

2018 Camp Dreamcatcher Camper Application (Ages 5-15)

Dear Friend,

I hope this letter finds you well and in great spirits. It's hard to believe, but the camper application process has arrived! This year camp will be held during the week of **August 19th to August 25th**. The campers are scheduled to arrive on Sunday, August 19th between 2-4pm and will leave camp on the morning of Saturday, August 25th, 2016.

For those who have not referred a camper to Camp Dreamcatcher in the past, the camp is a therapeutic camp for children **ages 5-15**. Camp is free, and the only criteria are that the campers are HIV/AIDS infected or affected and that they are aware of their own HIV/AIDS diagnosis and /or the HIV/AIDS diagnosis in their family.

Camp Dreamcatcher will be held on the grounds of **CAMP SAGINAW located at 740 Saginaw Rd., Oxford, PA 19363**.

As in previous years, we will take campers on a first come, first serve basis. However, since we must safeguard the health and safety of all of our campers and staff, we reserve the right to deny admission to any camper who, in our judgment, poses an unreasonable risk to other campers and staff.

Please make sure that the application is completed in its **entirety**. You will find an application checklist to help you keep track of all the forms. If you are sending more than one camper, you will need to fill out *a separate application for each camper*. Campers are required to have a **new medical examination** each year of camp. This means the physical has to be within the last 6 months prior to camp this year. We suggest you call and make an appointment soon.

Last year our program was full in early spring so please send in your application as soon as possible, as once we fill up, we cannot guarantee a spot for your child. **The due date is July 2nd, 2018**.

If you have any questions or concerns about the application process or Camp Dreamcatcher, please feel free to call me at 610-925-2998, or email us at campdreamcatcher@kennett.net. Also, if you know of other children who would be interested in attending Camp Dreamcatcher, please feel free to make copies of this application and pass them along.

Applications can be mailed to: **Camp Dreamcatcher**
148 West State Street
Suite 104
Kennett Square, PA 19348
or faxed to (610) 925-0403

Sincerely,

Patty Hillkirk
Founder/Director

Camp Dreamcatcher Application Checklist

Child's Name: _____

Please review this checklist prior to sending your application(s).

All applications are DUE BY JULY 2, 2018

Place an "X" next to those items you have included in your mailing.
Include this checklist in your mailing.

I have included the following:

- _____ 1. 2018 Camper Application **4 pages**
- _____ 2. 2018 Camp Dreamcatcher Parent/Guardian Authorization Form
- _____ 3. Physical Examination Form (*to be filled out by Medical personnel*) **2 pages**
- _____ 4. Summary of the Child's current situation **2 pages**
- _____ 5. Camper Release Form
- _____ 6. Camper Transportation Form
- _____ 7. Participant Release of Liability Form
- _____ 8. Camper Agreement (*to be signed by parent/guardian and camper*)
- _____ 9. Camper Rules
- _____ 10. Photocopy of current health insurance card
- _____ 11. Electronic Device Policy
- _____ 12. Consent to Obtain/ Release of Information
- _____ 13. Photograph of camper (for camper file)
- _____ 14. Summer Food Service Program Application Instructions
Camp Dreamcatcher will send after application is received
- _____ 15. Summer Food Service Program Application
Camp Dreamcatcher will send after application is received

****If you are not including the child's medical papers please inform us when the child is scheduled for their next physical.*

**We cannot accept your child until ALL of their paperwork is in!!!
2018 Camp Dreamcatcher Application for Campers (Ages 5-15)**

Parents/Guardians: please complete this page.

Child's Name _____ Date of Birth _____

Age at camp _____ Sex _____ is this child homeless _____ Migrant _____ or Runaway _____

Parent/Guardian Names _____

Home Address _____

City _____ State _____ Zip Code _____

County _____ Home Phone# _____

Cell Phone# _____ Email address: _____

Work Address _____ Work Phone# _____

Parent or Guardian's Welfare Case number, SNAP or TANF case number _____

Camper T-Shirt Size _____ (child or adult?) Circle one.

Please list two emergency contacts: You must be available for emergency contact during the week of camp! (We will use phone numbers listed above for first contact).

1. Name _____ Relationship _____ Phone #'s _____

2. Name _____ Relationship _____ Phone #'s _____

Health Insurance Information (A photocopy of your current health insurance card must be attached)

Insurance Name _____ Policy Number _____

Physician(s) _____ Phone# _____

Address _____

Please provide a picture of your child for her record.

Health History (please write YES or NO and write date affected - make comments on lines below):

Has/does the camper:

Are you HIV+: _____ Ever been hospitalized: _____
Ever had surgery: _____ Have recurrent chronic illness: _____
Had a recent infectious disease: _____ Had recent injury: _____
Had asthma/wheezing/shortness of breath: _____
Have diabetes: _____ Had seizures: _____
Had headaches: _____
Wear glasses, contacts, or protective eyewear: _____
Had fainting or dizziness: _____ Passed out/had chest pains during exercise: _____
Had mononucleosis ("mono") during the past 12 months: _____
If female, have problems with periods/menstruation: _____
Have ever had problems with falling asleep/sleep walking: _____
Ever had any back/joint problems: _____ Have a history of bedwetting: _____
Have problems with diarrhea/constipation: _____ Have any skin problems: _____
Traveled outside the country in the past 9 months: _____
Please explain "Yes" answers in the space below:

Does the camper have any allergies to the following:

Bee stings _____
Other insect bites _____
Medication Allergies _____
Foods _____
Environmental allergies such as Hay Fever _____

Please describe the type of reaction:

This camper eats a: _____ regular diet
_____ regular vegetarian diet
_____ only specific foods and has special food needs (please explain)

Does your child have problems taking medications at home? _____ Please describe _____

How many times per week are medications missed? _____

How do you handle these issues at home? _____

The following non-prescription medications may be stocked in the camp Health Center and are used on an as-needed basis to manage illness and injury. Check any medications camper should **NOT** be given:

___ Acetaminophen (Tylenol) _____ Phenylephrine Decongestant (Sudafed PE)

___ Antihistamine/Allergy Medication

___ Diphenhydramine Antihistamine/Allergy Medicine (Benadryl)

___ Sore Throat Spray _____ Lice Shampoo or Cream (Nix or Elimite)

___ Calamine Lotion _____ Laxatives for Constipation (Ex-Lax)

___ Ibuprofen (Advil or Motrin) _____ Pseudoephedrine Decongestant (Sudafed)

___ Guaifenesin Cough Syrup (Robitussin)

___ Dextromethorphan Cough Syrup (Robitussin DM) _____ Generic Cough Drops

___ Antibiotic Cream _____ Aloe

___ Bismuth Subsalicylate for Diarrhea (Kaopectate or Pepto-Bismol)

Activity Restrictions

_____ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.

_____ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations

Mental, Emotional, and Social Health:

Please note YES or NO for each question, and explain if necessary:

Has the child:

Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD): _____

Ever been treated for emotional or behavioral difficulties or an eating disorder: _____

During the past 12 months, seen a professional to address mental/emotional health concerns: _____

Had a significant life event that continues to affect the camper's life (history of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster) Yes _____ No _____

Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program:

Screening has been conducted according to camp protocol and significant findings noted as follows:

Any signs/symptoms of illness or injury upon arrival ____ Yes ____ NO

History of exposure to communicable disease ____ Yes ____ NO

Additions or corrections to information on the health history ____ Yes ____ NO

Medications given to health care staff ____ Yes ____ NO

Any signs/ symptoms of head lice ____ Yes ____ NO

Please make a photocopy of the front and back of your camper's health insurance card and send it along with the completed Physician Signature form to the camp office by June 1

This camper is covered by family medical/ hospital insurance ____ Yes ____ NO

Insurance Company _____

Policy Number _____

Subscriber _____

Insurance Company Phone Number _____

Where does your child receive medical treatment _____

2018 Camp Dreamcatcher Authorization Form

This health history is correct and complete as far as I know. The applicant has permission to engage in all camp activities except as noted on the camp application or by the examining medical personnel.

I give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for person herein described as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the camp medical personnel selected by the camp to secure and administer treatment including hospitalization, for the camp applicant named herein. I am aware that should a need for emergency room care arise from injuries requiring an x-ray or other emergent type of medical treatment while at camp, the hospital's emergency department will require a parental/guardian verbal consent for treatment, unless there is a life threatening emergency, in which case medical care will be provided automatically. **I am aware that this means that I must provide Camp Dreamcatcher medical staff accurate and up to date telephone contact information for me during the week of camp. If I plan to travel away from my home, I will provide Camp Dreamcatcher with a phone number with which to reach me.**

I understand that Camp Dreamcatcher is not responsible for lost or stolen items during the week of camp.

