



Dear Parents/Guardians,

We are excited to host Camp High Five's 22nd session this summer! Camp High Five is offered **free of charge** to children who are either living with or affected by HIV/AIDS (i.e. have a sibling living with HIV/AIDS, have lost a parent to HIV/AIDS-related complications or reside with a family member who is living with HIV/AIDS). We are happy to accept your child(ren)'s application(s) at this time.

We continue our commitment to making sure it is safe for everyone while the COVID-19 virus is still present in the world. *The following information may change at any time before Camp if we learn new information that will either help or make it difficult to keep everyone safe otherwise:*

1. **Though COVID-19 VACCINATION IS NOT REQUIRED, We STRONGLY RECOMMEND that every camper get a COVID-19 vaccine/booster** as soon as they possibly can so they will be fully-vaccinated in time for Camp. Please contact your medical provider about the best way to do this. At the time of this letter, children ages 5 to 17 can receive one dose of an updated COVID-19 vaccine, with no preferred brand over another. Please visit <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html> for more information.
2. It can take up to 5 or 6 weeks after the first COVID-19 vaccine dose for someone to have the best response to the vaccine. **It is best to start vaccination before May 1, 2024.** However, later vaccination will not keep your camper from attending Camp.
3. There may be some vaccinated campers or staff who may not have strong responses to the vaccine because of weakened immune systems, and/or unvaccinated individuals at our camp site. Because of this, **we will continue to require EVERYONE to wear masks indoors** in certain circumstances and on the bus/van to/from Camp. As usual, medical information will be kept confidential by our medical staff.
4. We will expect campers and staff to keep safe, physical distances from each other when together indoors and/or under specific circumstances, such as eating and drinking.
5. We will no longer require a test for TB **unless** you answer "YES" to any of the TB screening questions on page 14 of the application. If necessary, it is best to have the TB test before a COVID-19 vaccine/booster to be sure the vaccine/booster does not affect the TB test.
6. All campers will be required to take a COVID-19 test during check-in on June 16th. We will make arrangements for and provide more information regarding this closer to Camp.

Camp will be held from **Sunday, June 16th through Friday, June 21st, 2024.** We will be returning to Camp Twin Lakes' Will-A-Way site in Winder, GA. As usual, we will provide round-trip transportation for your child(ren). Parents/guardians may drop off campers in Atlanta, Augusta, Albany, Athens, Macon or Savannah on **June 16th** and pick them up on **June 21st** (locations and times TBA). Children may also be dropped off and picked up at the camp site. Escort arrangements will be made for children flying in from other states. *Qualified children with completed applications will be welcomed on a first-come, first-served basis.* Once all beds have been assigned, we will maintain a wait list of eligible children whose applications are complete. Applicants on the wait list will be informed of their admission if/once space becomes available (usually within the week before camp).

This year, parents will, once again, have the option to submit camper applications by mail, email, fax or online through our Active Works platform (see application for details). Please note that the full application will be available on Active Works. Active Works will **not** create a record for your camper without your consent. **If you select this option, you will not be required to submit a hard copy of the application.**

If you do not wish to use Active Works to submit your child(ren)'s application(s), please complete and return the enclosed application(s) and mark your calendar. **Applications are due by Monday, May 20th, 2024.** If you have any questions or require additional information, do not hesitate to contact the Camp Director, Michelle Strauss, by phone at (470) 321-3102 X249 or by email at mstrauss@heroforchildren.org. To find general information about Camp High Five and/or other H.E.R.O. for Children, Inc. programs and services, please visit our website at www.heroforchildren.org. Thank you.

Sincerely,

Michelle Strauss

Michelle Strauss
Director
Camp High Five

MARK YOUR CALENDAR
DROP OFF: Sunday, June 16th, 2024 (Location and Time TBA)
PICK UP: Friday, June 21st, 2024 (Location and Time TBA)

Camper's Name: _____ Date of Birth: _____



CAMP HIGH FIVE 2024 CAMPER APPLICATION

APPLICATION DEADLINE: MONDAY, MAY 20, 2024
CAMP DATES: Sunday, June 16 – Friday, June 21, 2024

PLEASE READ THIS PAGE BEFORE BEGINNING THE APPLICATION.

We are looking forward to an exciting camp session this summer! Camp High Five strives to provide a safe, fun, summer camp experience for children living 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 is living with HIV (and who that person is). If you have any questions about this requirement, please call the Camp Director, Michelle Strauss, at (470) 321-3102 ext. 249 or email her at mstrauss@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. for Children, Inc. ("H.E.R.O.") using the contact information below.

We 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, full immunization record, and medical forms filled out by the Camper's Doctor.

Please give the medical forms (pages 13-15) to the Camper's Doctor or Nurse as soon as possible to give them enough time to complete them. Page 16 is needed **ONLY IF** a Camper is living with HIV.

Tuberculosis (TB) screening is **REQUIRED** by all Campers for attendance. If testing is necessary, please note that the skin test takes 2 to 3 days to be completed. This may be obtained from the Camper's Doctor or health department for a minimal cost. Please see page 14 for updated information regarding TB screening.

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

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

APPLICATION CHECK LIST

✓	Pages	Content	To be completed by:
	1, 2, 3, 4, 5	Camper Information	Parent/Guardian
	6, 7, 8,9	Releases, Consents, and Contracts	Parent/Guardian – Signatures and dates are required on EACH document (3 total).
	10, 11,12	Camper Contract/Rules	Camper and Parent/Guardian – Both signatures are required.
	13, 14, 15	Medical Information	Camper's Medical Provider – Give these to the Camper's Doctor or Nurse as soon as possible.
	16	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.
	17	Active Works Notice	Parent/Guardian (read thoroughly; no signatures/responses required).
	18	HIV Education Waiver	Parent/Guardian
	19	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: mstrauss@heroforchildren.org

Camper's Name: _____ Date of Birth: _____

COMPLETE CAMP HIGH FIVE APPLICATIONS INCLUDE:

- Application**, completed by parent
- Medical Information (pages 13-15)**, completed by Camper's Doctor or Nurse
 - For Campers LIVING WITH HIV, completed after October 1, 2023
 - For AFFECTED Campers, completed after October 1, 2022
- HIV Medical Information (page 16)**, for Campers LIVING WITH HIV ONLY, completed by Camper's HIV Provider
- TB Screening (page 14)**, for ALL CAMPERS, please answer the screening questions within the application
- 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, Michelle Strauss at (470) 321-3102 ext. 249 or email her at mstrauss@heroforchildren.org.

Thank you.

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: mstrauss@heroforchildren.org

Camp High Five – Camper Application – 2024

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 6/15/24)	<input type="checkbox"/> Male <input type="checkbox"/> Female <i>gender at birth</i>	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 – 2024

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(s):

Section 6: Allergies (If yes, list allergies below with reactions.)

Medication Allergy <input type="checkbox"/> Yes <input type="checkbox"/> No	Reaction
Food Allergy <input type="checkbox"/> Yes <input type="checkbox"/> No	Reaction
Environmental Allergy (e.g. poison ivy, insect bites) <input type="checkbox"/> Yes <input type="checkbox"/> No	Reaction

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

Section 7: Dietary Needs

Special Dietary Needs Yes No Vegetarian Yes No

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 feed runs.
(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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the Camper had chicken pox? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
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FEMALES ONLY Has the Camper begun her menstrual cycle?	Any difficulties? (E.g. severe cramps, nausea, major mood swings)? If so, what is used to help?
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Yes No

Camp High Five – Camper Application – 2024

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

Section 9: COVID-19 Information

*Please answer the following questions regarding your child's potential exposure to the coronavirus and Covid-19 vaccination. Though **vaccination is not required** at this time, we reserve the right to change this rule, depending upon the state of Covid-19 in Georgia closer to our camp session.*

Has anyone in your household been diagnosed with Covid-19? Yes No

If yes, please provide details (i.e. who, dates, was hospitalization required, are there lasting effects, etc.).

Has your child received a Covid-19 vaccine? Yes No

If yes, which vaccine did s/he/they receive (please check one)? Moderna Pfizer J&J (Johnson & Johnson) Novavax

If yes, when did s/he/they receive her/his/their most recent vaccine/booster?

Date: _____

If no, will s/he/they have received a vaccine/booster by May 1, 2024? Yes No

Camp High Five – Camper Application – 2024

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

Section 10: Psychosocial and Behavioral Information

The Camper knows that s/he/they or someone in his/her/their family is living with HIV/AIDS and calls it by name.

Parent signature required: _____

If the Camper does not know this, s/he/they will not be able to attend camp. Please call the Camp Director, Michelle Strauss, at (470) 321-3102 ext. 249 as soon as possible to discuss options.

How long has the Camper known s/he/they or someone in his/her/their family is living with 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/Do any of the following apply to the Camper? (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 Other _____

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 – 2024

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

Section 11: 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 – 2024

Page 6 – 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 16 – June 21, 2024**, except as noted on his/her/their 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.

Though we will take the necessary steps to maximize safety, neither H.E.R.O./Camp High Five nor Camp Twin Lakes/Will-A-Way can guarantee a COVID-19 free environment. Therefore, I understand that if my child attends Camp High Five 2024, s/he/they will be doing so at his/her/their own personal health risk.

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 s/he/they or a member of his/her/their family is living with HIV/AIDS, and that if my child is over age 13, s/he/they 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/Will-A-Way facility simultaneously with other camps (although the programs and activities of the 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 living 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, I will advise H.E.R.O./Camp High Five staff who they may contact in case of an emergency.

Parent/Guardian (print name)

Parent/Guardian Signature

Date

Camp High Five – Camper Application – 2024

Page 7 – 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.”)/Camp High Five and its representatives permission to take photographs and videos of my child, _____, during his/her/their participation in Camp High Five 2024, 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./Camp High Five and its directors, officers, employees, agents, and representatives from any and all liabilities, losses, damages, or claims based on H.E.R.O.’s/Camp High Five’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./Camp High Five 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.”)/Camp High Five and its representatives permission to take photographs and/or videos of my child during his/her/their participation in Camp High Five 2024 activities. I understand that H.E.R.O./Camp High Five has no control over the actions of third-parties who observe H.E.R.O.’s/Camp High Five’s events, especially those events held in public locations or locations where H.E.R.O./Camp High Five cannot reasonably control observation by third parties. I hereby release H.E.R.O./Camp High Five 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 2024 event. I have been advised by H.E.R.O./Camp High Five 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 2024. I understand that my refusal to allow H.E.R.O./Camp High Five to use photographs and videos of my child, or my choice to have my child not participate in Camp High Five 2024 events where pictures will be taken, will not affect my child’s ability to participate in future H.E.R.O./Camp High Five activities.

Parent/Guardian (print name)

Parent/Guardian Signature

Date

Camp High Five – Camper Application – 2024

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

H.E.R.O./CAMP HIGH FIVE AND CAMP TWIN LAKES CAMP RELEASE FORM

This agreement must be read and signed for your child to be eligible to attend the Hearts Everywhere Reaching Out 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 H.E.R.O./Camp High Five program and its 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 course, 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 may incur, 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 in the H.E.R.O./Camp High Five program at Camp Twin Lakes.

(continued on page 9)

Camp High Five – Camper Application – 2024

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

H.E.R.O./C.H.F. CAMP TWIN LAKES - CAMP RELEASE FORM (continued from pg. 8)

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 agreeing to 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, interest 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 H.E.R.O./Camp High Five, 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 – 2024

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

Camp High Five – Parent and Camper Contract for June 16 – June 21, 2024

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 Camp Counselor or staff member.
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, vapes 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 may choose to 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.

Camper (print name)	Camper Signature	Date
Parent/Guardian (print name)	Parent/Guardian Signature	Date

Camp High Five – Camper Application – 2024

Page 11 – To be completed by the Parent or Guardian AND Camper.

CAMP TWIN LAKES/WILL-A-WAY RULES AND REGULATIONS

The rules and regulations of Camp Twin Lakes/Will-A-Way 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/Will-A-Way Facility during Camp High Five 2024:

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/Will-A-Way 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 at Camp at all times. Visitors are not permitted unless approved by the Camp Director and/or the Camp Twin Lakes/Will-A-Way Site 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 Camp Twin Lakes/Will-A-Way activities or use any Camp Twin Lakes/Will-A-Way equipment. Visitors will not be left alone with any Camper.

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

6. Camp Twin Lakes/Will-A-Way may conduct fire and emergency drills on the first day of the camp session.

7. Access to specialized program activity areas are allowed only when accompanied by a properly-trained Camp Twin Lakes/Will-A-Way Staff member.

8. Vehicles are not permitted beyond designated parking areas. Vehicles must be parked in designated areas. A maximum limit of 5 mph must be observed on camp property.

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

(continued on page 12)

Camp High Five – Camper Application – 2024

Page 12 – To be completed by the Parent or Guardian AND Camper.

CAMP TWIN LAKES/WILL-A-WAY RULES AND REGULATIONS *(continued from pg. 11)*

10. Meals are served according to the schedule established by Camp Twin Lakes/Will-A-Way. 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 Camp Twin Lakes/Will-A-Way's Food Service Manager in advance. Cereals, fruit, nut butters and jelly will be available throughout the day in the dining hall.

11. The use of personal sports equipment such as bikes, skateboards and rollerblades is permitted ONLY under the supervision of the Camp Director and is the direct liability of the Partner Organization and the responsible Camper's Parent or Guardian. All persons must wear helmets while riding bikes on the camp facilities.

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 and responsible Camper's Parent or Guardian.

13. Laundry use is 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.

Camper (print name)	Camper Signature	Date
Parent/Guardian (print name)	Parent/Guardian Signature	Date

Camp High Five – Camper Application – 2024

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

Camper’s Name	DOB
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Section 1: Medical History (Required)	
Current Medical/Mental Health Diagnoses:	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:	

Section 2: Physical Exam Date: ____/____/20____				
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 – 2024

Physical Assessment Form

Camp Session: June 16 – June 21, 2024

Page 14 – To be completed by the Camper’s primary Medical Provider. Exam should be completed *after* October 1, 2023 (Camper living with HIV) or October 1, 2022 (affected Camper).

Camper’s Name	DOB
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Section 3: Cognitive/Developmental Level			
<input type="checkbox"/> Age Appropriate	<input type="checkbox"/> Mild Delay	<input type="checkbox"/> Moderate Delay	<input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If no, please answer the following:	
History of chicken pox or shingles? <input type="checkbox"/> No <input type="checkbox"/> Yes Date? ___/___/___	
Varicella Antibody <input type="checkbox"/> Neg <input type="checkbox"/> Pos Date? ___/___/___	

Section 6: Tuberculosis Screening (Required for ALL campers)		
Has the camper been in contact with someone diagnosed with TB? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, the camper may require further testing. Please contact the Camp Director for instructions.	
Has the camper travelled to any of the following countries within the last year? <input type="checkbox"/> India <input type="checkbox"/> Indonesia <input type="checkbox"/> Nigeria <input type="checkbox"/> China <input type="checkbox"/> Pakistan	If YES, the camper will require further testing. Please contact the Camp Director for instructions.	
<i>Only required if instructed by the Camp Director)</i>		
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 – 2024

PLEASE SUBMIT A COPY OF IMMUNIZATION RECORDS FOR CAMPER.

Physical Assessment Form

Camp Session: June 16 – June 21, 2024

Page 15 – 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/their 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 – 2024

Page 16 – To be completed by the Camper’s HIV Provider.

Supplemental Medical Information for Campers Living 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 session. Please complete this supplemental form IN ADDITION to the information and signatures requested on pages 13-15. Your signature is requested on this page (16).

For youth living with HIV, 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. If testing is necessary, please ensure that the tuberculosis skin test or Quantiferon testing is performed after October 1, 2023 for those without a history of positive tuberculin skin test or TB diagnosis.

Camper Name	DOB
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Health History (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;">Explanations</p>

Laboratory Data (Please list or attach any other studies pertinent to Camper’s current medical diagnoses.) Most recent lab data should be drawn after 4/1/2024).		
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 – 2024 Active Works 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/her/their 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. In prior years, Camp High Five has used CampDoc.com as not only an electronic health record, but to process applications online, as well. This year, Camp High Five will again use Active Works, an electronic health record system that we have found to be more user-friendly and provides more functionality than CampDoc.com (including the ability to communicate with parents/guardians through the platform). It follows the standards of electronic health recordkeeping that are currently being used by clinics and hospitals nationwide. Active Works 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 High Five staff members. It is very safe and is used by numerous camps around the world. By using Active Works, 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.

You are invited to choose between submitting the paper application by mail, email, or fax, or online through Active Works. If you choose not to use Active Works, you may return your Camper's application to the H.E.R.O. office by mail, email at mstrauss@heroforchildren.org, or fax to (470)-321-3106. If you would like to complete our application using Active Works, please contact Camp High Five's Director, Michelle Strauss, at (470) 321-3102 ext. 249 or mstrauss@heroforchildren.org.

If you have any questions regarding Active Works, please visit their website at www.activeworks.com. For specific concerns regarding your Camper's medical information, please contact Camp High Five's Director, Michelle Strauss, at (470) 321-3102 ext. 249 or mstrauss@heroforchildren.org. Thank you for your cooperation.

Sincerely,

Michelle Strauss

Michelle Strauss
Director
Camp High Five

Camp High Five – Camper Application – 2024 2024 Adolescent Camper HIV Education Waiver

It is our belief that accurate HIV/AIDS education is the best intervention for providing children living with HIV and those who are affected by the disease 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** may be presented with HIV education from staff, which may include medical or social services professionals from Grady Hospital's Family & Youth Clinic at the Ponce Center 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 topics.

If you would prefer not to have your child receive this type of education, s/he/they can participate in an alternate activity planned by other H.E.R.O./Camp High Five or Camp Twin Lakes/Will-A-Way 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 2024 HIV Education Session. **I acknowledge that I can obtain more information about the specific topics and subject matters that will be presented at the 2024 HIV Education Session by contacting Michelle Strauss, Camp Director, at 470-321-3102 ext. 249 or mstrauss@heroforchildren.org.**

____ I **DO NOT GIVE** H.E.R.O. for Children, Inc./Camp High Five permission to include my child in the 2024 HIV Education Session. Instead, I would like my child to participate in an alternate activity planned by other H.E.R.O./Camp High Five or Camp Twin Lakes/Will-A-Way staff.

Parent/Guardian Signature _____

Date _____

Camp High Five – Camper Application – 2024



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

Walgreens remains a loyal sponsor of Camp High Five, and continues to partner with us to provide pre-packaged medication for our children attending Camp. In addition, Walgreens will help our H.E.R.O. 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:

Bryant Austin
Manager

Walgreens Community Pharmacy
535 Peachtree Street, B
Atlanta, GA 30308
Office: (404) 662-3433