

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_



## CAMP HIGH FIVE 2019 CAMPER APPLICATION

**APPLICATION DEADLINE: MAY 3, 2019**

**CAMP DATES: June 9 – 14, 2019**

### **PLEASE READ THIS PAGE BEFORE BEGINNING THE APPLICATION.**

We are looking forward to an exciting week of camp this summer! Camp High Five strives to provide a safe, fun summer camp experience for children infected with and affected by HIV. One of the requirements for camp attendance is that **EVERY** camper knows **before** coming to camp that someone in their family has HIV (and who that person is). If you have any questions about this requirement, please call the Camp Director, Starla Windsor-Chambers, at (470)-321-3102 ext. 249 or [swindsor@heroforchildren.org](mailto:swindsor@heroforchildren.org). If this does not pertain to your family, you may return the application to the person who gave it to you, or mail/fax it to H.E.R.O.

We, along with our Camp Twin Lakes partners, are constantly seeking ways to improve our application process to ensure our children have a healthy, happy week at camp. Requirements to achieve this goal include a tuberculosis (TB) screening for all campers, a full immunization record, and medical forms filled out by the Camper's Doctor.

Please give the medical forms (pages 11-14) to the Camper's Doctor or Nurse as soon as possible to give them enough time to complete them. Page 14 is needed for HIV-infected Campers ONLY.

Tuberculosis (TB) screening is **REQUIRED** by all Campers for camp attendance. The tuberculosis screening skin test takes 2 to 3 days to be completed. This may be obtained from the Camper's Physician or health department for a minimal cost. Please see page 2 for information regarding TB skin test deadlines.

In order to be sure your child has everything he or she needs for camp, please read everything, complete, sign and turn in the application by the deadline above. Please use the checklist below and on the second page of this application to ensure the application is filled out completely.

Please mail application to the H.E.R.O. office address indicated below, or return to your clinic Case Manager.

### APPLICATION CHECK LIST

✓	Pages	Content	To be completed by:
	1, 2, 3, 4	Camper Information	Parent/Guardian
	5, 6, 7	Releases, Consents, and Contracts	Parent/Guardian – Signatures and dates are required on <b>EACH</b> page (3 total).
	8, 9, 10	Camper Contract	Camper and Parent/Guardian – Both signatures are required.
	11, 12, 13	Medical Information	Camper's Medical Provider – Give these to the Camper's Doctor or Nurse as soon as possible.
	14	HIV Medical Information	Camper's Medical Provider – Give this to the Camper's Doctor or Nurse as soon as possible. It is best to have a very recent exam.
	15	CampDoc.com Notice	Parent/Guardian
	16	HIV Education Waiver	Parent/Guardian
	17	Walgreens Notice	Parent/Guardian

Mail completed application to:

H.E.R.O. for Children – Camp High Five, 580 West Crossville Road, Suite #204, Roswell, GA 30075  
Phone: 470-321-3102 ext. 249 Fax: 470-321-3106 Email: [swindsor@heroforchildren.org](mailto:swindsor@heroforchildren.org)

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## COMPLETE CAMP HIGH FIVE APPLICATIONS INCLUDE:

- Application**, completed by parent
- Completed **Medical Information (pages 11-13)** by Camper's Doctor or Nurse
  - For HIV-INFECTED Campers, completed after June 1, 2018
  - For AFFECTED Campers, completed after June 1, 2017
- Completed **HIV Medical Information** page (pg. 14) for HIV-INFECTED Campers ONLY
- TB skin test**
  - For HIV-INFECTED Campers, completed after June 1, 2018
  - For AFFECTED Campers, completed after June 1, 2017
- Immunization record** (obtained from Camper's Doctor, Nurse, or health department)
  - Including a **meningococcal (MCV4) vaccine for children ages 11 and older.**

Throughout the application period, you will receive correspondence about any missing documentation. Campers with complete applications can expect an acceptance packet with travel arrangements within the month before camp.

If you have any questions about these requirements, please call the Camp Director, Starla Windsor-Chambers, at (470)-321-3102 ext. 249 or email her at [swindsor@heroforchildren.org](mailto:swindsor@heroforchildren.org).

Thank you.

