

# 2019 CAMP DREAMCATCHER LEADER-IN-TRAINING APPLICATION ( LIT)

Dear Friend,

Thank you for your interest in the Camp Dreamcatcher Leader-in-Training Programs.

Enclosed you will find the 2018 LIT application. Camp will be held from **Sunday, August 18<sup>th</sup> to Saturday, August 24<sup>th</sup> 2019**. Camp Dreamcatcher will be held at **CAMP SAGINAW, 740 Saginaw Rd., Oxford, PA 19363**.

In order to become a LIT, you must:

1. Must have been a Camp Dreamcatcher camper previously
2. Complete the LIT application packet ENTIRELY.
3. Participate in a personal interview.
4. Participate in Camp Dreamcatcher as a full-time LIT (which means you will spend the entire week at camp).
5. Have all paperwork submitted including Physical Form and Food Service Form

Your completed LIT application packet should be returned as soon as possible, as we are accepting *a limited* number of LITs. Please send your application to:

**Attn: Patty Hillkirk  
Camp Dreamcatcher  
148 West State Street  
Suite 104  
Kennett Square, PA 19348**

or FAX to **(610) 925-0403**

When we receive your completed application, we will call you to set up an interview.

If you have any questions or concerns, please call the camp office at (610) 925-2998 or email us at [campdreamcatcher@kennett.net](mailto:campdreamcatcher@kennett.net). We look forward to meeting you and working with you to make Camp Dreamcatcher a success!

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 JUNE 5, 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. LIT/CIT Essay
- \_\_\_\_\_ 2. 2019 Camper Application **2 pages**
- \_\_\_\_\_ 3. 2019 Camp Dreamcatcher Parent/Guardian Authorization Form
- \_\_\_\_\_ 4. Physical Examination Form (*to be filled out by Medical personnel*) **2 pages**
- \_\_\_\_\_ 5. Summary of the LIT's current situation **2 pages**
- \_\_\_\_\_ 6. Camper Release Form
- \_\_\_\_\_ 7. Camper Transportation Form
- \_\_\_\_\_ 8. Camp Dreamcatcher Household Information Form
- \_\_\_\_\_ 9. Participant Release of Liability Form
- \_\_\_\_\_ 10. LIT Rules
- \_\_\_\_\_ 11. Photocopy of current health insurance card
- \_\_\_\_\_ 12. Electronic Device Policy
- \_\_\_\_\_ 13 LIT Experience Form **2 pages**
- \_\_\_\_\_ 14. Photograph of camper (for camper file)
- \_\_\_\_\_ 15. Consent to Obtain Release of Information
- \_\_\_\_\_ 16. Summer Food Service Program Application Instructions
- \_\_\_\_\_ 17. Summer Food Service Program Application

*\*\*\*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 LIT

*Parents/Guardians: please complete this page.*

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age at camp \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Code \_\_\_\_\_ County \_\_\_\_\_ Home Phone# \_\_\_\_\_ Cell \_\_\_\_\_

Phone# \_\_\_\_\_ Email address: \_\_\_\_\_

Camper T-Shirt Size \_\_\_\_\_ (Circle: child or adult?)

Parent/ guardian's Welfare, TANF, or SNAP Number \_\_\_\_\_

**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)

InsuranceName \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone Number \_\_\_\_\_

Physician(s) \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

**\*\*Please provide a picture of the camper for our files\*\***

**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: \_\_\_\_\_  
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 county in the past 9 months: \_\_\_\_\_

**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? \_\_\_\_\_

Check any medications camper should **NOT** be given:

- |  |  |
|--|--|
| <input type="checkbox"/> Acetaminophen   | <input type="checkbox"/> Phenylephrine Decongestant (Sudafed PE) |
| <input type="checkbox"/> Antihistamine/Allergy Medication                                |  |
| <input type="checkbox"/> Diphenhydramine Antihistamine/Allergy Medicine (Benadryl)       |  |
| <input type="checkbox"/> Sore Throat Spray   | <input type="checkbox"/> Lice Shampoo or Cream (Nix or Elimite)  |
| <input type="checkbox"/> Calamine Lotion   | <input type="checkbox"/> Laxatives for Constipation (Ex-Lax)     |
| <input type="checkbox"/> Ibuprofen (Advil or Motrin)                                     | <input type="checkbox"/> Pseudoephedrine Decongestant (Sudafed)  |
| <input type="checkbox"/> Guaifenesin Cough Syrup (Robitussin)                            |  |
| <input type="checkbox"/> Dextromethorphan Cough Syrup (Robitussin DM)                    | <input type="checkbox"/> Generic Cough Drops                     |
| <input type="checkbox"/> Antibiotic Cream  | <input type="checkbox"/> Aloe                                    |
| <input type="checkbox"/> 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, other)  Yes  No