Print Complete Name of Applicant/Camper _____
(One applicant per form please)

Print Name of Parent/Guardian if applicant is less than 18 years of age _____

Signature of Parent/Guardian or adult camper/staff _____

Date of signature above _____

Health Screening Form to be completed by Camp Healthcare Staff	
Head Lice _____	If present will be sent home ASAP _____
Feet for fungus _____	Treatment _____
Recent illness/injury _____	General _____
Problems _____	
Examiner's Signature _____	Date _____

Child's Name _____

Summary of the Child's current situation (2 pages)

This section is to be filled out by the HIV/AIDS case manager, social worker, parents or guardian. It is extremely important that this section be filled out for all potential campers – even if the child has attended Camp Dreamcatcher in the past. All information provided will be kept confidential to the greatest extent possible in files at the Health Center. Camp Dreamcatcher respects each camper's right to privacy and therefore only select staff and medical personnel will have access to these files. Since Camp Dreamcatcher is a therapeutic camp, knowing your child's history will help to make sure that your child's needs are addressed while at camp. Attach extra pages if necessary. *Failure to fully complete this section will result in the application being rejected.*

Has this child attended Camp Dreamcatcher in the past? Yes ___ No ___

Has this child attended a camp other than Camp Dreamcatcher in the past? Yes ___ No ___

Please list: _____

Has he/she child experienced a death of a friend or family member? Yes ___ No ___

If so please explain: _____

Does the child receive any counseling? Yes ___ No ___

Please tell us about the child's home and school situation: _____

Please list any other medical conditions or illnesses this child has experienced: _____

Does the child have any behavioral problems? Yes ___ No ___ If yes, please explain: _____

Has the child been expelled from school? _____

Has the child experienced any physical, sexual, or emotional abuse? Yes ___ No ___ If yes, when did the abuse occur and by whom? _____

Have there been any changes/stresses in your child's life (divorce, remarriage, financial problems, relocation, and/or death in the family and illness)? Yes ___ No ___ If yes, please explain: _____

As previously stated all information will be kept confidential to the greatest extent possible. Failure to fully complete this section will result in the application being rejected.

If this child does not have HIV/AIDS, who in the family lives with or has passed away from HIV/AIDS?

Is this child in the foster care system? Yes ___ No ___

How long has he/she been with this foster parent? _____

Is this child currently or has this child previously been involved in the juvenile justice system? Yes ___ No ___

If the child is currently involved in the system, please list the charges and stage of the proceeding. If there has been a disposition of the charges, please list the terms of the disposition. _____

If the child has *previously* been in the juvenile justice system, please list the charges, disposition and show proof of successful completion: _____

If the child has been supervised by any agency for behavioral issues, please provide all details. For any contact with the juvenile justice system, or any similar agency, please provide documentation. A release may be requested to allow Camp Dreamcatcher to have direct contact with the Court or Agency.

Please list anything that you feel is important for the staff at Camp Dreamcatcher to know about this child so we can make sure that his/her needs are being met: _____

Who referred you to Camp Dreamcatcher _____

Will this child have siblings at Camp Dreamcatcher _____

Tell us about your child's personality _____

Child's Experience /Behavior

Please consider the questions that describe this child now or within the past six months. Please answer all items by writing **YES** or **NO** to the following questions:

Argues a lot _____
Is restless or hyperactive _____
Gets in a lot of fights _____
Has nightmares _____
Has temper tantrums _____
Is withdrawn _____
Threatens or bullies others _____
Is liked by others _____
Participates in organized sports _____
Shy _____

Cannot sit still _____
Does not get along with other kids _____
Impulsive or acts out _____
Fearful or anxious _____
Is unhappy, sad or depressed _____
Makes friends easily _____
Gets angry easily _____
Demands a lot of attention _____
Follows rules when playing games with others _____
Controls temper when in conflict _____

Please explain any of the questions you answered Yes:

What does your child do to handle stress?

Tell us what your child likes to do for fun?

What are your child's talents?

Child's Name _____

Camper Release Form

Parents / Guardians

Camp Dreamcatcher needs pictures and materials to assist with fundraising and marketing efforts. You and your child's assistance in this matter are appreciated, however, we also understand your privacy concerns and we respect your individual decision. It is very important that you answer every question. If you have any questions, please call me at (610) 925-2998.

RELEASE FOR FUNDRAISING AND OR PUBLICITY. Reporters, photographers, and other members of the media may attend the Camp Dreamcatcher program in order to increase awareness about Camp Dreamcatcher and about people living with HIV/AIDS in a way that words cannot express. My child will be included in a media piece only if I give permission below: You will be notified when pictures will be used.

I grant permission for my child's photos, interviews and/or footage to be shown in the media, including, but not limited to www.youtube.com, Facebook, and Twitter.

Yes _____ No _____

I grant permission for my child to be interviewed, photographed and filmed by any member of the media at Camp Dreamcatcher programs. I understand that Camp Dreamcatcher is not responsible for the content of the media coverage and that my child will not be paid for any media work completed. This may include the **Camp Dreamcatcher newsletter, brochure, website, and local newspapers**. I understand that my child will not be paid for any photographs used. I understand that only my child's first name and age will be used to identify him or her.

