

# CAMP HOPE 2021 CAMPER CHECKLIST

## ONLINE CAMPER REGISTRATION

- 📁 Complete and submit camper registration at [CampHopeRegistration.com](http://CampHopeRegistration.com)
  - Registration opens the week of June 1st and closes July 10th

## CAMPER MEDICAL FORMS

- 📁 Complete and submit camper medical forms for each individual camper
- 📁 Attach photocopy of insurance card with forms (front and back)
- 📁 Physician signature on camp medical form
- 📁 Signed medication permission form (if needed)
  - We are no longer accepting physical forms in place of Camp Hope medical forms
  - Medical forms MUST be received by July 10th, 2021
  - Upload forms using link from registration confirmation or camp website

## SIGN AND RETURN AGREEMENTS/LIABILITY FORM

- 📁 Review, sign and return the Camp Hope agreements/liability release form

## SIGN AND RETURN COVID POLICY (TO BE RELEASED SOON)

- 📁 Review, sign and return the Camp Hope COVID Policy

## T-SHIRT ORDER PLACED (IF NEEDED)

- 📁 Visit [CampHopeRegistration.com](http://CampHopeRegistration.com) for t-shirt ordering information. Follow the instructions on the t-shirt page
  - Ordering window is June 1st through July 10th
  - Shirts will be mailed direct to homes end of July

## REVIEW PACKING LIST

- 📁 Review Camp Hope packing list and acquire any needed items

## KEY INFORMATION DOCUMENT

- 📁 Review Key Information document noting camper drop offs / pickups and other notable items

Paperwork submitted online by July 10th at the website below

[www.CampHopeRegistration.com](http://www.CampHopeRegistration.com)



# CAMP HOPE KEY INFORMATION

## 1. DATES

- Volunteers arrive Saturday, August 7th and Camp Hope officially runs Sunday, August 8th to Saturday August 14th.

## 2. CAMPER ARRIVAL

- Campers arrival procedures are being reviewed in relation to COVID safety and summer camp recommendations. Details TBD but expect Sunday afternoon after 1pm.

## 3. VOLUNTEER ARRIVAL

- Volunteers must arrive by 12pm on Saturday, Aug 7th for camp setup as well as final orientation & training. NOTE: No campers are allowed on Saturday, Aug 7th.

## 4. CAMPER PICKUP

- Camper pickup will take place on Saturday, August 14th around noon (not before please). Stay tuned for exact details.

## 5. CAMP T-SHIRTS

- All campers and staff are required to wear Camp t-shirts everyday at camp. Shirts are available for purchase on the Camp Hope website. Please visit the website for information as to how to order shirts and corresponding deadlines to placing orders.

## 6. REQUIRED MEDICAL FORMS

### FOR ALL CAMPERS AND VOLUNTEERS UNDER 18

- Each camper & high school volunteer under 18 is required to submit a physician signed camp medical form. **PHYSICAL FORMS ARE NO LONGER ACCEPTED**
- Once completed with appropriate signatures (parent/doctor), all forms must be digitally uploaded on the camp website (scan or photograph - follow link sent to you). Your child's place at camp is not secured until all documents & payments have been received.

### ALL ADULT STAFF 18 and OLDER

- All adult staff 18 and older must submit a completed medical form & medication use form (if needed) but do not need a doctor's signature.

## 7. CLOSING CELEBRATION

- On Sunday, August 15th, 2:30pm-4:30pm there is a closing Camp Hope celebration hosted at Koinonia Academy in Plainfield, NJ for campers and their families. The celebration includes the debut of the Camp Hope 2021 highlight reel, praise & worship, camp overview, camper sharings, refreshments, and family fellowship.



# CAMP HOPE CAMPER/UNDER 18 MEDICAL FORM / PERMISSION TO TREAT

## I. Camper Information

Camper Legal last and first name \_\_\_\_\_ SSN \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Please Check Male \_\_\_ Female \_\_\_ Grade finished as of June this year \_\_\_\_\_

Home Address: Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent(s)/Guardian Name \_\_\_\_\_

1. Parent Cell/work phone \_\_\_\_\_

2. Parent Cell/Work phone \_\_\_\_\_

Address if different from above \_\_\_\_\_

## II. Emergency Contacts in Event Parent Unavailable (2 contacts mandatory)

1. Name/Relationship to Camper \_\_\_\_\_

Home/Cell/work numbers \_\_\_\_\_

2. Name/Relationship to Camper \_\_\_\_\_

Home/Cell/work numbers \_\_\_\_\_

## III. Insurance Information

Medical Insurance Company \_\_\_\_\_ Subscriber \_\_\_\_\_

ID Number \_\_\_\_\_ \*MANDATORY - Attach a copy of both sides of card

PHYSICIAN NAME \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Additional Physician Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ALLERGY INFORMATION: List any allergies to foods, meds, animals, insects, plants or other

\_\_\_\_\_  
\_\_\_\_\_

***For severe Allergies, Asthma, Diabetes or any health issue requiring a nurse's care, you MUST provide a mandatory doctor prescribed protocol AND signature***

## IV. Offsite Medical Permission

I (give /do not give) permission for my son/daughter, \_\_\_\_\_, to leave Camp Hope with Camp Hope Staff Members should the opportunity for an offsite trip be made available.

I give permission for my child to receive over the counter cold/cough medication and pain relievers if needed, to be given by a Camp Hope Staff member while off site. Yes \_\_\_ No \_\_\_

I give the Camp Hope Staff member permission to allow my child to receive emergency medical care if needed. This includes but is not limited to COVID testing if deemed appropriate. Yes \_\_\_ No \_\_\_

## V. Medical Information

### A. History: (Check if Yes)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Allergies              | <input type="checkbox"/> Menstrual problem       | <input type="checkbox"/> Bedwetting      |
| <input type="checkbox"/> Sleepwalking           | <input type="checkbox"/> Glasses                 | <input type="checkbox"/> Diabetes        |
| <input type="checkbox"/> Stomach/Bowel problem  | <input type="checkbox"/> Contacts                | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Speech problem         | <input type="checkbox"/> Vision problem          | <input type="checkbox"/> Fainting        |
| <input type="checkbox"/> Lung disease/condition | <input type="checkbox"/> Kidney/Bladder problems | <input type="checkbox"/> Heart Disease   |
| <input type="checkbox"/> Hearing Difficulty     | <input type="checkbox"/> Orthopedic problems     | <input type="checkbox"/> Hypertension    |
| <input type="checkbox"/> Nasal/Sinus problem    | <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Head Injury     |

\*IF YOU CHECK YES FOR ANY ABOVE ITEMS PLEASE PROVIDE A WRITTEN EXPLANATION IN FULL

Social/psychological (ADD, learning disability, anxiety, depression, etc.)

EXPLAIN: \_\_\_\_\_

Behavioral Issue

EXPLAIN: \_\_\_\_\_

Surgical /serious illness /or injury within the last year

EXPLAIN: \_\_\_\_\_

Physical Limitation or Other

EXPLAIN: \_\_\_\_\_

• Can your child participate in all activities: YES  NO  IF NO EXPLAIN: \_\_\_\_\_

• Please list and explain any general health issue(s) that require ongoing care/nurse's care  
\_\_\_\_\_

• Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_ (mandatory)

• Dietary restrictions or concerns (please be specific with severe allergies and dietary needs)  
\_\_\_\_\_

List any medications regularly used:  
\_\_\_\_\_

**B. I CERTIFY MY CHILD IS UP TO DATE WITH SCHOOL IMMUNIZATIONS YES  NO**

• If you selected no, please explain: \_\_\_\_\_

• Foreign campers/staff must submit full immunization record and current TB test results)

• Have your child received a COVID19 Vaccination? YES  NO  If YES, date of final shot \_\_\_\_\_

**C. A Physician's Signature of Authorization that this child is in good health to attend camp is required**

**PHYSICIAN SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

AUTHORIZATION: (Parents read all information and sign) I, the parent, have fully, accurately, and to the best of my knowledge completed this history. I understand this information will be shared only on a medical/camp need-to-know basis. I understand a sick/contagious child may not come to camp. I authorize the Camp Nurses to administer medications and treatments if needed by my child, according to Camp Hope Standing Orders or a local Camp Doctor. I hold the Camp Staff harmless in connection with the administration of medications and treatments. In the event of an emergency, I hereby give permission to the Camp Staff to secure treatments and emergency care for my child. I understand I am financially responsible for any/all medical bills/copays incurred, including payments incurred not covered by my insurance. I have attached a copy, front and back, of my child's insurance card.

**Printed Name of Parent/Guardian/Individual (over 18)**  
\_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

# CAMP HOPE MEDICATION USE & PERMISSION FORM

PLEASE FILL OUT ONE FORM PER INDIVIDUAL ATTENDING CAMP HOPE

**FOR CAMPERS / COUNSELORS under 18** – This Form must be completed by a Parent and Doctor for any camper/counselor taking any medications of any kind - (prescriptions, over-the-counter, vitamins, herbals). Individuals under 18 years of age taking routine medications MUST have a signed permission for administration from both the physician and the parent.

**FOR COUNSELORS / STAFF 18+** – This Form must be completed by any individual (18+) taking any medications of any kind. (prescriptions, over-the-counter, vitamins, herbals)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ DATE \_\_\_\_\_

Medications for any individual will be administered by nurses at Camp Hope.

- If a child must carry an emergency medication such as an inhaler or Epi-pen, the doctor must provide specific permission/instructions for carrying and self-administering medication at camp.
- All meds and permission forms will be handed to nurse upon arrival at Camp Hope. Please plan to review administration with nurse and your child.
- Prescription drugs must be in original bottle, with date for this year and labeled for the specific child. Label every prescription box/non-prescription container/equipment with child's name.
- Package all medications for each child in a large Ziploc bag and label with child's name.

MEDICATION	DOSE	FREQUENCY	REASON FOR MEDICATION

*I hereby authorize this individual / child to receive the above medications while at Camp Hope.*

Individual (if 18+) Name: \_\_\_\_\_ Individual Signature: \_\_\_\_\_

*Parent and Doctor sign below for any camper / counselor under 18.*

Parent/Guardian Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

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