Please explain "Yes" answers \_\_\_\_\_

Name of camper's primary doctors \_\_\_\_\_

Phone number \_\_\_\_\_

Please provide any information about the camper's health that you think is important or that may affect the camper's ability to fully participate in the camp program. \_\_\_\_\_

Any signs or symptoms of illness or injury before camp \_\_\_\_\_

History of exposure to communicable disease \_\_\_\_ Yes \_\_\_\_ NO

Additions or corrections to information on the health history \_\_\_\_ Yes \_\_\_\_ No

Any signs symptoms of head lice \_\_\_\_ Yes \_\_\_\_ NO

What is the camper's ethnicity? \_\_\_\_\_

Will this child have any siblings at camp? \_\_\_\_\_

What are the child's talents: \_\_\_\_\_

## 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 \_\_\_\_\_

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 \_\_\_\_\_

## Summary of the LIT current situation (2 pages)

*To be filled out by Leader-in-Training*

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 history will help to make sure that your needs are addressed while at camp. Attach extra pages if necessary. *Failure to fully complete this section will result in the application being rejected.*

Have you attended a camp other than Camp Dreamcatcher in the past? Yes\_\_\_ No \_\_\_

Please list: \_\_\_\_\_

Have you attended any of the Camp Dreamcatcher leadership programs in the past? (LIT Program, Teen Leadership Retreat, Mentoring Program). Yes \_\_\_ No \_\_\_ If yes, which programs? \_\_\_\_\_

\_\_\_\_\_

Have you experienced a death of a friend or family member? Yes\_\_\_ No \_\_\_

If so please explain: \_\_\_\_\_

Do you receive any counseling? Yes \_\_\_ No \_\_\_

Who do you live with: \_\_\_\_\_

Please list any other medical conditions or illnesses that you've experienced:

\_\_\_\_\_

Have you had any behavioral problems? Yes\_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you been expelled from school? \_\_\_\_\_

Have you ever experienced any abuse? (physical, emotional, sexual) Yes\_\_\_ No\_\_\_ Have you ever talked about this with anyone: Yes \_\_\_ No \_\_\_

Are you experiencing any type of stress in your life? (school, work, home, relationships) Yes\_\_\_ No\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Continuation of LIT's Current Situation

*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 you are not HIV positive, who in your family is or was living with HIV/AIDS:

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Have you been in the foster care system? Yes \_\_\_ No \_\_\_

If so, how long were you, or have you been, in foster care:

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Have you ever been homeless? Yes \_\_\_ No \_\_\_

Have you ever been involved in the juvenile justice system? Yes \_\_\_ No \_\_\_

*If you are 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 you have *previously* been in the juvenile justice system, please list the charges, disposition and show proof of successful completion: \_\_\_\_\_

If you have 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 yourself so we can make sure that your needs are being met: \_\_\_\_\_

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Where do you receive medical treatment? \_\_\_\_\_

### Your Experience /Behavior

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

I argue a lot \_\_\_\_\_

I am restless or hyperactive \_\_\_\_\_

I get in a lot of fights \_\_\_\_\_

I have nightmares \_\_\_\_\_

I have temper tantrums \_\_\_\_\_

I am withdrawn \_\_\_\_\_

I threaten or bully others \_\_\_\_\_

I am liked by others \_\_\_\_\_

I participate in organized sports \_\_\_\_\_

I am shy \_\_\_\_\_

I cannot sit still \_\_\_\_\_

I don't get along with other kids \_\_\_\_\_

I am impulsive or act out \_\_\_\_\_

I am fearful or anxious \_\_\_\_\_

I am unhappy, sad or depressed \_\_\_\_\_

I make friends easily \_\_\_\_\_

I get angry easily \_\_\_\_\_

I demand a lot of attention \_\_\_\_\_

I follow rules when playing games with others \_\_\_\_\_

I control my temper when in conflict \_\_\_\_\_

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# 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(ren)'s photos, interviews and/or footage to be shown in the media, including, but not limited to [www.youtube.com](http://www.youtube.com), Facebook, 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 \_\_\_

## EDUCATIONAL PROGRAMS

Is your child able to participate in age appropriate educational programs?

Yes \_\_\_ No \_\_\_

## THERAPEUTIC PROGRAMS

Is your child able to participate in age appropriate therapeutic programs?

