



2020 Camper Application Camp Spirit Song

Camp Spirit Song

A ministry of the Claggett Center, SpiritWorks Foundation for the Soul, and the Opioid Response Task Force of Province III of the Episcopal Church.

At all Claggett camps, young people are invited into an experience of Christian community. We seek to offer campers:

- ☆ love and acceptance
- ☆ time away from the routines of everyday life
- ☆ opportunity to enjoy the beauty of God's creation
- ☆ chances to embrace their creativity
- ☆ new supportive friendships
- ☆ the opportunity to develop life skills
- ☆ the experience of sharing the love of God for all people in community.

Camp SpiritSong provides a camp experience especially for children who are affected by the opioid addiction of a parent or close loved one. Campers enjoy all of the traditional fun and rest at summer camp: ropes course, canoeing, hiking, games, crafts, camping out, and worship--alongside Small Group sessions facilitated by recovery professionals.

Small Groups use the "Supportive Education for Children of Addicted Parents" curriculum from the US Department of Health and Human Services, which teaches children about the biological, psychological, and sociological aspects of addiction and provides a safe format for them to process their own experiences.

Attached, you will find the required paperwork for camp participants. Please return it by mail or email to:

Rita Yoe
Bishop Claggett Center
3035 Buckeystown Pike
Adamstown, MD 21710
ryoe@claggettcenter.org

Online registration is also available at www.claggettcenter.org/youth-programs. Please contact Rita Yoe to request additional paper registration forms.

Please note that no applications will be accepted without proper immunization records. Please print neatly on all forms.



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Camper's full name: _____ Gender: _____ Birth date: _____

Age as of August 2020: _____ Grade Completed 2020: _____ T-Shirt Size: _____

Parent or Guardian's name/s: _____

Home Address: _____
Street City State Zip

Primary phone: _____ Secondary Phone: _____

Email address: _____

Please provide additional emergency contacts:

Name: _____ ***Relationship:*** _____

Phone: _____

Name: _____ ***Relationship:*** _____

Phone: _____

How did you hear about this program? (Circle one)

Advertisement Church Facebook Returning Camper Website Word of Mouth Other

If through church, please provide church name and location: _____

I certify that answers given here are correct to the best of my knowledge. I authorize investigation into any information contained in this application. You have my permission to talk with the applicant's school social worker, psychologist and/or teacher(s) for academic and behavioral background information. I agree to hold harmless the Diocese of Maryland and the Bishop Claggett Center, its officers, employees, and volunteers from any liability relating to any investigation they undertake in good faith regarding the information in this application, or any action taken as a result of that investigation.

Parent/Legal Guardian Signature: _____ Date: _____



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Health Information:

Name of personal healthcare provider: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

Name of primary insured: _____ Plan #: _____

Health History List any physical, psychological, or behavioral conditions that may limit or affect participation in any camp activity. Use additional paper if necessary:

Allergies? None ____

List:

Reaction:

	List:	Reaction:
Medications		
Food		
Insects		
Bee Stings		
Plants		
Animals		
Other		

Health History Information: Circle Y or N

Asthma	Y	N	Diabetes	Y	N	High Blood Pressure	Y	N
ADD/ADHD	Y	N	Digestion	Y	N	Kidney Disease	Y	N
Cancer/Leukemia	Y	N	Heart Trouble	Y	N	Lungs	Y	N
Convulsions/Seizures	Y	N	Hemophilia	Y	N	Mental Illness	Y	N
Eyes/Ears/Nose/Throat	Y	N		Y	N	Daily Prescriptions	Y	N

Please give details for any YES answers:



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General Health Information:

	Yes	No
Does camper take any prescription medications? (Required: MAA Form DHMH-4758, attached)		
Does camper have a history of seizures?		
Does camper have any special medical equipment (braces, glasses, etc)?		
Is camper prone to bed wetting?		
Is camper prone to homesickness?		
Do you have a tetanus shot? DATE:		

Please give details for any YES answers:

Is camper prone to any of the following? Check all that apply

Headaches	Sore Throats	Sunburn	Poison Ivy	Colds/Fever
Stomach Aches	Sprains	Nightmares	Swimmer's Ear	Menstrual Cramps

Please give details for any YES answers:

Check which of the following Lotions and/or Ointments may be administered by the nurse:

Aloe Vera (after sun)	Burn Cream	Hydrocortisone Cream
Ammonia Inhalant (smelling salts)	Calamine Lotion (itch/rash)	Hydrogen Peroxide
Anti-itch cream (topical)	Ear Drops (swimmer's ear)	Isopropyl Alcohol
Anti-fungal cream	Eye wash	Poison Oak/Ivy itch relief
Antiseptic Skin Cleaner	First aid cream/spray	Triple Antibiotic ointment

Check which over-the-counter medications may be administered by the nurse:

Acetaminophen for pain relief	Diphenhydramine(allergies)	Heartburn tablets	Antacid
Ibuprofen for pain relief	Loratadine (allergies)	Milk of Magnesia	Throat Lozenges/Spray

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission for Claggett Center, the Center's designee, or the Episcopal Diocese of Maryland to secure proper treatment for the person named on this form, including hospitalization, surgery, anesthesia, or the administration of any medication oral or injected. I agree to be responsible for all costs associated with such treatment.

Parent/Guardian Signature: _____

Date: _____



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MEDICATION CHART:

All medications must be checked in with the health care provider at registration. All medications must be in their ORIGINAL containers with the camper's name and the dosage clearly visible. Medications must be given as per the directions on the prescription container.

EACH Medication (Over-The-Counter and Prescription) listed below MUST be accompanied by DHMH-4758 (included in packet), and MUST be signed by a doctor.

Medication	Dosage and Time to Be Given						
	Pre-Breakfast	Breakfast	Lunch	Dinner	Night	Other	As Needed
1.							
2.							
3.							
4.							
5.							
6.							
Other Instructions:							



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Camper Name: _____

IMMUNIZATION RECORD:

No applications will be accepted without proper immunization documentation.

Please complete to indicate that the camper meets immunization requirements of Maryland:

For campers who reside within the United States, a U.S. Territory, or the District of Columbia:
Which state/territory:

Maryland

Other: _____

List any Immunizations from which the camper is exempt. If camper is fully immunized indicate N/A.

For campers who reside outside the United States, U.S. territory, or District of Columbia submit record of vaccination or immunity form [DHMH-896](#).

Parent/Guardian signature: _____

Date: _____



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Camper Name: _____

Community Living Covenant

Claggett youth programs are a place where participants and staff can live out their faith in ways that are fun and exciting. The formation of an intentional Christian community gives everyone an opportunity to come away from the world to experience God's love in a different way. Participation in this type of community is a privilege requiring some sacrifice as we strive to have our actions reflect the model set forth by Jesus.

Summer camps at Claggett Center and youth activities are subject to the Code of Maryland Regulations governing youth camps. As we work to build community and comply with the State, each participant is asked to pledge his or her commitment to live by certain community standards. ***Cooperation and respect are the starting points for behavior that builds community.***

I will demonstrate *respect for myself* by

- *Refraining from the use of drugs, alcohol, and tobacco.
- Abiding by all safety procedures.
- Having a willing attitude toward participation in camp activities

I will demonstrate *respect for others* by

- Building others up with positive comments and encouragement.
- Focusing on people rather than things. **I therefore agree to leave items such as electronic games, cell phones, and other handheld devices at home.**
- *Leaving weapons at home (including pocket, pen, and hunting knives).
- *Abstaining from sexual contact with others.
- Working to ensure the safety and health of others.
- By abiding by the rules and times set for lights out and quiet times.

I will demonstrate *respect for authority and Claggett property* by

- Cooperating with the staff
- Agreeing that the Programs Coordinator, the Executive Director of Claggett, or their designee may search my belongings at any time.
- Abiding by the rules for use of buildings and equipment.

I understand that the Programs Coordinator has the right to send me home at the expense of my parent or guardian if my conduct is disruptive and harmful to the community. **Violation of any item marked with an asterisk (*) will mean immediate dismissal from camp.**

This covenant must be signed by the participant and parent or guardian. Parent or guardian, please be certain that you have reviewed the agreement with your youth. Your signature indicates a willingness to abide by the standards listed in this pledge and in the general policies.

