



Information Release Form

February 2010

Dear Parent/Guardian,

To help us determine if our camp is an appropriate setting for your child, we will need to access confidential information from your child's physician, social worker, caseworker, therapist, teacher or parent/guardian.

Below you will find a statement of consent. Please sign it, and include it in the completed application packet you send back to us.

Thank you again for applying to Camp AmeriKids. If you have any questions, please do not hesitate to call me at 203-658-9547.

Sincerely,

Gaby Moss
Executive Director
Camp AmeriKids

I, _____, give permission for
Name of Parent/Guardian

_____, _____,
Name Physician, Social Worker/Case Worker/Therapist Title

of _____, to provide information about
Name of Agency

Name of Child

Parent/Guardian Signature: _____ Date: _____



Psychosocial History Form

PLEASE HAVE THIS FORM FILLED OUT BY THE CHILD'S SOCIAL WORKER, CASEMANAGER OR THERAPIST. IF UNAVAILABLE, FORM MAY BE FILLED OUT BY PARENT/GUARDIAN.

CHILD'S NAME _____ **DATE** _____

Please complete the following questions fully. The more information you are able to provide us, the more prepared we will be to deliver a safe and fun-filled summer experience to this child at camp.

In what capacity do you know the child? How well do you know the child?

What is the child's living situation? What are the dynamics in the family?

Please tell us about the child's progress and behavior in school:

What are the current stressors in the child's life?

Please tell us some positive things about the child:

Please give us three words you would use to describe the child:

Do you have any concerns about how the child will behave at camp this summer?

Please provide any helpful suggestions for working with the child at camp:

Any other comments you would like to share with us:

Completed By: _____ Title: _____
Phone: _____ Email: _____



Individual Orders Form

Individual orders for **Name:** _____

DOB: _____ **Wt:** _____ **Ht:** _____

The following form must be completed and signed by the child’s physician. If the child will be taking any prescription medication while at camp, the doctor must also complete the reverse side of this form.

Individual Orders for Over the Counter/ PRN Medications

(The following medications are available in the infirmary and will be administered at the discretion of a camp physician or nurse):

Drug Name	Route	Dosage and Schedule	Indications	Camper Health Care Provider Order (Please circle one)	Comments
Tylenol (or generic)	PO (Chewable, elixir, or tabs) PR (suppository)	Per label Instructions by age/weight	Pain or fever	Yes No	
Ibuprofen	PO (Chewable tabs, suspension, or tabs)	Per label Instructions by age/weight	Pain or fever	Yes No	
Robitussin (or generic)	PO (syrup)	Per Label Instructions by age/weight	Cough	Yes No	
Pepto-Bismol (or generic)	PO (Liquid or chewable tabs)	Per Label Instructions by age/weight	Upset stomach, diarrhea	Yes No	
Kaopectate (or generic)	PO (Liquid or tabs)	Per Label Instructions by age/weight	Upset stomach	Yes No	
Children’s Mylanta (or generic)	PO (Chewable tabs)	Per Label Instructions by age/weight	Upset stomach	Yes No	
Pseudoephedrine Hydrochloride	PO (Tabs/liquid)	Per Label Instructions by age/weight	Nasal congestion, Eustachian tube congestion	Yes No	
Anti-histamine	PO (chewable tabs, suspension, or tabs)	Per Label Instructions by age/weight	Seasonal allergy symptoms	Yes No	
Dramamine/Bonine (or generic)	PO (chewable/regular tabs)	Per Label Instructions by age/weight	Motion sickness	Yes No	
Benadryl (or generic)	PO/Topical (Elixir, chewable tabs or pills) (Topical ointment)	Per Label Instructions by age/weight	Allergic reactions (hives, insect bites)	Yes No	
Antibiotic Ointment	Topical	Per label Instructions	Superficial cuts/abrasions	Yes No	
Hydrocortisone Cream	Topical	Per label Instructions	Allergic reactions, (contact dermatitis, insect bites)	Yes No	
Calamine Lotion	Topical	Per label Instructions	Allergic reactions, (hives, insect bite)	Yes No	

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Prescription Medications

Please complete with the patient's current regime for both scheduled and PRN medications.

