

New Heights Camp

Health Evaluation Form

OFFICE USE ONLY

Date Rec'd _____

Camper

Staff

Health Staff Comments: _____

It is imperative that we adhere to the State of CT medication requirements. If you do not provide the appropriate documentation to the camp, the Health personnel will not be able to accept the medications you bring. You will be asked to take them home with you. Your signature below acknowledges understanding and veracity of all information recorded.

Participant Information

Name _____ (Circle): Male / Female

First Name

Middle Initial

Last Name

Home address _____

Street Address

City

State/Province

Zip/Postal Code

Home phone (_____) _____ Work or additional phone (_____) _____

Child lives with: _____ Date of birth _____ Age at camp _____

Parent(s)/guardian(s) names (If participant is a minor): _____

Parent Home phone & Work phone if different than above: _____

Emergency Contact

Person to contact in emergency (If unable to reach parent/guardian) _____

Address of emergency contact _____ Phone number (_____) _____

Physician's name _____ Physician's Phone number (_____) _____

Insurance Information (Please attach a copy of insurance card or form.)

Is the participant covered by family medical/hospital insurance? Circle: **YES** / **NO** (If NO, see below)

If **YES**, indicate carrier or plan name _____ Group _____

Carrier address _____ Carrier phone number (_____) _____

Name of insured _____ Relationship to participant _____

insurance ID number _____

Please read I understand that *New Heights Summer Camp* **does not** provide personal medical or health insurance and that I am personally responsible for any expenses incurred as a result of illness or injury while at *New Heights Summer Camp*.

Medications Being Taken (Please list ALL medications, including vitamins, over-the-counter or nonprescription drugs, taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.) All medication will be destroyed if not picked up on the last day of camp.

Does the participant take medications? (Circle): **YES** / **NO** If **YES**, please list and describe medications below. (*Participants taking medication for emotional or mental health should have a history of taking the same medication at the same dose for three months prior to camp.)

| Name of Medication | Dosage | Specific times taken each day | Reason for taking |
|--------------------|--------|-------------------------------|-------------------|
| Med #1 | | | |
| Med #2 | | | |
| Med #3 | | | |

Signature of participants over 18 years of age or parent/guardian (for minors) _____ Date _____

**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**
Physical Exams Are Valid For 3 Years
From Date of Last Examination

- Camper
 Staff

Please Return Completed Form to the Camp

Name _____ Date of Birth _____ Phone _____
Guardian _____ Address _____
Emergency Contact _____ Telephone _____
Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____/____/____

_____ May participate in all camp activities
_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES NO If yes, indicate names of medication(s): _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

| | Yes | No | | Yes | No |
|------------|-----|----|-------------|-----|----|
| Measles | | | Hepatitis B | | |
| Mumps | | | Diphtheria | | |
| Rubella | | | Pertussis | | |
| Chickenpox | | | Polio | | |
| Tetanus | | | | | |

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

Physician Stamp

Signature of Physician, PA, APRN or RN

Date Form Signed

Telephone Number

Note to Physician: The New Heights Summer Camp, for which this person is applying, is a residential summer program and consists of rigorous daily activity, which may include swimming, canoeing, basketball, volleyball and high ropes. Each participant is encouraged to engage in all activities.

I hereby certify that the foregoing is a full, true and correct record of an examination of the person named herein, conducted by me on the day of the date hereof. I hereby further certify that it is my opinion, based upon such examination and upon the accompanying medical history, that the health of this person is such that he/she may participate in the activities at Camp. I see no evidence that the person named herein would be a danger to himself or others as a participant in New Heights Summer Camp.

Chronic /Recurring illness: Please check (* Require Physician Treatment Plan)

*Asthma _____ (attach MD treatment plan if severe). * Diabetes _____ * Epilepsy/Seizures _____
Heart Condition _____ High Blood Pressure _____ Abdominal _____ Surgery _____ Other _____
Please explain Details above _____

Additional Health Information (Provide any additional information about the participants' behavior and physical, emotional, or mental health about which the camp should be aware.)