# Camp High Five – Camper Application – 2019

**Page 1 – To be completed by the Parent or Guardian.**

## Section 1: Demographic Information

Last Name		First Name		Middle Initial
Date of Birth / /	Age (by 6/9/18)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Camper's Primary Language
Street Address				
City		State	Zip	County
Cell Number	Contact Name		<input type="checkbox"/> Day <input type="checkbox"/> Evening	
Home Number	Contact Name		<input type="checkbox"/> Day <input type="checkbox"/> Evening	
Work Number	Contact Name		<input type="checkbox"/> Day <input type="checkbox"/> Evening	
Camper Email Address		Parent Email Address		
Parent/Guardian Name			Relationship to Camper	
Camper's Last Grade Completed	Special Ed Classes? <input type="checkbox"/> Yes <input type="checkbox"/> No		Siblings at Camp? <input type="checkbox"/> Yes <input type="checkbox"/> No	
T-shirt Size (Choose one size for the Camper.) <i>Youth</i> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <i>Adult</i> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL				
Planned transportation: <input type="checkbox"/> Atlanta bus <input type="checkbox"/> Augusta bus <input type="checkbox"/> Albany bus <input type="checkbox"/> Athens bus <input type="checkbox"/> Car/drop off <input type="checkbox"/> Other				

## Section 2: Emergency Contact Information (In case Parent/Guardian cannot be reached.)

Name	Relationship
Daytime Phone Number	Evening Phone Number
Name	Relationship
Daytime Phone Number	Evening Phone Number

## Section 3: Insurance Information (This must be provided for all Campers.)

Type of Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> PeachCare <input type="checkbox"/> Private _____ <input type="checkbox"/> None	
Policy Number	Group Number

## Section 4: Medical Provider Information

Name of Camper's Medical Provider	Office Phone Number
Pharmacy Name	Pharmacy Phone Number

# Camp High Five – Camper Application – 2019

**Page 2 – To be completed by the Parent or Guardian.**

## Section 5: Medical Information

Current Medical Conditions (Check all that apply and list any explanations below.)

HIV    Hepatitis B    Hepatitis C    ADD or ADHD    Sickle Cell Disease  
 Asthma    Tubes in Ears    Heart Problems    Mental health diagnoses    Other \_\_\_\_\_

Explanation:

## Section 6: Allergies (If yes, list allergy below with reaction.)

Medication Allergy	Reaction
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Yes    No

Food Allergy	Reaction
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Yes    No

Environmental Allergy (e.g. poison ivy, insect bites)	Reaction
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Yes    No

Has the Camper ever had to use an EpiPen for any of the above allergies?    Yes    No

## Section 7: Dietary Needs

Special Dietary Needs <input type="checkbox"/> Yes <input type="checkbox"/> No	Vegetarian <input type="checkbox"/> Yes <input type="checkbox"/> No
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Food Restrictions (List below.)

G-tube    Yes    No   If yes, for    Medicine    Formula    Both

Formula Supplements    Yes    No   How?    By Mouth    By G-tube

Formula Type	Cans per Day	Feeding Pump <input type="checkbox"/> Yes <input type="checkbox"/> No	Pump Type
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Describe feeding schedule, including milliliters/hour and number of hours each night feeds run.  
(Example: 60 cc/hr. for 12 hours each night.)

## Section 8: General Health and Physical Abilities

Does the Camper have or need assistance with any of the following? (Check all that apply.)

Dressing    Showering    Eating    Toileting    Walking/Balance

Braces    Casts    Walker    Wheelchair    Other \_\_\_\_\_

Does the Camper tire easily and need more rest periods or naps?    Yes    No

Does the Camper swim?    Yes    No

Has the Camper had chicken pox?    Yes    No   If yes, when?

### **FEMALES ONLY**

Has the Camper begun her menstrual cycle?

Yes    No

Any difficulties? (E.g. severe cramps, nausea, major mood swings)? If so, what is used to help?

# Camp High Five – Camper Application – 2019

## Page 3 – To be completed by the Parent or Guardian.

### Section 9: Psychosocial and Behavioral Information

The Camper knows that someone in his/her family has HIV/AIDS and calls it by name.

Parent signature required: \_\_\_\_\_

***If the Camper does not know this, he/she will not be able to attend camp. Please call the Camp Director, Starla Windsor-Chambers, at (470) 321-3102 ext. 249 as soon as possible.***

How long has the Camper known he/she or someone in his/her family has HIV/AIDS (and calls it by name – HIV/AIDS)?

Less than 6 months    Less than 1 year    A few years    Always

Does the Camper experience any of the following? (Check all that apply.)

Never slept away from home    Anxiety (worries a lot)    Fear of dark    Homesickness

Sleeps with night light    Fights easily    School suspension due to behavior    Bedwetting

Sleeps with a comfort item (e.g. teddy bear or blanket) or another person  
(Please be sure to send any comfort items with the Camper.)

Hyperactivity or problems with attention → Is the Camper on medication for this?    Yes    No

History of trauma or sexual abuse

#### Explanations:

Camper's interests (Check all that apply.)

Reading    Music    Swimming    Dance    Sports    Arts/Crafts    Fishing    Boating

Archery    Golf    Bicycling    Animals    Nature

Have there been any recent, major events in the Camper's life (such as moving, divorce/separation in the family, or major illness or death of a loved one)? This will help us better understand the Camper's needs.

# Camp High Five – Camper Application – 2019

**Page 4 – To be completed by the Parent or Guardian.**

## Section 10: Medications

Please list all medications, including name, amount with dose, and times the Camper takes the medication. This list is to be completed by the Parent or Guardian. Attach extra pages, if needed.

	Medication	Amount INCLUDING dosage	Times to Give
Example	Concerta	One tablet – 18 mg by mouth	8 a.m. and 8 p.m. every day of the week
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

**PLEASE NOTE:**

- **Unless it is confirmed that Walgreens will be packaging your child’s medications (see pg. 17), please send any medication supplies to camp with the Camper. All medications should be sent in original prescription bottles with the Camper’s name and a recent date on the bottle. ***No pill boxes will be accepted.*** No medication should be packed in the Camper’s luggage. Medications will be turned in to staff at check-in. This includes facial creams, inhalers, birth control pills, and vitamins.**
- **If the Camper takes medication for Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) during school hours, he/she should be on those medications during camp.**
- **All equipment and formula should be labeled with the Camper’s name and turned in at check-in. They should not be packed in the Camper’s luggage.**

Parent/Guardian (print name)	Parent/Guardian Signature	Date
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# Camp High Five – Camper Application – 2019

**Page 5 – To be completed by the Parent or Guardian.**

## Camp High Five – Parental Consent and Release Form

Consent to Participate and Release from Liability

I agree that my child, \_\_\_\_\_, may participate in H.E.R.O. for Children, Inc. (“H.E.R.O.”)/Camp High Five activities held **June 9 - June 14, 2019**, except as noted on his/her medical forms.

I expressly waive all claims against H.E.R.O./Camp High Five, its staff, officers, directors, trustees, volunteers, sponsors and donors, and their legal heirs, successors, and assigns on account of any illness, injury, or damage to person or property that may result. This consent does not release H.E.R.O./Camp High Five from liability for intentional or willful acts or omissions of H.E.R.O./Camp High Five or any person named above.

I agree to indemnify, hold harmless, and defend H.E.R.O./Camp High Five and other persons listed above from any loss or liability arising from my acts or omissions or those of my child in connection with my child's attendance at H.E.R.O./Camp High Five.

I agree that the Physician/Nurse Practitioner and medical staff selected by H.E.R.O./Camp High Five may order medical treatment for my child in case of an emergency and for the treatment of pain and/or discomfort. I agree that I am responsible for all costs incurred for medical care, which are not covered by my personal insurance.

I agree that any of my child's medical records or other personal health information in the possession of H.E.R.O./Camp High Five may be released, as necessary, for my child to receive emergency medical treatment or referral for emergency medical treatment while at camp, or for insurance purposes associated with such emergency medical treatment.

**My child understands that he/she or a member of his/her family has HIV/AIDS, and that if my child is over age 13, he/she will be able to receive HIV/AIDS education.** I understand that it will be stated openly at H.E.R.O./Camp High Five activities that each child participating in such activities is in some way affected by HIV/AIDS.

I understand that H.E.R.O./Camp High Five may be sharing the Camp Twin Lakes facility simultaneously with another camp for children with a specific medical condition or disability (although the programs and activities of the two camps shall be conducted separately). I understand and acknowledge that the staff, campers, and parents of the other camp have been advised that H.E.R.O./Camp High Five participants are infected with or affected by HIV/AIDS.

I agree that if no Parent or Guardian is available at our place of residence during the camp session, we will advise H.E.R.O./Camp High Five how we may be contacted in case of an emergency.