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 bus from **John Hopkins**? (Please contact your social worker to confirm they will be providing transportation)

Yes \_\_\_\_ No \_\_\_\_

Will your child be riding the van from **Beautiful Gate**? (Please confirm with Beautiful Gate)

Yes \_\_\_\_ No \_\_\_\_

## 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, 2019

**Consent:** I agree that my child, \_\_\_\_\_, may participate in Camp Dreamcatcher activities at Camp Dreamcatcher Summer 2019 sessions 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 to August 24, 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

## 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 to August 24, 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: \_\_\_\_\_

## LIT Experience

*LIT should fill out this portion of the application*

Please provide the names of two people who can discuss your experiences in regards to becoming a LIT:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number \_\_\_\_\_ email address \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number \_\_\_\_\_ email address \_\_\_\_\_

### Education

School \_\_\_\_\_

Grade \_\_\_\_\_

What are your hobbies or interests?

Have you ever participated in any other leadership programs?

Do you swim? \_\_\_\_\_ Do you know sign language? \_\_\_\_\_

Do you speak a second language? \_\_\_\_\_ Please list \_\_\_\_\_

List any training you have with this age group for example babysitting classes, CPR, etc.

What is your favorite Camp Dreamcatcher memory?

Tell us something that you are proud of or any exciting news you want to share that happened since you were at Camp Dreamcatcher:

What are your hopes and dreams?

The LIT program this year will include an opportunity for you to serve as an assistant/mentor with specific programs. Take a look at the following list of camp programs and circle two programs that you are interested in helping with during the week. You will have the opportunity to help in that program one hour a day, Monday-Friday.

Fishing  
Art/Crafts  
Escape Room  
Dorrie's Store  
Talent Show Rehearsal  
Basketball  
Cooking  
Rec

The LIT program will also include a Life Skills track this year. You will participate in one session per day in this program and the topics may include resume writing, budgeting, applying for college, scholarship applications, job interview skills. We will also include a session on career building. Please take a look at the following list of professions and circle all that are of interest to you.

Childcare  
Education  
Criminal Justice/Legal  
Medical  
Cosmetology  
Culinary Arts  
Animal Science  
Technical Skills (construction, electrician, auto mechanic, carpentry etc)  
Psychology/ Social Work  
Computer Science  
other

# LEADER-IN-TRAINING CAMP DREAMCATCHER 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.

LIT Signature \_\_\_\_\_

LIT Printed Name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_



# LIT 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)

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

**1<sup>st</sup> Infraction:** LIT 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:** LIT 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:** LIT 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:** LIT 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

\_\_\_\_\_  
LIT Printed Name    Date

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

\_\_\_\_\_  
LIT 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



# Camp Dreamcatcher

## Consent to Obtain/ Release Information

Campers Name: \_\_\_\_\_

Guardians Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Please circle one:    Returning Camper    New Camper

I, \_\_\_\_\_, authorize Camp Dreamcatcher to:

\_\_\_\_\_ receive information and/or \_\_\_\_\_ release information regarding only the following:

- |   |  |
|---|--|
| _____ Assessment                        | _____ Demographic Information          |
| _____ Diagnosis                         | _____ Medical Information              |
| _____ Psychosocial Evaluation           | _____ Educational/Academic Information |
| _____ Psychiatric Evaluation            | _____ Family Records                   |
| _____ Treatment Plan or Summary         | _____ Scheduling/Appointments          |
| _____ Progress Notes                    | _____ Discharge/Transfer Summary       |
| _____ Medication Management Information | _____ Other: _____                     |

**This information may be exchanged as indicated above with the following:**

\_\_\_\_\_ Name (agency, contact person)

\_\_\_\_\_ Address

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

\_\_\_\_\_ Fax Number

**Purpose:**

\_\_\_\_\_ To improve assessment & treatment planning, share info relevant to treatment, and coordinate treatment services when appropriate.

\_\_\_\_\_ To coordinate treatment with my family or concerned person or agency.

\_\_\_\_\_ To coordinate the best possible care for your child's emotional safety during their week at Camp Dreamcatcher

\_\_\_\_\_ Other: \_\_\_\_\_

I understand that by law, I do not need to consent to this release of information. I do so willingly and voluntarily for the purpose(s) specified above. The duration of this consent will be for one year. I understand that I may revoke this consent at any time, except to the extent that action has already been taken. I understand that I am entitled to a copy of this document. I certify that this document has been explained to me and that I understand its contents.

\_\_\_\_\_ Camper Name

\_\_\_\_\_ Date

\_\_\_\_\_ Guardian (please explain authority to sign)

\_\_\_\_\_ Date

**2019 Camp Dreamcatcher Physical Exam Form (2 pages)**  
**Leaders-in-Training**

*(This form must be completed by approved medical provider)*  
**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 X-ray \_\_\_\_\_  
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 \_\_\_\_\_

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- Sunday, August 18 to Saturday, August 24, 2019

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

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

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

Office Stamp:

\_\_\_\_\_