Allergies (List all known.)

Medication allergies (list):

Describe reaction and management of the reaction:

Food allergies (list):

Describe reaction and management of the reaction:

Other allergies (list – including insect stings, hay fever, asthma, etc.):

Describe reaction and management of the reaction:

Form Checklist

- Have you filled out the form completely?
- Have you obtained parental/guardian signatures? (for minors)
- Have you obtained physician's signature?
- Have you attached a copy of insurance card or claim form if covered by medical/health insurance?

Please submit this completed Health Evaluation Form to Camp Director at PO Box 662 Mohegan Lake, NY 10547 **before** arrival at camp.

Please **do not mail any** documentation **within one week** of the beginning of camp.
Please copy this form before sending it to New Heights Summer Camp

Parent/Guardian: Please initial if above information is correct to the best of your knowledge _____

New Heights



Summer Camp

Medication Notice

This notice is extremely important so please read it carefully and initial on each line below, follow the instructions completely and sign the consent at the bottom of this page. If you disagree with any of the statements here, please cross out that section and initial it. Explain your wishes in the comments section or attach an additional sheet if necessary.

ALL campers/Staff who bring medications to camp must meet the following REQUIREMENTS:

_____ The **Physician who ordered** the medication (s) has completed, dated, and signed an authorization form for each medication individually . If there is more than one physician prescribing medications, then **each individual physician** must submit a form with the medications they prescribed listed.

_____ The Physician (s) has **listed all the medications** the camper is bringing to camp and note if said medication (s) will be SELF ADMINISTERED..

_____ **ALL** over the counter drugs must be in **the original bottle/box**, labeled and have the **person's name written on it**.

_____ The Camper/Staff knows what medications they are taking and how **important it is that they report** to the health lodge to take them as prescribed.

_____ On Registration day, bring the medications in a bag with the name of the camper/staff member on it.

_____ Please **bring only the number of pills** that will be needed for the week (and maybe a few extra in case one drops) since the nurse must count all of the medications brought and enter them in to a log.

_____ I give permission for the Camp Health Officer to administer over the counter medications for conditions as directed by the Camp Physician.(the over the counter medications may include **WOUNDS:** Betadine, Hydrogen Peroxide, Bacitracin antibiotic ointment, **POISON IVY:** Tecnu, Benadryl cream **CANKER SORES:** Benzocaine Cream **PAIN:** Tylenol, Ibuprofen, **DYSMENORRHEA:** Ibuprofen **ABDOMINAL DISCOMFORT:** Tums, Maalox **HEADACHES:** Tylenol, Ibuprofen **HYPOGLYCMIA:** Glucose gel, Glucagon **ALLERGIC REACTION:** Benadryl or generic, Epipen **ATHLETE'S FOOT:** Tinactin **INSECT STING/BITE:** Benadryl cream, Hydrocortisone cream, Caladryl or Calagel, Epipen **TICK BITES:** Alcohol or Hydrogen Peroxide **1ST DEGREE BURNS:** Burn Jell, Aloe Spray **EMERGENCIES:** Oxygen, Generics may be substituted.

Consent

IMPORTANT for minors: In case of illness or accident during the trip to and from the New Heights Summer Camp, or while at camp, and when New Heights is unable to contact us through reasonable effort, we the self/parents/guardians of _____, hereby consent to the giving of any and all emergency medical care to our child named above that may be deemed necessary by an official of the Camp in consultation with any physician or hospital without obtaining further consent. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

Parent/guardian's signature

Date



**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATIONS
BY CAMP PERSONNEL**

(ONE FORM PER MEDICATION TAKEN)

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child from camp staff shall provide the program with appropriate written authorization (s) and the medications before any medications are administered. All unused medication will be destroyed if not picked up within one week following camper's departure at the end of camp.

