

Spring 2009

Dear Parent/Guardian:

As you help your child prepare for the camp program, I would like to share some advice that can help you understand and enable that experience further. For many of these children, this is their first experience away from home in a camp setting. Many of these children will feel apprehensive about managing their diets. First and foremost, you must assure them that they need not question or fear any of the foods that will be served at camp. Great steps have been taken to assure the safety of all food served during the week. The kitchen will be closed to all other groups and will only be preparing gluten-free meals for the duration of the time Camp Celiac is on site. The children need to feel secure about their diets, the food they are consuming and meal preparation. Spend time together discussing how camp staff has been educated and researched all food for their consumption and put their minds to rest.

Your child might feel more value toward the camp experience if he/she participates in the preparation. An experienced camper can take more responsibility for these preparations and should be encouraged to do so. Plan ahead for special camp supplies or equipment for your child so that you are not caught in a last minute rush or financial bind. Such items make good gifts and help the child anticipate camp and feel your support for getting ready.

Your child's possessions are important. Help prevent them from being lost or left at camp by making a complete list of articles and taping it inside their suitcase. Mark all items with your child's name (first and last), using laundry markers. Try to make registration day and parting as smooth as possible. Parent's anxiety and worry may unnecessarily upset a child. Mail a card or letter to your camper as soon as you get home and be sure to deliver on all promised mail. Let all your letters be supportive of your child's experience, rather than mushy-missing you type. Campers will have time to write home so be sure to send stationary and postage. Pre-addressing the envelopes makes for easy letter writing for your child. Campers will not phone home. If a problem arises, a staff member will contact you. Please be sure to leave all telephone numbers where you can be reached on your health form, including beeper numbers, cellular phone numbers, hotel numbers, work numbers and of course, home numbers.

We thank you for sharing your family with us, and encourage you to call or write if you have any questions or concerns before, during or after your child's camp experience.

Sincerely,

Tanis E. Collard, Camp Director, Camp Celiac
President, Celiac Support Group for Children, Inc.

ADVENTURE PROGRAMMING

PARENT/GUARDIAN PERMISSION

While your child is at camp they will have the opportunity to take part in many activities including but not limited to: Low Ropes, Group Initiatives, Swimming (ability is checked), Boating, Canoeing, Hiking, and Fire Building.

Because of the risk inherent in High Ropes, Rock Climbing, Repelling activities this is to inform you that your child will have the option to participate in these activities this week.

Please sign below giving you permission for the child you brought to camp to participate in the above mentioned activity. Thank you.

Parent/Guardian Signature

Parent/Guardian Name Printed

Child's Name

Relationship to Child

Date

HORSE BACK RIDING

For campers ages 13-16

Travel by bus to Sunset Stables, Lincoln, Rhode Island. Enjoy an hour of horse back riding and a gluten-free picnic lunch Campers must pre-register with full payment of \$30.00 by July 1, 2009 in order to participate. Participation is not mandatory.

**Please return reservation slip and check made payable to:
CSGC, Inc., 11 Level Acres Road, Attleboro, MA 02703
by July 1, 2009 to reserve your spot.**

Please Print:

Camper Name: _____

Height: _____ Weight: _____

I, _____, (signature required)
give permission for my child, _____, to travel by bus to
Sunset Stables, Lincoln, Rhode Island and to horse back ride as part of the Camp Celiac
2009 program. I understand that there is some inherent risk involved in horse back riding
and will not hold Camp Celiac, Camp Aldersgate, or any staff member liable for any
injury that may occur to my child during this event.

CAMP CELIAC DISMISSAL FORM

For the safety of your child, Camp Celiac requires the following information. During dismissal of camp, the following person(s) have permission to pick up my child in the event that I am unable to do so. No one other than the person(s) listed below will be allowed to pick up my child at any time during camp or during camp dismissal on Friday. If I am unable to pick my child up, Camp Celiac will require a valid driver's license of the person picking my child up to verify their identity.

1. _____
(Printed Name)

(Address)

(Telephone Number)

2. _____
(Printed Name)

(Address)

(Telephone Number)

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Camper: _____ **Date:** _____

Waiver Form

The staff members of Camp Celiac make every effort to conduct safe programs, to orient and support children, and to inform families of inherent risks. Some activities may involve risks that children do not routinely encounter at home. Risk management is an essential element of all the activities that we offer. While we anticipate that these efforts will ensure the wellbeing of each child, we are also aware that it is neither possible to foresee every contingency nor to eliminate all risk.

I understand that Camp Celiac program activities may include, but are not limited to:

Horseback riding, low ropes, high ropes, adventure programming, swimming, canoeing, campfires, inflatable carnival equipment (moonwalk, maze, jousting, etc.), portable rock climbing, etc. The newsletter, camp brochure or information packet will inform you of special activities that may also include, but are not limited to, traveling in Camp Celiac's owned or leased vehicles, swimming, kayaking, canoeing, sailing and backpacking. Other risks may be inherent in program activities.

I acknowledge that such risks exist, and I hereby agree on behalf of my child to assume such risks. Further, on behalf of my child, I hereby release and forever discharge, and agree not to sue, and agree to indemnify and hold harmless, Camp Celiac and the Celiac Support Group for Children, Inc. and its respective members, officers, directors, employees and volunteers and each of them, from and against any and all liabilities and obligations of every kind and description, which I shall or may have against them or any

one or more of the arising out of, or in connection with, my child's participation in Camp Celiac's program and its activities, including, but not limited to, for an personal injury that my child may suffer while participating in Camp Celiac's program and activities.

I understand and agree on behalf of my child that my child shares the responsibility for safety during Camp Celiac's program activities, and I personally assume on behalf of my child that responsibility.

I understand and certify that my child's participation in Camp Celiac's program and its activities is completely voluntary, and that I have become familiar with the program activities in which my child may participate as described in any agreement, newsletter, camp brochure or information packet.

Parent/Legal Guardian's Signature	Printed Name	Date
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Camp Celiac Participant's Printed Name

Camp Celiac/Celiac Support Group For Children, Inc. Photograph Permission

I give permission for photographs or videos of my camper to be used in Camp Celiac/Camp Aldersgate promotional literature including, but not limited to video, calendars, slide shows or website.

Signature of Parent/Guardian Date

Camp Celiac Zero Tolerance Policy

For the safety of your child and all persons at camp, Camp Celiac cannot and will not tolerate any of behaviors listed below.

I understand and have advised my child (person for whom I am guardian or responsible) that the following will require him/her to leave camp prematurely. There will be no refunds.

1. Smoking, drinking, use or possession of illegal substances.
2. Climbing out of windows or leaving sleeping areas after lights out for other than lavatory.
3. Possession of any weapon or anything intended to be used as a weapon and/or all physical violence.
4. Bullying, harassing, or intimidating other campers and staff.

Signature of Parent/Guardian:

Date: _____

Signature of Camper:

Date: _____

HEALTH HISTORY AND EXAMINATION FORM FOR CHILDREN, YOUTHS AND ADULTS ATTENDING CAMP CELIAC

(Everyone must have had a complete physical examination within 12 months of entrance to camp.)

Mail this form to: Mrs. Tanis Collard, CSGC, Inc., 11 Level Acres Rd., Attleboro, MA 02703

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. This form, except for the "Health Recommendations of a Licensed Medical Personnel", to be filled in by parent/guardians of minors or by adults themselves.

Last Name: _____ First Name: _____ MI: _____

Birth Date: _____ / _____ / _____ Male: _____ Female: _____ Age at Camp: _____

Home Address: _____ City: _____ State: _____

Custodial Parent/Guardian: _____ Telephone: _____

Address (if different from above): _____

Work Telephone: _____

Second Parent/Guardian: _____ Telephone: _____

Address (if different from above): _____

Work Telephone: _____

IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? YES _____ NO _____

If so, indicate carrier or plan name: _____

Carrier Address: _____

Name of Insured: _____ Relationship to Participant: _____

Insurance ID Number: _____

IMPORTANT! THIS AREA MUST BE COMPLETE FOR ATTENDANCE PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, prescription and non-prescription medications, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian or adult staffer: _____ Date: _____

HEALTH HISTORY

THE FOLLOWING INFORMATION MUST BE FILLED IN BY THE PARENT/GUARDIAN/ADULT STAFFER. ANY CHANGES TO THIS FORM SHOULD BE PROVIDED TO CAMP HEALTH PERSONNEL UPON PARTICIPANT'S ARRIVAL IN CAMP. PROVIDE COMPLETE INFORMATION SO THAT THE CAMP CAN BE AWARE OF YOUR NEEDS.

Medication Allergies:

Describe Reaction & Treatment:

_____	_____
_____	_____
_____	_____
_____	_____

Food Allergies:

Other Allergies (Include insect stings, hay fever, asthma, animal dander, etc.):

MEDICATIONS BEING TAKEN

Please list ALL medications including over-the-counter or nonprescription drugs taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. Do not bring medication in daily pill containers. Non-prescription drugs must remain in the original container.

THIS PERSON TAKES NO MEDICATIONS ON A ROUTINE BASIS: _____

THIS PERSON TAKES MEDICATIONS AS FOLLOWS:

MED. #1 _____ DOSAGE _____ TIMES PER DAY _____
REASON FOR TAKING: _____

MED. #2 _____ DOSAGE _____ TIMES PER DAY _____
REASON FOR TAKING: _____

MED. #3 _____ DOSAGE _____ TIMES PER DAY _____
REASON FOR TAKING: _____

ASIDE FROM THE GLUTEN-FREE DIET, PLEASE LIST ANY OTHER SPECIAL DIETARY RESTRICTIONS: _____

EXPLAIN ANY RESTRICTION TO ACTIVITY (EG. WHAT CANNOT BE DONE, LIMITATIONS):

GENERAL QUESTIONS (EXPLAIN YES ON LINE PROVIDED)

HAS/DOES THE PARTICIPANT :

YES OR NO

- 1 Had any recent injury, illness or infectious disease or trauma during the past year? _____
- 2 Have a chronic or recurring illness/condition? _____
- 3 Ever been hospitalized? _____
- 4 Have frequent headaches? _____
- 5 Ever had surgery? _____
- 6 Ever had a head injury? _____
- 7 Wear glasses, contacts or protective eyewear? _____
- 8 Ever been knocked unconscious? _____
- 9 Ever had frequent ear infections? _____
- 10 Ever passed out during or after exercise? _____
- 11 Ever been dizzy during or after exercise? _____
- 12 Ever had seizures? _____
- 13 Ever had chest pain during or after exercise? _____
- 14 Ever had high blood pressure? _____
- 15 Ever been diagnosed with a heart murmur? _____
- 16 Ever had back problems? _____
- 17 Ever had problems with joints (eg. , knees, ankles)? _____
- 18 Have an orthodontic appliance being brought to camp? _____
- 19 Have any skin problems (eg., itching, rash, acne)? _____
- 20 Have diabetes? _____
- 21 Have asthma? _____
- 22 Had mononucleosis in the past 12 months? _____
- 23 Had any problems with diarrhea/constipation? _____
- 24 Have any problems sleepwalking? _____
- 25 If female, have an abnormal menstrual cycle? _____
- 26 Have a history of bed-wetting? _____
- 27 Have an eating disorder? _____
- 28 Ever had emotional difficulties for which professional help was sought? _____
- 29 Sunburn easily? _____
- 30 Has camper been exposed to a contagious disease or been ill within the last 3 weeks? _____

PLEASE EXPLAIN ANY "YES" QUESTIONS AND NOTE THE QUESTION NUMBER:

WHICH OF THE FOLLOWING ILLNESSES HAS THE PARTICIPANT HAD?

- ____ Measles
- ____ Chicken Pox
- ____ German Measles
- ____ Mumps
- ____ Hepatitis (Type _____)
- ____ Varicella Zoster (Shingles)

PLEASE GIVE THE DATE FOR LAST IMMUNIZATION FOR:

- _____ DPT
- _____ TD (Tetanus/Diphtheria)
- _____ Tetanus
- _____ Polio
- _____ Measles (hard or red measles or rubeola)
- _____ Rubella (German Measles)
- _____ Haemophilus influenza B
- _____ Hepatitis B
- _____ Date of last TB Mantoux test (Results _____)

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

Name of family physician: _____ Telephone: _____
Address: _____

PARENT/GUARDIAN AUTHORIZATIONS: THIS HEALTH HISTORY IS CORRECT AND COMPLETE AS FAR AS I KNOW, AND THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL CAMP ACTIVITIES EXCEPT AS NOTED.

SIGNED: _____
PRINTED: _____ **DATE:** _____

**TO BE COMPLETED BY YOUR DOCTOR/LICENSED HEALTH CARE PROVIDER
(MUST BE WITHIN THE PAST 12 MONTHS)**

HEALTH CARE RECOMMENDATIONS

NAME OF PARTICIPANT _____

I have examined the above camp participant. Date of last examination _____

BP _____ Weight _____ Height _____

In my opinion, the above applicant _____ is _____ is not able to participate in an active camp program.
The applicant is under the care of a physician for the following conditions _____

Current treatment at the time of this report includes _____

RECOMMENDATIONS AND RESTRICTIONS AT CAMP

Treatment to be continued at camp _____

Medications to be administered at camp (name, dosage, frequency) _____

Any medically-prescribed meal plan or dietary restrictions _____

Known allergies _____

Description of any limitation or restriction on camp activities _____

Additional information for health care staff at camp _____

SIGNATURE OF LICENSED MEDICAL PERSONNEL

PRINTED _____ TITLE _____

ADDRESS _____

TELEPHONE _____ DATE _____

FOR CAMP USE ONLY

DATE SCREENED _____

MEDS RECEIVED _____

OBSERVATIONAL NOTES _____

DATE _____ **SEEN FOR** _____

DATE _____ **SEEN FOR** _____

DATE _____ **SEEN FOR** _____