Parent/Guardian (print name)

Parent/Guardian Signature

Date

# Camp High Five – Camper Application – 2019

**Page 6 – To be completed by the Parent or Guardian.**

## Camp High Five – Photography – Media Release Form

Camper Name (print) \_\_\_\_\_

**PHOTOS:** Part of camp includes keeping memories alive through photos.

Camp High Five may involve reporters, photographers or other members of the media to help promote camp awareness or for fundraising. My Camper will be included in these promotions only if I give permission below:

\_\_\_\_ I hereby give H.E.R.O. for Children, Inc. (“H.E.R.O.”) and its representatives permission to take photographs and videos of my child, \_\_\_\_\_, during his/her participation in Camp High Five 2019, and to use and publish the photographs and videos and/or the negatives, transparencies, prints, or digital information pertaining to the photographs and videos, in still, single, multiple, moving or video format, or in media which my child may be included in whole or in part, or composite, or distorted in form, or reproductions thereof, in color or otherwise, made through any media for any lawful commercial purposes. I also hereby release H.E.R.O. and its directors, officers, employees, agents and representatives from any and all liabilities, losses, damages, or claims based on H.E.R.O.’s use of the photographs or videos described herein. I hereby waive any right that I may have to inspect and approve the finished product or copy that may be used in connection with a photograph or video that H.E.R.O. has taken of my child, or the use to which it may be applied.

\_\_\_\_ **I DO NOT** give H.E.R.O. for Children, Inc. (“H.E.R.O.”) and its representatives permission to take photographs and/or videos of my child during his/her participation in Camp High Five 2019 activities. I understand that H.E.R.O. has no control over the actions of third-parties who observe H.E.R.O.’s events, especially those events held in public locations or locations where H.E.R.O. cannot reasonably control observation by third parties. I hereby release H.E.R.O. and its directors, officers, employees, agents and representatives from any and all liabilities, losses, damages, or claims related to any third-parties’ use of photographs or video taken at any Camp High Five 2019 event. I have been advised by H.E.R.O. that if I am unwilling to accept the risk of third-parties photographing, recording, or making any use of images of my child, I should choose not to allow my child to attend Camp High Five 2019. I understand that my refusal to allow H.E.R.O. to use photographs and videos of my child, or my choice to have my child not participate in Camp High Five 2019 events where pictures will be taken, will not affect my child’s ability to participate in future H.E.R.O. activities.

Parent/Guardian (print name)

Parent/Guardian Signature

Date



# Camp High Five – Camper Application – 2019

## Page 7 – To be completed by the Parent or Guardian.

### Camp Twin Lakes - Camp Release Form

This agreement must be read and signed for you/your child to be eligible to attend the H.E.R.O. for Children, Inc./("H.E.R.O.)/Camp High Five program at Camp Twin Lakes.

Your Child's Name: \_\_\_\_\_

I. PARTICIPATION CONSENT I understand and certify that my child's participation in the activities at Camp Twin Lakes is completely voluntary. I have familiarized myself with the H.E.R.O./Camp High Five program and activities at Camp Twin Lakes in which my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but are not limited to, the activities of horseback riding, high and low elements ropes courses, swimming, archery, gardening, cooking, biking, sports, lake swimming, and boating. I acknowledge that although H.E.R.O./Camp High Five and Camp Twin Lakes have taken safety measures to minimize the risk of injury to camp participants, H.E.R.O./Camp High Five and Camp Twin Lakes cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for the H.E.R.O./Camp High Five program at Camp Twin Lakes. Further, I attest that my health insurance will cover any medical and hospital expenses that my child incurs and I have received approval from a doctor authorizing my child to participate in H.E.R.O./Camp High Five activities at Camp Twin Lakes. I also agree to inform H.E.R.O./Camp High Five of any activities in which my child may not participate. I understand and agree that my child will be in an environment that involves elements related to nature, camping or community living, such as insects and insect bites, sun exposure, or communicable illnesses.

II. LIABILITY RELEASE I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge H.E.R.O./Camp High Five and Camp Twin Lakes, and any of their officers, directors, employees, partners, shareholders, board members, servants, agents and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including, but not limited to, injuries to property or person, to my child during or related to my child's attendance at the H.E.R.O./Camp High Five program at Camp Twin Lakes.