**AUTHORIZED PRESCRIBER ORDER:
(Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):**

Name of Child _____ Date of Birth: ____/____/____ Today's date ____/____/____

Medication Name _____ **Self Administered?** YES NO

Dosage _____ Method _____ Time of Administration _____

Special Instructions for Medication Administration _____

Medication Administration: Start Date ____/____/____. Stop Date ____/____/____.

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug Allergies? YES NO Reactions to? YES NO Interactions with? YES NO

If YES to any of the above, please explain _____

Name of Prescriber _____ Phone # (____) _____

Address of Prescriber _____ (Type or Print) City/Town _____

Signature of Prescriber _____

PARENT/GUARDIAN AUTHORIZATION:

I hereby request that Medication be administered to my child as described and directed above.

I understand that I must supply the New Heights Summer Camp with the prescribed **medication in the original container** dispensed and properly labeled by an authorized prescriber, dentist or pharmacist. Over-the-counter medication shall be in the **original container** labeled by the parent with the child's name.

Name of Camp _____ Today's Date ____/____/____

Child's Name _____ Address _____ Town _____

Name of Parent or Guardian Authorizing Administration of Medication _____

Relationship to Child: Mother Father Guardian/Other explain _____
(Print Name)

Street Address _____ City/Town _____

State _____ Zip Code _____ Phone (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication _____

Name of Camp Personnel Receiving Written Authorization and Medication _____

Title/Position _____ **Signature** _____

New Heights



Summer Camp

PACKING LIST

The weather in CT varies at this time of the year. We would recommend that you dress in layers, so you can remove a layer as it warms up and you can add layers as it cools off at night. Jeans and shorts (not short shorts) a Camp T-shirt, athletic socks, and tennis shoes would work out fine. It is essential that each participant bring clothing to protect from cold and rain. There are no laundry facilities. We will provide **2 camp shirts**, but you will need shirts for the rest of the week (preferably New Heights camp shirts from previous years). **Use a laundry marker or a name tag to mark all clothing and personal belongings BEFORE coming to camp. Please bring only one suitcase as storage is limited. New Heights Summer Camp is a 7-Day Camp!**

THINGS TO BRING

A heart for God
Attitude of Prayer
Bible, Pen and Notebook
Sleeping Bag/Pillow
Bathrobe for Showerhouse
2/3 Bath Towels
Running Shoes
Black Slacks/White Shirt/Blouse
Casual Clothes
Sleep Wear
Toiletries
Sunscreen & Hat
Mosquito Repellant
Medications (if needed)
Inexpensive Disposable Camera
Alarm Clock
Flashlight
Spending Money for snacks
Jacket and/or Sweater
Bathing Suit (modest)
Poncho/Rain Gear

LEAVE AT HOME

Weapons
Unnecessary Jewelry
Aerosol Cans of any kind
Bad attitudes
Pride
Selfishness

New Heights



Summer Camp

New Heights Summer Camp 2009 - CONNECTICUT

At Camp Mattatuck
August 16 - 22, 2009

| | |
|--|--|
| Camp Director: | Pastor Jeffrey Broadnax MS NCC |
| Address: | PO Box 662 Mohegan Lake, NY 10547 |
| Phone Number: | 914-293-0837 ofc 914-548-8156 cell |
| Email: | NHDirector@aol.com |
| DURING CAMP ONLY 8/16/2009 - 8/22/2009 ** Please do not mail ANYTHING to this address w/o speaking to New Heights Personnel ** Directors cell number also works during camp. | |
| Camp Mattatuck Address: | 221 Mt. Tobe Rd. Plymouth, CT 06782 |
| Camp Mattatuck Phone: | 860-283-4338msg/fax 860-283-9577 health lodge |

| Arrival and Departure Dates & Times | | |
|-------------------------------------|---------------------|----------|
| Staff Arrival | Saturday, August 15 | 10 am |
| Camper Arrival | Sunday, August 16 | 1 - 2 pm |
| Camper Departure | Saturday, August 22 | 1 pm |
| Staff Departure | Saturday, August 22 | 1 pm |

- If you are planning on flying to New Heights Summer Camp, please contact the Camp Director, Jeff Broadnax **prior to finalizing** airplane arrival and departure plans and purchasing your ticket. *Airport pickup and dropoff times that fit into the camp schedule will need to be arranged. Airports that are probably most convenient and economical are Hartford Bradley, JFK, White Plains, Newark or LaGuardia.*

New Heights



Summer Camp

**DIRECTIONS TO CAMP MATTATUCK
221 Mt. Tobe Rd.
Plymouth, CT 06782**

Camp Phone: (860) 283-9577 health lodge (860) 283-4338 msg/fax

Jeff Broadnax Camp Director: (914) 293-0837 ofc (914) 548-8156 cell

FROM THE SOUTH (NYC, New Jersey) Via I-95 or Merritt Parkway

- Take CT Route 8 North to exit 37, (Rt. 262.)
- Turn Right on Rt. 262
- Rt 262 becomes Mt. Tobe Rd
- Camp entrance is approx 2 miles up on your right.

FROM THE NORTH

- Take CT Route 8 South to exit 39, (Route 6 Thomaston.)
- Turn Left on Route 6 to center of Plymouth Village.
- Turn Right on Rt. 262 (Mt. Tobe Rd).
- Go exactly 3 Miles.
- Camp entrance on your left.

FROM THE EAST (Hartford, New England)

- Take I-84 Westbound To Rt. 6 West (Exit 38)
- Take Route 6 to Plymouth Village (Approximately 12 miles).
- Turn Left on Rt. 262 (Mt. Tobe Rd.)
- Go exactly 3 miles.
- Camp entrance is on your left.

FROM THE WEST

- Take I-84 Eastbound to CT Route 8 North (exit 20)
- Take CT Route 8 North to exit 37, (Rt. 262.)
- Turn Right on Rt. 262
- Rt 262 becomes Mt. Tobe Rd
- Camp entrance is approx 2 miles up on your right.

New Heights



Summer Camp

SUMMARY STATEMENT OF OUR CHRISTIAN FAITH

We believe:

- In one holy, loving, all-powerful, and gracious Creator God who exists in three Persons: Father, Son, and Holy Spirit.
- That the Bible is the inspired and infallible Word of God, fully authoritative for all matters of faith and practice.
- That Jesus Christ, born of the virgin Mary, fully God and fully human, is both Lord and Savior.
- That Jesus Christ suffered and died on the cross for human sin, that he was raised bodily on the third day, and that he ascended to heaven and sits at the right hand of God the Father.
- That Jesus Christ will come again to judge the living and the dead and to reign over all things.
- In the Holy Spirit, who brings sinners to repentance, who gives eternal life to believers, and who lives in them to conform them to the image of Jesus Christ.
- That Christians should gather in regular fellowship and live lives of faith that make evident the good news that humans enter the kingdom of God by putting their trust in Jesus Christ.
- In the spiritual unity of all believers in our Lord Jesus Christ.
- That salvation comes not by works, but only by God's grace through faith in Jesus Christ.
- In the resurrection of the dead and the life of the world to come.

New Heights Summer Camp Policies

- The following conduct will not be permitted at New Heights camp: intoxication or possession of intoxicants, use or possession of illegal drugs, stealing, smoking, disorderly conduct, intentional destruction of property, refusal to cooperate with New Heights personnel and any sexual conduct which we believe is inappropriate outside of marriage.
- The New Heights Summer Camp is a Generations Camp Ministry Organization of the Worldwide Church of God and staff are presumed to be supportive of the Worldwide Church of God. For more information please see our website: www.newheightscamp.com or www.wcg.org.