Drug Name	Route	Dosage and Schedule	Indications	Camper Health Care Provider Order	Comments

Additional Orders: (As deemed necessary by health care provider to be implanted by RN)

Camper's Health Care Provider Name:

Phone #:

Address:

License #:

Signature:

Date:



Meningitis Information Sheet

February 2010

Dear Parent/Guardian,

I am writing to inform you about meningococcal disease (a potentially fatal bacterial infection commonly referred to as meningitis) and a new law in New York State. On July 22, 2003, the New York State Public Health Law (NYS PHL) was amended to include section 2167 requiring overnight children's camps to distribute information about meningococcal disease and vaccination to the parents or guardians of all campers who attend camp for 7 or more nights. This law became effective on August 15, 2003.

Camp AmeriKids is required to maintain a record of the following for each camper:

- A response to receipt of meningococcal meningitis disease and vaccine information signed by the camper's parent/guardian; AND
- Information on the availability and cost of meningococcal meningitis vaccine (Menomune™ / Menactra™); AND EITHER
- A record of meningococcal meningitis immunization within the past 10 years, OR
- An acknowledgement of meningococcal meningitis disease risks and refusal of meningococcal meningitis immunization signed by the camper's parent/guardian.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults 15-24 years of age have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives.

A vaccine is available that protects four types of the bacteria that cause meningitis in the United States---types A, C, Y and W-135. These types account for nearly two thirds of meningitis cases among teens and young adults.

Information about the availability and cost of the vaccine can be obtained from your local healthcare provider and by visiting the manufacturer's website www.meningitisvaccine.com. Camp AmeriKids is not able to provide this vaccine.

Please complete the Meningococcal Vaccination Response Form and return it to:

Camp AmeriKids
88 Hamilton Avenue
Stamford, CT 06902

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To learn more about meningitis and the vaccine, please feel free to contact Gaby Moss, and/or consult your child's physician. You can also find information about the disease at the New York State Department of Health website: www.health.state.NY.us, and www.cdc.gov/ncidod/dbmd/diseaseinfo.

Sincerely,

Gaby Moss
Executive Director
Camp AmeriKids



Meningitis Vaccination 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) or more nights.

Check one box and sign below.

_____ My child has had the meningococcal meningitis immunization (MenomuneTM / MenactraTM) within the past 10 years. Date received: _____

[Note: the vaccine's protection lasts for approximately 3-5 years. 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 risks of not receiving the vaccine. I have decided that my child will not obtain immunization against meningococcal meningitis disease.

Signed: _____ Date: _____

Camper's Name: _____ Date of Birth: _____

Mailing Address: _____



HIPAA FORM

I, _____, HEREBY AUTHORIZE AND
(Camper's name)

DIRECT the CAMP AMERIKIDS, INC. Camp Physician TO USE OR DISCLOSE MY PROTECTED HEALTH INFORMATION (as defined herein) to the Camp AmeriKids Camp Director as is deemed necessary by the director or the Camp Physician for the safe conduct of Camp AmeriKids programs.

In addition, I authorize the Camp Physician to request, secure and use information regarding any prior and ongoing health condition and any prior and ongoing care and treatment from all health care providers holding such information (my "Protected Health Information") including, but not limited to: history and physical examination; admission and discharge summaries; operative reports; progress notes and nursing notes; laboratory reports; radiology reports; immunization records; billing summaries; consultation reports; pathology reports; psychological and psychiatric assessments; and medications.

I understand that in the event I was treated for drug or alcohol abuse, psychiatric condition, communicable diseases, including HIV/AIDS, this information will be included as part of my Protected Health Information.

I understand that the Camp Physician may not condition treatment or eligibility to participate in the Camp AmeriKids program on my signing this authorization.

I understand that this authorization is intended for use or disclosure of my Protected Health Information to the extent of and as permitted by the Standards for Privacy of Individually Identifiable Health Information (the so-called "Privacy Rule") issued by the U.S. Department of Health and Human Services to implement the requirement of the Health Insurance Portability and Accounting Act of 1996 ("HIPAA"). I have been given an opportunity to inquire and request information to my satisfaction regarding the requirements of the above law and regulations.

I understand that this authorization will expire automatically on the later of 90 days from the date hereof or the end of the camp period, and I also understand that I may cancel and revoke this authorization at any time effective upon my delivering written notice thereof to the Camp Physician except to the extent there has already been use or disclosure in reliance on this authorization.

(Signature of Individual Camper or Legally Guardian)

Today's Date: _____

(Relationship of Legal Guardian)

Camper's Social Security Number: _____

Camper's Date of Birth: _____