Camper Signature Date

Parent/Guardian Signature Date



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Camper Name: _____

Activity Release Statement

During the course of our programs, participants will have the opportunity to participate in various activities that involve unusual risks. For example; participants may participate in a high and/or low ropes course activity with potential for slips and falls which could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more life threatening injuries. Participants may also participate in canoe and kayak trips, hikes, bike trips, outdoor games, and various other physical activities that present an unusually high risk for injury.

1. I understand that sometimes participants will be transported by Claggett vans or other vehicles to activities *off* campus by certified drivers according to the Claggett safety policies. I authorize participation in these activities.
2. I acknowledge that myself/my child's participation in activities while at Claggett entails known and unanticipated risks, which could result in physical or emotional injury. While particular rules, equipment, and personal discipline may reduce the risk, the possibility of serious injury does exist. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activities.
3. On behalf of myself/my minor child, I expressly agree and promise to accept and assume all of the risks existing in these activities. I recognize that my/my child's participation in these activities is purely voluntary and I authorize his or her participation in spite of the risks.
4. I certify that I have adequate insurance to cover treatment of any injury suffered by me/my minor child while participating in adventure activities or else I agree to bear the costs of such injury myself.

By signing below, I hereby voluntarily release the Claggett Center, its agent lessees, owners, officer volunteers, participants, employees and other persons or entities acting in any capacity on its behalf from any and all claims, demands, or causes of action that are in any way connected with my/my minor child's participation in adventure activities.*

By signing below I acknowledge that I have read and understand the above*

_____	_____
Camper Signature	Date
_____	_____
Parent/Guardian Signature	Date

Photo Release: Please read and check your response.

I consent for Claggett, Spirit Works, and Province III of the Episcopal Church to post pictures of me or my child on its website, Facebook, Social Media platforms, et cetera; and print materials; to market, promote and/or advertise camps or other Claggett Center programs. *All campers whose paperwork indicate "no photos" will be asked not to participate in group photos.*

Yes, I agree to the photo policy._____

No, please do not take or use any photos of my child._____

MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

Maryland Department of Health (MDH)
Office of Healthy Homes and Communities
(410) 767-8417 or 1-877-463-3464 ext. 78417
Draft Revision Date: 4/4/2018

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Non prescription medication includes vitamins, homeopathic, and herbal medicines.
- An adult must bring the medication to the camp and give the medication to an adult staff member.

Section I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME (First Middle Last)	2. DATE OF BIRTH (mm/dd/yyyy) ____/____/____
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3. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 7b below unless more restrictive dates are specified in 3a and 3b. This authorization is NOT TO EXCEED 1 YEAR.	3a. FROM (mm/dd/yyyy) ____/____/____	3b. TO (mm/dd/yyyy) ____/____/____
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Medication Name	Condition Being Treated/PRN Parameters	Dose	Route	Frequency	OK to Self-Administer	OK to Self-Carry (Emerg Meds Only)
1					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						
2					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						
3					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						

4. PRESCRIBER'S NAME/TITLE	This space may be used for the Prescriber's Address Stamp
TELEPHONE FAX	
ADDRESS	
CITY STATE ZIP CODE	

5a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) <i>(original signature or signature stamp only)</i>	5b. DATE (mm/dd/yyyy)
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Section II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to administer the medication or to supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA

6a. PARENT/GUARDIAN SIGNATURE	6b. DATE (mm/dd/yyyy)	6c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION
6d. HOME PHONE #	6e. CELL PHONE #	6f. WORK PHONE #

Section III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)

THIS SECTION SHOULD ONLY BE COMPLETED IF ANY MEDICATIONS IN THE ASTHMA ACTION PLAN ABOVE ARE APPROVED FOR SELF-ADMINISTRATION. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I authorize self-administration of all of the medications listed in *Section I* above that are checked as "OK to self-administer" or "OK to self-administer and self-carry" for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated in *Section I*, the child named above may self-carry emergency medications checked as "OK to self-administer and self-carry."

7a. PRESCRIBER'S SIGNATURE <small>FOR SELF-ADMINISTRATION/SELF-CARRY</small>	7b. DATE	8a. PARENT/GUARDIAN'S SIGNATURE <small>FOR SELF-ADMINISTRATION/SELF-CARRY</small>	8b. DATE
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