tally Sheet.

HORSEBACK RIDING

Campers are enrolled in horseback riding on a first come, first served basis. If the classes fill up, we reserve the right to turn away additional riders. If your child will be taking horseback riding, we will provide a riding helmet but please pack long pants and sturdy hard-soled boots with a heel.

WHAT TO BRING/LAUNDRY

The packing list listed on the Camp Nubar brochure (www.campnubar.org) is a good guide for the basic necessities that should be packed. Your child's laundry will be done on the Camp premises on a weekly basis. Please pack accordingly. REMEMBER TO PUT NAME TAGS AND/OR LABELS ON ALL ITEMS.

WHAT NOT TO BRING

All weapons including firearms, B-B Guns, sheathed knives and large pocket knives are prohibited and will be confiscated by the Head Counselor and will be given to the Director for safe-keeping. This rule also applies to anything else deemed dangerous by the Head Counselors or Director. All fireworks, sparklers and firecrackers are not permitted and will be confiscated and destroyed.

Laptop computers, Cell Phones, i-Pods/mp3 players, radios, gameboys and other electronic devices are not permitted in Camp. Should staff members find such items, they will be held in the Camp office and returned to the camper when they depart for home.

Campers may not keep any food brought from home in their cabin. Doing so encourages pests and is dangerous to campers who have potentially life-threatening food allergies.

ARRIVING TO AND DEPARTING FROM CAMP NUBAR

➤ **By Bus**

Camp Nubar provides bus transportation to and from Camp Nubar for an additional fee of \$60 each way. The bus leaves from St. Thomas Armenian Church (East Clinton Ave at US 9W Tenafly, NJ 07670) at approximately 12 pm on the first day of each session (session dates are available on the Camp's website). Please clearly label all your child's luggage and belongings. There is no bus transportation returning to St. Thomas for the end of the 1 week trial session/ three week session. Campers must be picked up either Saturday or Sunday (Open House).

If you plan to use our transportation services, in either direction, you must register with the AGBU main office (or Camp Office if the season is already underway) and pay the appropriate fee in advance. Please make sure that the Camp has a cell phone contact number on file in case we need to communicate with you on the changeover day. A Camp Committee member will be present in Tenafly to answer any questions you may have.

➤ **By Car**

Parents who are driving their children to Camp are urged to arrive between the hours of 1 pm and 3 pm and pick them up between the hours of 10 am and 12 pm on the respective changeover day. This will help us in preparing the cabins for our new campers and to give them the necessary attention. Your cooperation with this schedule is very important and appreciated. Feel free to contact the camp office for suggestions on local restaurants and attractions as lunch will not be served for visitors or parents on changeover days.

Please park your car in the softball field and report to the check-in station in front of the Director's cabin and follow their instructions to make dropping off or picking up your child easy. Your child's belongings will be taken to his or her cabin by the Camp's vehicle. Please clearly label all your child's luggage and belongings.

A camper is not allowed to leave camp at anytime with anyone other than his or her parent or legal guardian unless prior written authorization from the parent or legal guardian is on file and the accompanying adult properly identifies himself or herself to the satisfaction of the camp director. – No exceptions to this rule!

➤ **By Airline**

If your child is traveling to or from Camp via airlines and needs transportation to Camp, all travel arrangements must be coordinated with the Camp office. We can only assist in travel arrangements to and from Newark-Liberty Airport. Additional charges will apply for pickups to and from the airport. If you do not coordinate these air travel arrangements with the Camp office, we cannot make any assurances that we will be able to pick up your child from or drop off your child at the airport.

CAMPER RULES:

Campers receive a complete orientation to all the health & safety rules. You should make sure they are familiar with some of the following rules before attending camp.

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Mail this form to the address below by _____ (date)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. *(Please describe below.)*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
 First Middle Last

Birth Date: _____
 Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis ★ (DTaP) or (TdaP)						
Tetanus booster ★ (dT) or (TdaP)						
Mumps, measles, rubella ★ (MMR)						
Polio ★ (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

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

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guafenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

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

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.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
4. Had a significant life event that continues to affect the camper's life?..... Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

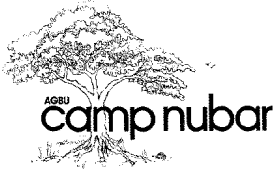
Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____
Name of dentist(s): _____ Phone: (_____) _____
Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.



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AGBU CAMP NUBAR MENINGOCOCCAL VACCINATION **RESPONSE FORM**

NEW YORK STATE Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for every camper who attends camp for seven (7) days or more nights.

Check one box and sign below

My Child has: _____

Had the meningococcal meningitis immunization (Menomune™) within the past 10 years.

Date received: _____

[Note: the Vaccine's protection lasts for approximately 3 to 5 year. Revaccination may be considered within 3-5 years]

I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risk of not receiving the vaccine. I have decided that my child (I) will not obtain immunization against meningococcal meningitis disease.

Signed _____
(Parent / Guardian if student is a minor)

Date _____

Camper's Name _____

Date of birth _____

Mailing Address _____

**CAMPER HEALTH-CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2**

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by _____ (date)

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimate)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (**list**):

To medications: (**list**):

To the environment (**insect stings, hay fever, etc.—list**):

Other allergies: (**list**):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (**describe below**)

The camper is undergoing treatment at this time for the following conditions: (describe below) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (**name, dose, frequency—describe below**)

Other treatments/therapies to be continued at camp: (describe below) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____

AGBU Camp Nubar

New York State Regulations require that any medication dispensed to a child under the age of 18 must have a written order by the child's Health Care Provider and parent/guardian permission. This includes all over-the-counter medication.

All medication must be in their original container with the child's name or a pharmacy prepared labeled bottle

Individualized Standing Orders for: Camper's Name _____
 Birth Date: _____ Weight: _____

The following medications are available in the infirmary and will be administered at the discretion of the Health Director or RN if approval is indicated by the camper's health care provider.

Drug Name	Route	Dosage	Indication	Health Care Provider order	Comments
Acetaminophen	Oral	As per package instructions	Analgesia/Fever	Yes No	
Triple Antibiotic cream	Topical	As per package instructions	For Minor Cuts/Scrapes	Yes No	
Benadryl	Oral	As per package instructions	Relief of Cough and Congestion	Yes No	
Calamine/Caladryl cream/Lotion	Topical	As per package instructions	Relief of Itching due to insect bites and minor skin irritation	Yes No	
Chloraseptic Throat Spray	Oral	As per package instructions	Relief of Sore Throat	Yes No	
Claritin	Oral	As per package instructions	Antihistamine- Relief of Allergy Symptoms	Yes No	
Epipen	IM	0.3 mg.	Anaphylaxis	Yes No	
Epipen Jr.	IM	0.15 mg.	Anaphylaxis	Yes No	
Hydrocortisone Cream 1%	Topical	As per package instructions	For Skin Rash due to Allergens	Yes No	
Ibuprofen	Oral	As per package instructions	Analgesia/Fever	Yes No	
Immodium	Oral	As per package instructions	Relief of Diarrhea	Yes No	
Maalox	Oral	As per package instructions	For Hyperacidity and Entrapped Gas	Yes No	
Pediacare Cough& Cold	Oral	As per package instructions	Relief of Cough and Congestion	Yes No	
PeptoBismol	Oral	As per package instructions	Upset Stomach, Indigestion, Diarrhea Heartburn, Nausea	Yes No	
Robitussin Suppressant/Expectorant	Oral	As per package instructions	Relief of Cough and Congestion	Yes No	
Sudafed	Oral	As per package instructions	For Nasal and Sinus Congestion	Yes No	
Throat Lozenges	Oral	As per package instructions	Relief for Sore throat and cough	Yes No	
Tums	Oral	As per package instructions	For Hyperacidity	Yes No	

Camper's Health Care Provider Name: _____

Address: _____

License#: _____ Phone #: _____

Signature: _____ Date: _____

AGBU Camp Nubar
(Page 2 of 2)

Prescription Medications

Individualized Orders for: Camper's Name: _____

Birth Date: _____ Weight: _____

Drug Name	Route	Dosage	Indication	Comments

Camper's Health Care Provider Name: _____

Address: _____

License#: _____ Phone #: _____

Signature: _____ Date: _____