

2021 CAMP DREAMCATCHER LEADER-IN-TRAINING APPLICATION (LIT)

Dear Friend,

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

Enclosed you will find the 2021 LIT application. Camp will be held from **Sunday, August 22nd – Saturday, August 28th, 2021**. 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 & be 16-17 years of age.
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 the Physical Form & any additional forms that are sent to you prior to the camp session.

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.

We are excited about moving back to in-person camp programming this year, and we need your help to ensure the safety of the campers and volunteers. Included in this application is a NEW list of expectations for camp this summer. Please make sure that the application is completely filled out before returning it to us. 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, and the physical must be within the past six months. We suggest you call and make an appointment soon.

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**

If you have any questions or concerns, please call the camp office at (610) 925-2998 or email us at campdreamcatcher@kennett.net. We look forward to see you IN-PERSON, 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 6th, 2021

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. 2021 Camper Application **2 pages**
- _____ 3. 2021 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

****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!!!

2021 Camp Dreamcatcher Application for LIT

Parents/Guardians: please complete this page.

Child's Name: _____ Date of Birth: _____ Age at camp: _____

Preferred Gender: _____

Parent/Guardian Names: _____

Relationship to Child: _____

Are you the Legal Guardian of the Child? Yes _____ No _____

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 if applicable _____

**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 _____

Subscriber _____ Insurance Company Phone Number _____

Physician(s) _____ Phone# _____

Address _____

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

*****COVID-19 EXPECTATIONS FOR CAMP*****

Dear Parents and Caregivers;

We are delighted to be planning to have Camp Dreamcatcher in person from August 22-28th this year at Camp Saginaw! The owner of the camp and the Camp Dreamcatcher staff have been hard at work to be able to follow the recommendations made by the Center for Disease Control and the American Camping Association for camps to be safe places for all this coming summer. We will be screening campers prior to coming to camp and will take temperatures of all upon arrival at camp. Campers will stay together within a small group or pod during the week of camp in order to limit contact with multiple people. We will spend more time in outside activities and space campers out over more cabins to give all social distance. Counselors and other staff will be urged to get the COVID -19 vaccine if possible prior to the week of camp, although this will not be mandatory. We will limit outside volunteer groups from coming into camp during the week. Any camper or staff who develop a fever or other symptoms of COVID-19 will need to leave camp immediately.

For camp to remain COVID free, we will be asking you as parents or caregivers to take a few extra steps prior to your child being accepted for camp 2021. These requirements are listed below:

1. We are going to ask that your child not participate in any other camp 14 days prior to the start of camp (August 8th – 22nd).
2. We are requiring that the camper self-quarantine at home for 14 days prior to the start of camp (August 8th – 22nd). This also means that the child will not have traveled or left the state after August 8th.
3. We request that other adults within your household with medical or age-related risk factors seriously consider accepting the vaccine as soon as it is offered to you. Vaccination will not be available to campers under the age of 16 prior to camp but other family members will be protected.
4. We would like as many children to be dropped off at camp by a parent or guardian as possible to avoid having to bus high numbers of campers to camp.
5. We are requiring that you answer a COVID-19 screening questionnaire honestly prior to the week of camp in order to protect all persons.
6. You **MUST** be available by phone during the week of camp to be contacted if your child becomes ill. You **MUST** provide a back up emergency contact that agrees to be available during the week of camp.
7. We ask that you impress upon your child that all COVID-19 precautions must be followed at camp. By now we all know that hand washing, wearing a mask that covers your nose and mouth at all times, and remaining socially distanced are the ways to prevent the spread of COVID. Campers that fail to follow these recommendations will be asked to leave camp if they are unable to comply.

Requirements may change as conditions change and as we get closer to the week of camp but we wanted you to be aware of these new requirements. We are looking forward to seeing the campers in August!

Stay well,

Patty Hewson
Health Center Director

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

Has/does the camper:

Have HIV/AIDS: _____ 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 any of 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
_____ 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? _____

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: _____

Camp Dreamcatcher's Therapeutic and Educational Programs are facilitated by licensed and/or certified professionals. We offer a variety of therapeutic sessions during the camp week. These include music and/or art therapy, psychotherapy, mindfulness therapy, yoga, massage, etc. Our goal is to provide a safe and supportive experience for your child(ren). Please provide any information that may help us to understand your child - especially any loss, trauma, family changes, change in routine, stressors, etc.

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

Will this child have any siblings at camp? _____

What are the child's talents: _____

2021 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 experienced any emotional or physical trauma? Yes ___ No ___ If yes, please explain: _____

Have you been expelled from school? _____

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

How can we best support you at camp when you are experiencing challenging feelings or stressors? (talk to you, give you some space?):

Do you have friends attending the camp session this year? Yes ___ No ___

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:

Have you been in the foster care system? Yes ___ No ___
If so, how long were you, or have you been, in foster care:

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.

Where do you receive medical treatment? _____

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 _____

Please let us know in the space below what can trigger your behaviors or feelings (feeling tired, hungry, etc.) and also how we can help you when you are experiencing this:

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, 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 and/or television stations.** 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:

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 22nd – 28th, 2021.

Consent: I agree that my child, _____, may participate in Camp Dreamcatcher activities at Camp Dreamcatcher Summer 2020 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 23^d – 29th, 2020. 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 22nd – 28th, 2021:

- 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, threatening, 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, vaping
- 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:

1st 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.

2nd 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.

3rd 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.

4th 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

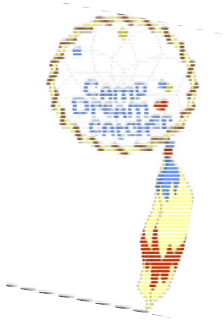
I attest the information given in the application packet is accurate and true. I understand that if I have falsified any information, the referring child will not be considered for Camp Dreamcatcher. If I received assistance in completing my child's application I had the person sign this agreement in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

Signature

Date

Person assisting the applicant

Date



Camp Dreamcatcher

Consent to Obtain/ Release Information

Camper's Name: _____

Guardian's 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

2021 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? Date, or approximate date, of diagnosis:

- Hepatitis A _____ Date _____
- Hepatitis B _____ Date _____
- Hepatitis C _____ Date _____
- HIV/AIDS _____ 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 22nd – Saturday, August 28th, 2021

Examiner's Signature _____ Date _____

Signature of person completing this form _____ Date _____

Office Phone _____ Address _____

Office Stamp:
