

# 2019 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 18<sup>th</sup> to August 24<sup>h</sup>**. The campers are scheduled to arrive on Sunday, August 18<sup>th</sup>, between 2-4pm and will leave camp on the morning of Saturday, August 24<sup>th</sup>, 2019.

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 served 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 2<sup>nd</sup>, 2019.**

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](mailto: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, 2019**

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. 2019 Camper Application **4 pages**
- \_\_\_\_\_ 2. 2019 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!!!  
2019 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, noting the number of the questions:

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**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

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

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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 (Sudfed)
- \_\_\_ 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

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Screening has been conducted to 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 \_\_\_\_\_

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## 2019 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:

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What does your child do to handle stress?

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Tell us what your child likes to do for fun?

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What are your child's talents?

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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 on social media, including, but not limited to [www.youtube.com](http://www.youtube.com), Facebook, Instagram 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, newspapers or television.** 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:

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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 18<sup>th</sup> to August 24<sup>th</sup>, 2019

**Consent:** I agree that my child, \_\_\_\_\_, may participate in Camp Dreamcatcher activities at Camp Dreamcatcher Summer 2019 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 18<sup>th</sup> to August 24<sup>th</sup>, 2019. 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

# Camper Agreement

Camp Dreamcatcher is a fun, safe, place where kids can make friends, learn new skills, develop individual confidence and if desired, speak openly about HIV/AIDS. To make this possible, we must ensure that camp is a safe and positive environment for every child. All children who attend Camp Dreamcatcher programs are expected to follow the four general standards of **safety, respect, compromise and participation**.

Specifically, the following behaviors are not acceptable and will result in immediate consequences:

1. Teasing or threatening other campers
2. Name calling of other campers
3. Fighting/violent behaviors
4. Refusal to follow staff's instructions/directions
5. Refusal to participate in camp activities
6. General non-compliance with the four basic standards (safety, respect, compromise, and participation)

Campers who struggle or fail to comply with these four basic expectations may experience the following consequences:

**1<sup>st</sup> Infraction:** Camper will be taken aside to discuss the problem/behavior with the senior counselor, review camp rules, and develop a plan, for example, to apologize to a fellow camper.

**2<sup>nd</sup> Infraction:** Camper will be taken aside to discuss the problem, review camp rules, discuss options for different behavior, and participate in a camp cleaning project as assigned by the village chief.

**3<sup>rd</sup> Infraction:** Camper will be taken aside to review the problem, discuss options, and develop a behavioral contract with the senior counselor and village chief to address repeated problem/behavior.

**4<sup>th</sup> Infraction:** Camper will be taken aside to review the failure to follow the behavioral contract with senior counselor, village chief, and staff. The village chief will call parent/guardian to make arrangements for camper to go home.

Any camper dismissed from a session will have his/her parent/guardian notified immediately and arrangements for that camper to be sent home will be made as soon as possible. The camper may be dismissed from any and/or all Camp Dreamcatcher programs for a period of one year or longer depending upon the behavior and as determined by Camp Dreamcatcher staff.

By your signature below you, the parent/guardian, agree that you have reviewed this form with your child and agree to its terms:

\_\_\_\_\_  
Parent/Guardian's Printed Name                      Date

\_\_\_\_\_  
Camper's Printed Name    Date

\_\_\_\_\_  
Parent/Guardian's Signature                                      Date

\_\_\_\_\_  
Camper's Signature    Date

I attest the information given in the application packet is accurate and true. I understand that if I have falsified any information, the referring child will not be considered for Camp Dreamcatcher. If I received assistance in completing my child's application I had the person sign this agreement in addition to myself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person assisting the applicant

\_\_\_\_\_  
Date

If the applicant received assistance, please provide a phone number and agency where person may be contacted.

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## 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 18<sup>th</sup> to August 24<sup>th</sup> 2019.

- 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

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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 \_\_\_\_\_





**2019 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 18<sup>th</sup> to August 25<sup>th</sup>, 2019.

Examiner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of person completing this form \_\_\_\_\_ Date \_\_\_\_\_

Office Phone \_\_\_\_\_ Address \_\_\_\_\_

Office Stamp:

\_\_\_\_\_