Yes _____ No _____

CABIN PHOTOGRAPHS

May your child be in pictures with campers in his/her cabin taken by counselors?

Yes _____ No _____

May a counselor keep in touch with your child by sending letters to your home for birthdays, holidays, etc?

Yes _____ No _____

May your child participate in surveys performed by medical staff or other therapists at camp? Their names will not be used.

Yes _____ No _____

May your child participate in Therapeutic groups during the week of camp?

Yes _____ No _____

EDUCATIONAL PROGRAMS

If age appropriate is your child able to participate in the **Celebrate Girls Program or Keeping It Real Program**. The groups will be separated by ages 10-11 and 12-13 and by gender (boys in one group and girls in another group). It is our goal at Camp Dreamcatcher to assist the campers in developing the skills necessary to deal with the various issues that they may face throughout the year. Some of the topics are peer pressure, self -esteem, body image, body changes and relationships.

Yes _____ No _____

ARTWORK AND WRITING

I grant permission to Camp Dreamcatcher to offer my child the chance to create and donate original artwork or writings to be auctioned, sold, or otherwise used at Camp Dreamcatcher fund-raising events. I hereby grant permission and consent to transfer exclusive right and ownership of such artwork to Camp Dreamcatcher. I understand that Camp Dreamcatcher will use any proceeds from the sale or use of this artwork to support its mission and that my child will not receive compensation, sales proceeds, royalties or other form of payment. Camp Dreamcatcher's rights include the right to reproduce, copy, sell or modify the artwork in any manner it sees fit. I understand that only my child's first name and age may be used to identify him or her.

Yes _____ No _____

Camper Transportation Form

TRANSPORTATION

Will you be driving your child to camp?

Yes ___ No ___

Will you be picking your child up the last day of camp?

Yes ___ No ___

If NO please list the name and telephone number of the person who will be picking up the child and how this person is related to the child:

Name	Telephone number	Relationship to camper
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Will your child be going home the same way she/he arrived to camp?

Yes ___ No ___

Please place only **one** checkmark next to your child's bus transportation (*only if they are taking a bus*):

Will your child be riding on the bus from **Children's Hospital of Philadelphia**?

Yes ___ No ___

Will your child be riding on the bus from **St. Christopher's**? (Please contact your social worker to confirm transportation.)

Yes ___ No ___

Will your child be riding on the John Hopkins bus? (Please contact your social worker to confirm transportation)

Yes ___ No ___

Parent or guardian's signature: _____ Date _____

Child's Name: _____

Camp Dreamcatcher Participant Release of Liability

In consideration of my child or children being granted permission by Camp Dreamcatcher to attend camp August 19th to August 25th, 2018

Consent: I agree that my child, _____, may participate in Camp Dreamcatcher activities at Camp Dreamcatcher Summer 2018 session as noted on his/her medical forms.

Release from Liability: *I, for myself and on behalf of my child or children, release and discharge Camp Dreamcatcher, Inc., its staff, agents, Board of Directors, Officers, Volunteers, from all claims demands, actions and judgments, which I or my child ever had or now has or may have against Camp Dreamcatcher for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my child's or children's property during his/her negligence or any other fault.*

Also, in consideration of the above-named child being granted permission by Camp Dreamcatcher, Inc., to attend camp August 19th to August 25th, 2018. I agree to indemnify and hold harmless Camp Dreamcatcher, Inc. for any and all claim, demand, actions and judgments whatsoever of every name and nature, both in law and equity, which my child or children ever had or now has or may have against Camp Dreamcatcher for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my child's or children's personal property during his/her attendance at Camp Dreamcatcher, including but not limited to, injury caused by or arising from Camp Dreamcatcher's own negligence.

HIV/AIDS Acknowledgement: *My child understands that he/she is infected with or affected by HIV/AIDS. I understand that Camp Dreamcatcher is a therapeutic, disclosure HIV/AIDS camp. Campers are aware that they have all been touched by HIV/AIDS in some way, and that this topic may be openly discussed as appropriate.*

Emergency Contact: *I agree that if no parent or guardian is available at our place of residence during the camp session, we will advise the camp administration where we may be contacted in case of an emergency. If you are moving before the week of camp please provide new address and telephone numbers*

Swimming: *I give my permission to allow my child to participate in swimming activities in the camp. All campers must pass a swim test before they are allowed in the pool.*

I also understand that Camp Dreamcatcher is not responsible for any lost or stolen property.

I, the undersigned, have read this release and understand all of its terms.

Signature of Parent/Guardian

Date

Printed Name

CAMP DREAMCATCHER ELECTRONIC DEVICE POLICY

Campers, Counselors in Training, Leaders in Training and Junior Counselors (anybody under the age of 18) are **not permitted** to bring the following items to the camp session, August 19th to August 25th 2018.

- iPods
- iPads
- PSP players and other electronic games
- Cell phones
- Cameras

If these items are brought to camp, they will be stored in a locked facility and returned at the end of the camp session.

At all Camp Dreamcatcher events and activities we take on the responsibility for the safety and security of the children involved and their possessions. While we are very supportive and protective of the privacy rights of our children, today's realities are such that we are compelled to infringe on those rights by occasionally searching any bags or backpacks they have with them at events or activities.

We are therefore requiring that all participants in Camp events or activities agree to a search of any bags or backpacks by Camp personnel as a condition of participation in our programs.

I, _____, agree to the above terms and conditions set forth by Camp Dreamcatcher.

Signature of camper: _____

Signature of parent/guardian: _____

Camp Dreamcatcher Camper Rules

The following activities are PROHIBITED at camp:

- Aggressive behavior toward campers or counselors (hitting, pulling, shoving, biting, slapping, kicking)
- Swearing or abusive language (name calling, teasing, bullying)
- Sexual contact with other campers or counselors
- Conversations of a sexual nature
- Skinny dipping
- Being alone with a camper or counselor
- Leaving cabins or any activity without a counselor
- Possessing weapons
- Having illegal drugs or alcohol on campgrounds. All prescribed medication will be kept at the Health Center.
- Cigarette smoking
- Sleeping in a cabin other than the one assigned to you
- Sharing a bunk with another camper
- Leaving the camp grounds without permission from the director
- Stealing
- Candles in cabins
- Not following the cabin rules and/or not listening to the Senior Counselor or following his/her direction
- Being in an undesignated area without the permission of a counselor, village chief or staff
- Electronic devices. All electronic devices will be collected the first day of camp and given to the Camp Director. They will be returned on the last day of camp.

The above rules are non-negotiable. In addition to the above rules, any person exhibiting behavior that the director deems as inappropriate or unsafe will be asked to leave camp.

I have read the above rules and agree to abide by the regulations established by Camp Dreamcatcher.

Camper Signature _____

Camper Printed Name _____

Parent/guardian signature _____

2018 Camp Dreamcatcher Physical Exam Form (2 pages)
For Campers

(This form must be completed by approved medical provider at least 6 months prior to camp)

NO OTHER FORM WILL BE ACCEPTED

Name: _____ DOB _____ Gender _____
Home address _____
Custodial Parent/Guardian _____ Phone _____

Does the child have a history of any of the following? When?

- Hepatitis A _____ Date _____
- Hepatitis B _____ Date _____
- Hepatitis C _____ Date _____

Please give all dates for **immunizations** or attach a copy of immunizations:

DTaP _____
IPV/OPV _____
MMR _____
or measles _____
Mumps _____
Rubella _____
Hib _____
Varicella _____
Hep B _____
Pneumococcal (PCV) _____
Td (tetanus/diphtheria)boosters _____
Meningococcal _____

Last tuberculin screen (PPD): Date _____ Results _____ Chest Xray _____
Treatment _____

PMH _____

Hospitalizations _____

This applicant is under the care of a physician for the following conditions: _____

Food/Environmental Allergies _____

Medication Allergies _____

Most recent Hgb/Hct _____ Date _____

Physical Exam for Name of Child: _____

BP _____ Pulse _____ HT _____ WT _____
Head/Neck _____
EENT _____
Lungs _____
CV _____
Abdomen _____
GU _____
Musculoskeletal _____
Perivascular _____
Skin _____
Neuro _____

Most recent lab values/dates: CD4 ____ viral load ____ Hgb/Hct ____
This exam was completed on ____ date by _____

Medications to be administered at camp: include time, dose, and route (may attach separate order)

Medications taken routinely but not at camp _____
Treatments to be continued at camp _____

Any medically-prescribed meal plan or dietary restrictions _____
Describe any limitations or restrictions on camp activities _____
Does child need help walking or traveling by foot for long distances?

_____ In my opinion the above applicant is able to attend Camp Dreamcatcher.

_____ In my opinion the above applicant is not able to attend Camp Dreamcatcher.

Dates of camp- August 19th to August 25th, 2018.

Examiner's Signature _____ Date _____

Signature of person completing this form _____ Date _____

Office Phone _____ Address _____

Office Stamp:
