

# Health Camp 2019

At Camp Alamisco

Teen Camp: May 26- 31, 2019

Health Camp: June 23- 28, 2019

Registration Date: April 1 -30, 2019

**NO** applications submitted **after** close of business  
(5 pm CST) April 30, 2019 will be accepted.

## Eligibility:

Teen Camp age: 13- 16

Health Camp age: 7- 12

Tribal Member, 1<sup>st</sup> Generation, 2<sup>nd</sup> Generation, Child of  
Tribal Government Employee, Tribal Household

**\*\*** Failure to attend camp, or leave camp early for any  
reason (excluding medical problem) will result in  
program being reimbursed by parent/guardian and that  
camp participant will not be allowed to attend camp the  
following year. **\*\*\***

All applications must be submitted to the Health  
Department or by email to [kthomas@pci-nsn.gov](mailto:kthomas@pci-nsn.gov)

Kay Thomas 251-368-9136 ext. 2328

Health Camp (7-12) \_\_\_\_\_ JUNE 23-28

Teen Camp (13-16) \_\_\_\_\_ MAY 26-31



## 2019 HEALTH CAMP APPLICATION

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

NICKNAME: \_\_\_\_\_ GENDER: MALE: \_\_\_\_ FEMALE: \_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY : \_\_\_\_\_ STATE : \_\_\_\_\_ ZIPCODE : \_\_\_\_\_ COUNTY : \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX : \_\_\_\_\_ EMAIL : \_\_\_\_\_

MOTHER/GUARDIAN: \_\_\_\_\_ FATHER/GUARDIAN : \_\_\_\_\_

**IS THERE A PARENT WHO DOES NOT HAVE THE AUTHORITY TO PICK UP YOUR CHILD? YES \_\_\_\_\_ NO \_\_\_\_\_**

Please list parent(s)/person(s) NOT AUTHORIZED to pick-up : \_\_\_\_\_

\*If yes, we need a copy of the court order to prevent biological parent from picking up the child.

### School information:

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

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### MEMBER VERIFICATION:

**Check one: (Verification will be required).**

TRIBAL MEMBER: \_\_\_\_\_ ROLL #: \_\_\_\_\_

1<sup>ST</sup> GENERATION DESCENDANT: \_\_\_\_\_ TRIBAL PARENT NAME & ROLL #: \_\_\_\_\_

2<sup>ND</sup> GENERATION DESCENDANT: \_\_\_\_\_ TRIBAL GRANDPARENT NAME & ROLL # : \_\_\_\_\_

NAME OF 1<sup>ST</sup> GENERATION PARENT: \_\_\_\_\_

CHILD OF ADMINISTRATIVE EMPLOYEE: \_\_\_\_\_

MEMBER OF ANOTHER TRIBE: \_\_\_\_\_ NAME OF TRIBE: \_\_\_\_\_

TRIBAL MEMBER HOUSEHOLD: \_\_\_\_\_ TRIBAL MEMBER AND ROLL #: \_\_\_\_\_

## CONSENT FOR EMERGENCY MEDICAL TREATMENT OF A MINOR

*This consent grants temporary authority to the Designated Adult listed below to provide and arrange for medical care for my minor child in the event of an emergency, where the minor is not accompanied by either parents or legal guardians.*

### Minor

Full Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

### Information for Medical Treatment

Name of Pediatrician or Family Physician and Local Practice: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Medical Insurer/Health Plan: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

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

Please note all conditions for which the child is currently receiving treatment:

\_\_\_\_\_

Note any other significant medical information: \_\_\_\_\_

\_\_\_\_\_

### AUTHORIZATION AND CONSENT OF PARENT OR LEGAL GUARDIAN

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for \_\_\_\_\_ (hereinafter "**Designated Adult**") to administer general first aid treatment for any minor injuries or illness experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the **Designated Adult** in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: \_\_\_\_\_. Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Parent/Legal Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# HEALTH CAMP MEDICATION AUTHORIZATION FORM

## TO BE COMPLETED BY PARENT

CHILDS NAME: \_\_\_\_\_ TODAYS DATE: \_\_\_\_\_  
CHILDS DATE OF BIRTH: \_\_\_\_\_

### To administer a prescription medication:

- ❖ The medication must be in its original container, with a legible label from the pharmacy indicating the child's name, the name of the medication, date filled,, name of physician, dosage and time of administration and any special instructions for administration of the medication.
- ❖ Samples must be accompanied by doctor's written prescription.
- ❖ Medications are to be given only to the child indicated on the label (siblings cannot share).
- ❖ A separate authorization is required for each medication and for each episode of illness.

**\*\*\*\*PLEASE LIST ALL MEDICATIONS ON THE NEXT PAGE\*\*\*\***

MEDICATION: \_\_\_\_\_ REASON FOR MEDICATION: \_\_\_\_\_

START DATE: \_\_\_\_\_ EBD DATE: \_\_\_\_\_

DOSAGE: \_\_\_\_\_ TIMES TO BE GIVEN: \_\_\_\_\_ AM \_\_\_\_\_ PM

ROUTE: BY MOUTH SKIN (LOCATION): \_\_\_\_\_ EYE ( R / L ) EAR ( R / L )

POSSIBLE SIDE EFFECTS: \_\_\_\_\_

SPECIAL HANDLING AND STORAGE INSTRUCTIONS: \_\_\_\_\_ REFRIDGERATION: YES NO

**PARENT/GUARDIAN SIGNATURE (REQUIRED):** \_\_\_\_\_

TELEPHONE NUMBER(S) FOR PARENT/GUARDIAN: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP TO THE CHILD: \_\_\_\_\_

### NON PRESCRIPTION (OVER-THE-COUNTER MEDICATION):

- ❖ Only the over-the-counter medication indicated below will be provided to the child while at Health Camp
- ❖ Dosage will be given as recommended on the medication unless a lesser amount is specified by parent/guardian
- ❖ No dosage that exceeds the recommended amount will be given to the child while at Health Camp

TYLENOL \_\_\_\_\_ DOSAGE

CHILDREN'S TYLENOL \_\_\_\_\_ DOSAGE

MOTRIN \_\_\_\_\_ DOSAGE

CHILDREN'S MOTRIN \_\_\_\_\_ DOSAGE

BENADRYL \_\_\_\_\_ DOSAGE

CHILDREN'S BENADRYL \_\_\_\_\_ DOSAGE

CALAMINE \_\_\_\_\_ DOSAGE

PEPTO BISMOL \_\_\_\_\_ DOSAGE

VISINE \_\_\_\_\_ DOSAGE

NEOSPORIN \_\_\_\_\_ DOSAGE

SWIMMER'S EAR \_\_\_\_\_ DOSAGE

SUNSCREEN \_\_\_\_\_ DOSAGE

### **OFFICIAL USE ONLY:**

Unused medication: Returned to parent/guardian Y N Date: \_\_\_\_\_ OR

Discarded appropriately Y N Date: \_\_\_\_\_

Method: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_





**Poarch Band of Creek Indians  
Health Camp Permission Slip 2019**

I give my permission to the Buford L. Rolin Health Clinic of the Poarch Band of Creek Indians and tribal staff to transport my child to and from Camp Alimisco for Health Camp.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER AND RELEASE**

I do for myself and my heirs, legal representatives, successors and assigns hereby, waive, release, discharge, and covenant not to sue the Poarch Band of Creek Indians; and each of their respective directors, employees, agents, servants, officers, affiliates, parents, subsidiaries, successors, predecessors, and assigns from any and all costs, liabilities, expenses, claims, demands, damages, actions, causes of action, or suits of whatsoever kind or nature arising from, relation to, or in connection with my participation in any recreation programs, events, or activities sponsored by the Poarch Band of Creek Indians or the Buford L. Rolin Health Clinic of the Poarch Band of Creek Indians or conducted upon property owned by the Poarch Band of Creek Indians or managed by the Buford L. Rolin Health Clinic of the Poarch Band of Creek Indians. Claimant understands that this is full, complete and final waiver and release of liability is intended to be as broad and as inclusive as permitted by the laws of the Poarch Band of Creek Indians and if any portion is held invalid, it is agreed that the balance shall continue in full force and effect. If you have any questions please contact **Kay Thomas at (251) 368-9136 ext. #2328**

## Policy and Procedure

### Health Camp

Department: Poarch Creek Health & Elder Services: Community Health & Education Department

Effective Date: February 1, 2019

Review Date: Annually

Policy Title: Health Camp

Purpose: To provide a variety of health education topics while engaging all participants in daily physical activities.

Policy: To provide health education lessons deemed relevant by the Health Educator. Health education lessons may be taught by the health educator, nutritionist, diabetes educator, dental hygienist or another representative of the health department staff or staff member from another department.

Procedure: Eligibility requirements to attend health camp: 7 years of age – 16 years of age, Tribal member, 1<sup>st</sup> Generation member, 2<sup>nd</sup> generation member, Tribal member household or child of Tribal Government employee.

All camp participants must complete a camp registration form and submit by the deadline set by the Health Department. No late registration will be accepted.

No electronics will be allowed. This includes: iPod, iPad, cell phones, head phones, etc. If any item is found at camp, items will be taken and placed in chaperone's room. Items will be returned on the last day of camp.

No outside snacks. Camp participants may purchase snack items from the camp store when allowed.

All medication must be clearly marked with dosing directions. Please **DO NOT** send medication that doesn't belong to camp participant. The Health Department will have a supply of Tylenol, Motrin and Benadryl if it should be needed. **All** medication will be in the possession of a Health Department staff member.

All camp participants must be checked for head lice prior to leaving for health camp. If a camper should have head lice or nits, it is the responsibility of the parent to treat the child, remove all nits and have the camper rechecked. If the child is found to have head lice or nits at camp, the parent will be notified and the parent must pick the child up from camp.

Health Camp chaperones will utilize staff of the Health department, PCI EMT's, Boys and Girls club and Education department.

The Health Department will provide a free meal while traveling to and from Health Camp.

Discipline issues: If a camp participant is consistently being unruly, the parent will be responsible to pick the camp participant up. Unruly behavior may be but not limited to: use of bad language, fighting, bullying, being disrespectful, destroying camp property, etc. See attached page for disciplinary procedure. All parents/guardians must sign a copy of the disciplinary action form acknowledging the consequences of unruly behavior.

\*\* Health Department staff will not be responsible for any lost items at Health Camp.

If a child completes all registration forms and does not attend without proper notification, he/she will not be allowed to register for camp the following year. If a camp participant leaves camp early for bad behavior or being home sick the parent /guardian will be charged a prorated fee for camp days missed.



## Poarch Creek Disciplinary Procedure

Camp participants not behaving will be disciplined as outlined below. After the 4th documented incident, the camp participant will be sent home.

**First offense:** Verbal Warning

**Second Offense:** Verbal Warning and camp participant will miss 1 activity period.

**Third Offense:** camp participant will miss 1 activity period and parent notified. Parent will be reminded if camper is disciplined again he/she will be sent home.

**Fourth Offense:** Camp participant will be sent home. Camp participant will miss all activities while waiting on parent/guardian.

*Anyone caught fighting, bullying or using improper language will be sent home immediately.*

***If a camp participant is sent home for bad behavior, he/she will not be allowed to attend camp the following year!***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Chaperone: \_\_\_\_\_

Please circle one:    1<sup>st</sup> offense    2<sup>nd</sup> offense    3<sup>rd</sup> offense    4<sup>th</sup> offense

Summary of Incident:

Poarch Creek Indian Health Department  
Health Camp

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Dr. Ted Woods, Chief Physician/Chief Medical Officer

Date

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Edie Baker, Director Health & Elder Services

Date



**POARCH BAND OF CREEK INDIANS  
PHOTOGRAPH/VIDEO CONSENT AND RELEASE**

The undersigned hereby acknowledges and agrees that the participation in this activity or event is fully voluntary and gives express consent to have his/her image, likeness and sound of his/her voice to be recorded (video, still photography, and/or audio) by the appointed staff and/or agent of the Poarch Band of Creek Indians ("Tribe") or its designated department and/or entity during the participation. The undersigned authorizes the Poarch Band of Creek Indians to use and reproduce, and to crop or alter at its discretion, photographs, audio and/or video of the undersigned in any publication, multimedia production, display, advertisement, commercial, world-wide web publication, or other form of media. The undersigned agrees that the Poarch Band of Creek Indians may use the undersigned's name, likeness, and/or biographical information supplied by the undersigned in connection with such use.

By signing this form the undersigned acknowledges that he/she has completely read and fully understands this release and agrees to be bound herein. The undersigned hereby releases any and all claims against the Tribe with regard to the Tribe's utilizing the photographs, audio and/or video recordings of the undersigned. The undersigned acknowledges and agrees that the use of these images and/or audio recordings in any publication by the Tribe confers no rights of ownership whatsoever, and agrees not to make any monetary or other claim against the Tribe for the use of the photograph(s), audio and/or video(s). The undersigned also waives any right to royalties or other compensation arising or related to the use of his/her image, audio and/or video recording.

The undersigned further releases and holds harmless the Tribe and its officers, employees and/or legal representatives from any and all liability for any claims by the undersigned or any third party arising out of, relating to, or in connection with this participation.

Accepted and Agreed:

Name \_\_\_\_\_  
(Print)

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(Signature of Guardian if under 19 years of age)

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_