III. MEDIA RELEASE I do\_\_\_ I do not\_\_\_ give H.E.R.O./Camp High Five and Camp Twin Lakes the right to interview and/or to take photographs, audio or audio-visual recordings of my child to be used in promotional, educational or fundraising materials including, but not limited to, videotapes, pamphlets and brochures. I understand my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. H.E.R.O./Camp High Five and Camp Twin Lakes shall have the right to use photographs or other images of my child in promotion, educational or fund-raising materials. I acknowledge that H.E.R.O./Camp High Five or Camp Twin Lakes shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release H.E.R.O./Camp High Five and Camp Twin Lakes and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by H.E.R.O./Camp High Five and Camp Twin Lakes. In addition, I waive all rights, interests or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

IV. PROGRAM AND OUTCOMES EVALUATION I do\_\_\_ I do not\_\_\_ give H.E.R.O./Camp High Five and Camp Twin Lakes permission to survey my child in confidential and voluntary program evaluation at Camp Twin Lakes. I understand that my child's name will not be used in conjunction with surveys and the data collected will be used to improve programming at Camp Twin Lakes and other camps and programs.

V. DISPUTES I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Atlanta, Fulton County, Georgia. The arbitration shall be administered by JAMS and conducted before a single arbitrator in accordance with the JAMS Rules. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including, but not limited to, any claim that all or any part of this contract is void or violable.

Parent/Guardian (print name)

Parent/Guardian Signature

Date

## Camp High Five – Camper Application – 2019

**Page 8 – To be completed by the Parent or Guardian AND Camper.**

### Camp High Five – Parent and Camper Contract for June 9 – June 14, 2019

Dear Campers and Parents,

Safety is our first concern. The following rules apply to all Campers, Volunteers and Staff. Failure to follow the rules may result in an individual being sent home from camp. Campers and Parents/Guardians should read the rules together.

1. I recognize that all people must have prior approval from the Camp Director to come to camp.
2. My Camp Counselor must know where I am at all times.
3. I agree to stay on the campgrounds at all times (unless for a supervised camp activity).
4. If I am out of my cabin after lights out, I must be accompanied by a staff person.
5. I agree to respect all Camper/Staff personal property. Destruction of anyone's property will not be tolerated. This includes destruction of camp property. Graffiti is not allowed.
6. **Physical violence or verbal abuse is unacceptable. If there are conflicts, I will report them to my Camp Counselor or the Camp Director.**
7. I agree not to wear clothing that advertises drugs or sexually explicit messages.
8. I agree not to use or carry tobacco products, including cigarettes, cigars, snuff and chewing tobacco. These products are not permitted.
9. I agree not to use or carry alcohol and/or illegal drugs. If I use or have these substances in my possession, I will be asked to leave camp immediately.
10. I agree not to bring firearms, knives, brass knuckles or any other weapons, as they are not allowed at camp. If I am found in possession of any of these things, I will be asked to leave camp immediately.
11. The use of personal mp3 players, radios, cassettes, or CD players by Campers is limited to the Campers' cabin areas. If these items are brought to camp, I will use them in the cabin area only.
12. I agree not to use foul language or play explicit music. This behavior will not be tolerated.
13. **I agree to leave all cell phones, iPads, and tablets at home. If these items are brought to camp, the Camp Director will hold them until the camp session is completed.**

I understand and agree to the above rules of Camp High Five. It is completely understood that if I break any of these rules, strict disciplinary action will be taken, which may result in my Parent/Guardian being notified and my being sent home from camp.

<b>Camper</b> (print name)	<b>Camper Signature</b>	<b>Date</b>
<b>Parent/Guardian</b> (print name)	<b>Parent/Guardian Signature</b>	<b>Date</b>

# Camp High Five – Camper Application – 2019

**Page 9 – To be completed by the Parent or Guardian AND Camper.**

## Camp Twin Lakes Rules and Regulations

The rules and regulations of Camp Twin Lakes are necessary to ensure a smooth functioning camp. They have been established for all staff and campers. From time to time, it may be necessary to amend these rules as the situation warrants.

1. The following are not permitted in any part of the Camp Twin Lakes Facility during the Term:

a. Alcoholic Beverages. b. Knives, Fireworks, Firearms or other weapons (except as they relate to the Camp Curriculum). c. Pets (except trained service animals). PLEASE LEAVE DOGS AND CATS AT HOME. d. Drugs (except for prescription drugs and other legal drugs provided by the Partner Organization and necessary for members of such Partner Organization. These drugs must be controlled and dispensed by identified, responsible members of the Partner Organization). All other drugs of any nature are strictly prohibited on any portion of the Camp Twin Lakes Facility.

2. Possession of Cell Phones by Campers is strictly prohibited. Staff and Volunteers should only access cell phones or other devices on breaks outside the presence of campers.

3. Smoking (including e-cigarettes) is not permitted inside any building of the Camp Facility or within the main camping area. A smoking area has been designated in the Parking Area with sand urns. Cigarette butts should not be deposited on the ground, but in proper receptacles.

4. In order to provide security to our campers and staff, we must know who is in Camp at all times. Visitors are not permitted unless approved by the "Partner Camp Director" and/or the Camp Twin Lakes Camp Director. All visitors must check-in at the main office upon arrival, and be escorted at all times. Visitors are not allowed to participate in any CTL activities or use any CTL equipment. Visitors will not be left alone with any camper.

5. Valuables should be checked in with your Camp Director. Camp Twin Lakes is not responsible for loss or damage to personal property.

6. Camp Twin Lakes may conduct fire and emergency drills on first day of camp session.

7. Access to specialized program activity areas, including the Horseback Riding, Archery, Bikes, Pool, Lake and Challenge Course, are allowed only when accompanied by a properly trained Camp Twin Lakes Staff member.

8. Vehicles are not permitted beyond designated parking areas. Vehicles must be parked in designated areas. A maximum limit of 7 mph must be observed on camp property.

9. Only authorized Staff as assigned by the "Partner Camp Director" and/or the Camp Twin Lakes Camp Director may use the golf carts. All drivers must be at least 18 years old and understand the written rules of the road.

10. Meals are served according to the schedule established by the CTL. The kitchen will be closed after supper clean-up until breakfast the next day. No one is permitted in the kitchen at any time. No food, glasses, dishes or utensils should be taken out of the dining hall facility. Food is not allowed in cabins as it attracts rodents and bugs. Special dietary needs should be arranged through the CTL's Food Service Manager in advance. Cereals, fruit, and peanut butter and jelly will be available through-out the day in the dining hall.

11. The use of personal sports equipment such as personal bikes, skate boards and roller blades is permitted ONLY under the supervision of the "Partner Camp Director" and is the direct liability of the Partner Organization. All persons must wear helmets while riding bikes on the camp facilities.

***(continued on page 10)***

# Camp High Five – Camper Application – 2019

**Page 10 – To be completed by the Parent or Guardian AND Camper.**

## **CAMP TWIN LAKES RULES AND REGULATIONS (continued from pg. 9)**

12. All Camp Facilities must be left clean and free from debris at the end of the Partner Organization's Term. Graffiti is strictly prohibited, and the responsibility of the Partner Organization.

13. Laundry use of for camper emergencies and infirmed children only.

14. Thermostats are preset and locked. Any tampering with the thermostats is prohibited!

**I have read and hereby accept the conditions described above. As the Parent/Guardian of a minor applicant, I also give permission for my minor child or ward.**

<b>Camper</b> (print name)	<b>Camper Signature</b>	<b>Date</b>
<b>Parent/Guardian</b> (print name)	<b>Parent/Guardian Signature</b>	<b>Date</b>

# Camp High Five – Camper Application – 2019

**Page 11 – To be completed by the Camper’s primary Medical Provider.**

<b>Camper’s Name</b>	<b>DOB</b>
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<b>Section 1: Medical History (Required)</b>	
<u>Current Medical/Mental Health Diagnoses:</u>	3)
1)	4)
2)	5)
Please briefly describe diagnoses and management. Include recent surgeries and current treatments.	
Does this Camper require nutritional supplements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the feeding regimen and care required.	
Formula Type: <input type="checkbox"/> Oral <input type="checkbox"/> G-tube <input type="checkbox"/> N-G Tube	
Allergies/Reactions (foods/medication/environmental, etc.) <input type="checkbox"/> None	
Food:	
Medical:	
Environmental:	

<b>Section 2: Physical Exam Date: ___/___/20___</b>				
Please indicate normal or describe pertinent abnormalities.				
Weight	Height	Pulse	Respirations	Blood Pressure
HEENT		Skin		
Cardiovascular		GU/GYN		
Pulmonary		Glasses/Contacts/Hearing Aids/PE Tubes		
Abdomen		Miscellaneous (e.g. G-tube)		
Lymph Nodes		Comments		
Extremities				
Spine				

# Camp High Five – Camper Application – 2019

## Physical Assessment Form

Camp Session June 9 – June 14, 2019

**Page 12 – To be completed by the Camper’s primary Medical Provider.  
Exam should be completed *after* June 1, 2018 (HIV-infected Camper) or  
June 1, 2017 (not HIV-infected Camper).**

**Camper’s Name**

**DOB**

### Section 3: Cognitive/Developmental Level

Age Appropriate     Mild Delay     Moderate Delay     Severe Delay

Please describe and list any other psychosocial information (e.g. behavior problems, family issues, etc.)

### Section 4: Immunizations Record (Please attach immunization record.)

### Section 5: Varicella Screening

Received two doses of vaccine?     No     Yes    If no, please answer the following:

History of chicken pox or shingles?     No     Yes    Date? \_\_\_/\_\_\_/\_\_\_

Varicella Antibody     Neg     Pos    Date? \_\_\_/\_\_\_/\_\_\_

### Section 6: Tuberculosis Screening (Required) Screening must occur after 06/01/2018 if Camper is HIV-infected or after 06/01/2017 if Camper is not HIV-infected.

Tuberculin Skin Test **OR**                      Date Placed    \_\_\_/\_\_\_/\_\_\_                      Result    \_\_\_\_\_

Quantiferon Testing                      Date of Test    \_\_\_/\_\_\_/\_\_\_                      Result    \_\_\_\_\_

Chest X-ray  
(If previously positive TST)                      Date of Test    \_\_\_/\_\_\_/\_\_\_                      Result    \_\_\_\_\_

### Section 7: Restrictions and Recommendations

Please list any conditions that may restrict the Camper from participating fully in the camp experience (e.g., physical limitations, use of assistive devices, swimming restrictions). Please provide any further recommendations.

# Camp High Five – Camper Application – 2019

PLEASE SUBMIT A COPY OF IMMUNIZATION RECORDS FOR CAMPER.

## Physical Assessment Form

Camp Session June 9 – June 14, 2019

Page 13 – To be completed by the Camper's primary Medical Provider.

### Section 7: Medications (Required) Please attach additional sheets, if necessary.

Please list all medications, including name, amount with dose, and times the Camper takes the medication.

	Medication	Amount/Dosage	Dosing times
Example	Concerta	One 18 mg tablet by mouth	Mornings Monday thru Friday
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

### Physician/Medical Provider Verification Statement

I have examined the person herein described and have reviewed his/her health history. It is my opinion that this Camper is physically able to engage in camp activities, except as noted above.

\_\_\_\_\_  
Examining Medical Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Examining Medical Provider Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Emergency On Call Contact

# Camp High Five – Camper Application – 2019

**Page 14 – To be completed by the Camper’s HIV Provider.**

## Supplemental Medical Information for Campers with HIV Infection

Dear Provider: \_\_\_\_\_  
(Camper’s full name)

will be attending camp this summer. Information on HIV infection status is required to help Campers maintain good health during the camp session. Please complete this supplemental form **IN ADDITION** to the information and signatures requested on pages 11-13. Your signature is requested on this page, as well as on page 13.

For HIV-infected youth, the TB screening is required annually instead of every two years, as indicated on the previous pages. Quantiferon blood testing is also acceptable if this has been performed. Therefore, please ensure that the tuberculosis skin testing or Quantiferon testing is performed after June 1, 2018 for those without a history of positive tuberculin skin test or TB diagnosis.

<b>Camper Name</b>	<b>DOB</b>
--------------------	------------

<b>Health History</b> (Please check all that apply and explain below.)		
<input type="checkbox"/> HIV <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Poor Growth <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Asthma <input type="checkbox"/> Pulmonary Disease <input type="checkbox"/> Chronic Cough <input type="checkbox"/> ADD or ADHD	<input type="checkbox"/> Renal Disease <input type="checkbox"/> Sickle Cell Disease <input type="checkbox"/> Congenital Heart Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Cryptosporidium <input type="checkbox"/> Chronic Diarrhea <input type="checkbox"/> Seizures <input type="checkbox"/> Diabetes <input type="checkbox"/> Other _____	<input type="checkbox"/> Major Surgical History and Dates:  Does this Camper have a history of noncompliance? <input type="checkbox"/> No <input type="checkbox"/> Yes  <p style="text-align: center;"><b>Explanations</b></p>

<b>Laboratory Data</b> (Please list or attach any other studies pertinent to Camper’s current medical diagnoses.) Most recent lab data should be drawn after 1/1/2019).		
Date ____/____/____	Date ____/____/____	Date ____/____/____
WBC	CD4 #	CD4#
HGB	Viral Load	Viral Load
HCT		
Plt count		

\_\_\_\_\_  
 Medical Provider Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Medical Provider Printed Name

\_\_\_\_\_  
 Telephone Number



# Camp High Five – Camper Application – 2019

## CAMPDOC.COM Notice to Parents

Dear Parents/Guardians,

As an organization, we are constantly looking to improve the accuracy and efficiency of the application process for Camp High Five. We recognize that the application contains private and sensitive data regarding your child and his or her health, and maintaining confidentiality is one of our main goals. Application information is used by camp staff before and during the camp session to ensure that your child has the best possible experience. Camp High Five uses CampDoc.com, an “electronic health record system for camps, designed by camp doctors, nurses, and directors”. It follows many of the standards of electronic health recordkeeping that are currently being used by clinics and hospitals nationwide. CampDoc.com information is kept on a secure server behind a firewall, all data is encrypted, and it is password protected to be accessed only by approved camp staff members. It is very safe and is used by numerous camps around the country. By using CampDoc.com, we are eliminating the possibility of paperwork being lost, stolen, or destroyed. In addition, it allows Camp High Five staff to provide timely and well-informed medical care for your child.

Again this year, you are invited to choose between submitting the paper application by mail and applying online through CampDoc.com. If you choose not to use CampDoc.com, you may return this form, along with the rest of your Camper’s application, to the H.E.R.O. office by mail, email at [swindsor@heroforchildren.org](mailto:swindsor@heroforchildren.org), or by fax to (470)-321-3106.

If you would like to complete our application using CampDoc.com, you may do so by going online to <http://app.campdoc.com/register/heroforchildren>.

If you have any further questions regarding CampDoc.com, please visit their website at [www.campdoc.com](http://www.campdoc.com). For specific concerns regarding your Camper’s medical information, please contact Camp High Five’s Camp Director, Starla Windsor-Chambers, at (470)-321-3102 ext. 249 or [swindsor@heroforchildren.org](mailto:swindsor@heroforchildren.org). Thank you for your cooperation.

Starla Windsor-Chambers  
Director  
Camp High Five

# Camp High Five – Camper Application – 2019

## 2019 Adolescent Camper HIV Education Waiver

It is our belief that accurate HIV/AIDS education is the best intervention for providing HIV-infected and affected children with the tools needed to live their best lives and to prevent the spread of HIV/AIDS. Therefore, during their week at Camp High Five, campers **13 years of age and older** will be presented with HIV education from staff, which may include medical or social services professionals from Grady Hospital's Infectious Disease Program and H.E.R.O. for Children, Inc.

During this session, explicit material may be discussed and presented, both visually and verbally. This explicit material may include topics such as HIV transmission routes (including sexual transmission routes, intravenous drug use, breastfeeding and blood transfer), condom use, abstinence, disclosure to partners, statistics regarding the HIV virus, medication treatment and adherence, and other related topics that parents may not want to be presented to their children. The session will also feature a question-and-answer portion, and other interactive activities, during which Campers will have the opportunity to voice their questions and/or concerns about these types of topics.

If you would prefer not to have your child receive this type of education, (s)he can participate in an alternate activity planned by Camp Twin Lakes' staff.

\_\_\_ I **GIVE** H.E.R.O. for Children, Inc./Camp High Five permission to include my child, \_\_\_\_\_, who is **age 13 or older**, in the 2019 HIV Education Session. **I acknowledge that I have been advised that I can obtain more information about the specific topics and subject matters that will be presented at the 2019 HIV Education Session by contacting Starla Windsor-Chambers, Camp Director, at 470-321-3102 ext. 249 or [swindsor@heroforchildren.org](mailto:swindsor@heroforchildren.org).**

\_\_\_ I **DO NOT GIVE** H.E.R.O. for Children, Inc./Camp High Five permission to include my child in the 2019 HIV Education Session. I would like for my child to participate in an alternate activity planned by Camp Twin Lakes' staff.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## Camp High Five – Camper Application – 2019



### Special offer to our H.E.R.O. families:

**Walgreens Pharmacy has been a loyal sponsor of Camp High Five for the past six years. Walgreens continues to partner with us to provide pre-packaged medication for our children attending Camp High Five.**

**In addition, Walgreens will assist our HERO families with:**

- **Filling prescriptions via mail**
- **Co-payment assistance**
- **Full payment assistance in emergency and lapsed insurance situations.**

**If you wish to take advantage of this opportunity, please initial here: \_\_\_\_\_ (YES)**  
**If you do not wish to take advantage of this opportunity, please initial here: \_\_\_\_\_ (NO)**

### **For more information, please contact:**

**Walgreens Pharmacy Manager**

**Piedmont Hospital**

**(404) 350-9772**