

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

Age \_\_\_\_\_

Summer 2019



## Qualification for Camp His Way Returning Levites

Christians who are in the places of responsibility in the camp are required to be examples in faith, conduct, and business affairs. To maintain a high standard for workers is one of the best ways to present Christ to the visitors of our camp. Therefore, the following guidelines will be required of any person who works with Camp His Way.

1. Must be in agreement with the mission statement for Camp His Way.
2. Be a member of a church, or in the membership process, or a faithful attendee.
3. Be able to commit to work at least 4 weeks in the summer (see page 5 calendar).
4. Return this Application to camp before April 30.
5. Be loyal to the camp director and the camp program.
6. Be faithful in your assigned positions.
7. Live a separated Christian life.
8. Have a servant's heart.
9. Be at your designated post on or before starting time.
10. Be neat in your appearance.
11. Attend Levite Orientation (5pm May 24- 3pm May 27) and complete appropriate training.
12. Your home life must be in order. (such as you aren't running away)
13. Go through a personal interview.
14. Present updated reference (last page of this packet) from a spiritual leader in your life.
15. Be at least 15 years old.

Please read and sign:

I have read the above qualifications and pledge to keep them to the very best of my ability.  
I clearly understand that failure to keep any above qualifications is grounds for dismissal.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# RETURNING LEVITE APPLICATION

(CONFIDENTIAL)

This application is to be completed by all applicants for any position involving the supervision or custody of minors. It is being used to help the camp provide a safe and secure environment for those children and youth who participate in our program and the use of our facilities. You are to complete this application yourself without any influence of others.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

Name \_\_\_\_\_ Goes By \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ Birthday (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

## **List Responsibilities Last Summer:**

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Other areas you are interested in: \_\_\_\_\_

## **Certifications:**

## **If No are you willing to be?**

CPR	Y	N	Expiration date _____	Y	N
First Aid	Y	N	Expiration date _____	Y	N
Lifeguard	Y	N	Expiration date _____	Y	N
Boater's Ed	Y	N	Expiration Date _____	Y	N

## **Jobs Since Last Summer:**

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## **Ministries Involved With Since Last Summer:**

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## **Any Updates Since Your Last Application:**

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# APPLICANTS STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any reference or church listed in this application to give Camp His Way any information they may have regarding my character and fitness for children's work. I release all such references from the liability for any damage that may result from the furnishing such evaluations to you and I waive any right that I have to inspect the references provided on my behalf. Should my application be accepted, I agree to be loyal to the camp director and camp policies of Camp His Way. I agree to refrain from unscriptural conduct in the performance of my services on behalf of the Camp.

Signature \_\_\_\_\_ Date \_\_\_\_\_

As a Levite applicant for Camp His Way, I have been requested to furnish information for use in determining qualifications. In this connection, I do hereby authorize the release and full disclosure of any information that you may have concerning my volunteering with your organization.

I authorize you to release information about my background including, but not limited to, information as to my employment, education, military service, driving record, criminal record and/or public records history to those employees and agents of Camp His Way who require such information in order to make a decision with respect to any matter pertaining to my status as a Levite.

I hereby release Camp His Way, its employees and anyone acting on behalf of your organization from any and all claims, liability and/or damage of any nature with may result from furnishing the information requested, including, but not limited to, claims of negligence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Driver's License Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

As youth workers, aware of contemporary culture, we know there is a high probability our campers and their parents will explore staff networking sites and personal blogs after camp. It is very important to us that you and your site(s) reflect Jesus; after all we want staff who imitate Jesus year-round not just in our summer camp setting. Therefore, as part of our Levite Application we ask for URL's for your personal blogs and accounts on social websites such as Facebook, Twitter, Instagram and YouTube. We hope you will see this as good accountability integral to mutual discipline. Please initial here to indicate that you have complied with this request and list such addresses below.

If you have no such site please initial here \_\_\_\_\_

Print usernames or URLs of any social media sights:

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## ***FOCUS and PHONE COMMITMENT***

At Camp your priorities should be 1 - God and 2 - the kids. We have seen what happens when people get distracted from God and focus on another person, specifically a person of the opposite sex. That is why we are asking you to commit your summer, (the time you spend at Camp) to God and the kids only. This means any staff member who is flirting or spending noticeably more time with a person will be reprimanded and considered for a strike. God can and will do so much in you at camp. It is a place where you can grow so close to Him as you minister to others. We ask you to commit yourself to this so you realize that the importance of your relationship with God is so valuable. When you take this step, it places you in charge and teaches you self-discipline, it gives you opportunity to please God and also to be amazed by what He will teach you and show you when you are devoted to Him. We have these rules in place for you and your spiritual growth. But when you understand, accept and apply them on your own it will be much easier than just trying to make you obey them.

I understand that summer camp requires a deep commitment to God and my mission to minister to the campers. In honor of this I pledge to keep my social contact to a minimum while in the camp's mission field. I will always turn in my phone/iPod and any other media devices upon arrival at camp. On Sunday afternoons I will contact only my parents/guardian to check in. I understand that violation of this policy by not turning in my device or using it for any other reason will result in an immediate strike.

**Signed** \_\_\_\_\_

## **Rules for Camp His Way Volunteers**

- No flirting, dating, or PDA (Public Display of Affection).
- Being sent home for any reason takes away special get-together privileges.
- No cell phone use at all during the week (Monday morning – Sunday afternoon); you may call family only on weekends. Limited use of camp phone allowed only on the weekends.
- No media (internet, music, video games, television, ect.) at all, you must turn in any music, media, phones and the like to the office on arrival and before curfew on Sundays.
- Do not ever leave the camp property without permission.
- Failure to turn in phones will result in a strike. No warnings.
- Personal space in the dorms must be kept neat and clean.
- Only 1 load of laundry to be washed per weekend (Friday after 3pm - Monday 9am).
- One towel per person per week.
- Levite curfew is the same as camper curfew. Lights off after the trumpet blows! Do not leave dorm room until scheduled wakeup.  
No more talking or flashlights.
- Respect others sleep – it is precious during the summer.
- Camp office is for official business only; it is off limits otherwise.
- Guys in guy's dorm; girls in girl's dorm. No exceptions.
- Girl's shorts must be no shorter than fingertip length. No leggings. Capri's or pants for chapel time.
- Girls must wear one piece swim suits with shorts. If you have a two piece, it must be worn with shorts and shirt over it.
- Guys must wear shirts unless at water activities with only boy campers.
- No nose rings, tongue rings, eyebrow rings, spacers of any kind, or mouth jewelry. No display of tattoos or crazy haircuts/colors.
- On your scheduled weeks, you must be at the camp on Monday before 10am. You can ask if there is space available for the weekend to come early. If you live more than 2 hours away, ask us ahead of time for specified permission for later times.
- We have camp on the weekends as well, for this reason arrival and departure times for Levites will be on Sunday afternoons. You must get special permission to leave other than this time.
- ***There is to be no gossip, disrespect, rumors, disobedience or discord spread.***
- You must live your life as an example to the campers that any parent would approve you as a personal mentor.
- Violation of these rules and others added to it will result in an official "strike". If you receive three strikes you will be sent home and not allowed back that summer or the next summer.

Can you represent to campers that you as Camp His Way staff do not condone drugs, tobacco, alcohol, pre-marital sex, homosexual activity, on and off duty? Circle: Yes or No

We expect integrity, loyalty and honesty. You will be happy to be a part of a ministry where all members are loyal to each other. Each worker agrees to report immediately any deviation from the camp's rules, policies, and practices by a camper or fellow camp worker. Such should be reported to the director for prayerful and loving consideration and action. When these are dealt with openly and considerately, God can use the situations to produce growth in the life of each person concerned.

**I have read the above rules and agree to them. I also realize that they may be modified from time to time.**

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Applicant's Signature

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Parent's Signature

# CAMP HIS WAY VOLUNTEER LIABILITY RELEASE FORM

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## In Case of an Emergency, Please Contact:

Name \_\_\_\_\_ Relationship to Volunteer \_\_\_\_\_

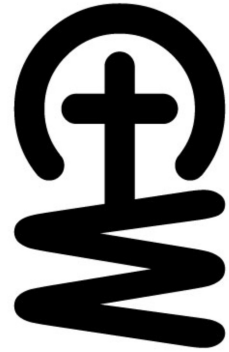
Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Volunteer \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_



I, \_\_\_\_\_ (print name), give permission for my son/daughter, \_\_\_\_\_ (print participant's name) to attend Camp His Way. My child has permission to engage and work in all camp activities and trips undertaken by a group or the entire camp. I have received and read the letter to the parents. My child agrees to abide by the guidelines and rules stated by Camp His Way. I understand that Camp His Way or any staff will not be liable if my child fails to cooperate with the guidelines and rules, and that any infraction of the rules may result in immediate dismissal from Camp His Way at my expense. I give permission to Camp His Way to use my child's photo and/or video for publicity purposes whenever and wherever they see fit.

The health history is correct and complete as far as I know. If needed for health reasons, I give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for the participant, as may be necessary, including, but not limited to X-rays, routine tests and treatment, and/or hospitalization. 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 (HIPAA). I hereby agree (pursuant to 45 CFR 164.510(b)) to the disclosure to camp representative 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 this participant's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician or medical staff person selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied (if needed) for trips away from camp.

My signature below signifies that I have read, understand and agree to all of the above stated. It signifies that I agree not to hold Camp His Way or any of its sponsors, volunteers, or staff responsible for any accident, injury, illness, or death incurred by my child while participating in any activity of this camp. I also agree to accept any and all financial responsibility as a result of medical treatment.

\_\_\_\_\_ (Signature of Parent/Guardian) \_\_\_\_\_ (Date)

I agree to all stated above for myself:

\_\_\_\_\_ (Signature of Participant, if 18 Years of Age or Older) \_\_\_\_\_ (Date)

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

Age \_\_\_\_\_

# SCHEDULING CALENDAR

Circle or **Highlight** the sessions that you will be available to work.

This year staff will work for 5 sessions of 2 week periods (the first session is 3 weeks).

Arrival times are on the Sunday evening after 5pm or Monday morning at 10am of the beginning session.

Departure times are the last Friday of the session after 5pm.

Please try not to leave early so we can get the camp cleaned up. – You **must** make plans to go home (*your* home) in between sessions. The camp will be empty – you may **not** stay at camp. These are the already blacked out dates.

This does not mean you are scheduled for those weeks; we will schedule everyone during orientation weekend.

If you are coming with your church group as a counselor or helper – not as a Levite – it does not count as one of your committed weeks.

Also, ~~strikeout~~ any dates that might not be able to work with an explanation.

**Remember that Orientation from May 24-27 is mandatory** Friday 5pm-Monday 3pm.

## May/June 2019

S	M	T	W	T	F	S
					<b>24</b>	<b>25</b>
<b>26</b>	<b>27</b>	28	29	30	31	1
<del>2</del>	3	4	5	6	7	8
9	10	11	12	13	14	<del>15</del>
<del>16</del>	17	18	19	20	21	22
23	24	25	26	27	28	29

← Session 1  
May 28-June 14  
Three weeks

← Session 2  
June 17-28  
Two weeks

## July 2019

S	M	T	W	T	F	S
<del>30</del>	1	2	3	4	5	6
7	8	9	10	11	12	<del>13</del>
<del>14</del>	15	16	17	18	19	20
21	22	23	24	25	26	<del>27</del>

← Session 3  
July 1 – 12  
Two weeks

← Session 4  
July 15-26  
Two weeks

## August 2019

S	M	T	W	T	F	S
<del>28</del>	29	30	31	1	2	3
4	5	6	7	8	9	<del>10</del>

← Session 5  
July 29-August 9  
Two weeks



# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

american **CAMP** association®

Dates will attend camp: from \_\_\_\_\_ to \_\_\_\_\_ **Returning Levite 2019**  
Month/Day/Year Month/Day/Year

Camper Name: \_\_\_\_\_  
First Middle Last

Male  Female Birth Date \_\_\_\_\_ Age on arrival at camp: \_\_\_\_\_  
Month/Day/Year

**To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.**

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Relationship to Camper  
 Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Relationship to Camper  
 Email: \_\_\_\_\_

Additional contact in event parent(s)/guardian(s) can not be reached:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Relationship to Camper

**Allergies:**  No known allergies.  This camper is allergic to:  Food  Medicine  The environment (insect stings, hay fever, etc.)  Other  
*(Please describe below what the camper is allergic to and the reaction seen.)*

**Diet, Nutrition:**  This camper eats a regular diet.  This camper eats a regular vegetarian diet.  This camper is lactose intolerant.  This camper is gluten intolerant.  
 Other, *please explain in space.*

**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.  
*(Please describe below.)*

**Medical Insurance Information:**

This camper is covered by family medical/hospital insurance  Yes  No

*Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.*

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Subscriber \_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_) \_\_\_\_\_

**Parent/Guardian Authorization for Health Care:**

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

*If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

Camper Name \_\_\_\_\_  
First Middle Last  
 (For Camp Use) Cabin or Group \_\_\_\_\_  
 (For Camp Use) Session Code(s): \_\_\_\_\_

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_  
Month/Day/Year

**Immunization History:** Provide the month and year for each immunization. Starred (\*) immunizations must include date to meet ACA Standard. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test	Date: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
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**If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.**

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

- Medication:**
- This camper will not take any daily medications while attending camp.
  - This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

- |   |   |
|---|---|
| Acetaminophen (Tylenol)                                   | Ibuprofen (Advil, Motrin)                                     |
| Phenylephrine decongestant (Sudafed PE)                   | Pseudoephedrine decongestant (Sudafed)                        |
| Antihistamine/allergy medicine                            | Guaifenesin cough syrup (Robitussin)                          |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM)                  |
| Sore throat spray   | Generic cough drops   |
| Lice shampoo or cream (Nix or Elimate)                    | Antibiotic cream  |
| Calamine lotion   | Aloe  |
| Laxatives for constipation (Ex-Lax)                       | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: \_\_\_\_\_

First

Middle

Last

Birth Date: \_\_\_\_\_

Month/Day/Year

## General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- |  |  |  |  |
|--|--|--|--|
| 1. Ever been hospitalized? .....                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? .....                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? .....                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? .....           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? .....               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? .....                | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?.....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? .....                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? .....      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?.....         | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?.....                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? .....                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?.....                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? .....                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?.....             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? .....                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?.....                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?.....    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

## Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- |  |  |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?.....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?.....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?.....<br>(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

## Health-Care Providers:

Name of camper's primary doctor(s): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of dentist(s): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of orthodontist(s): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

**What Have We Forgotten to Ask?** Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

Recommendations for Licensed Medical Personnel

FORM 2

Developed and reviewed by: American Camp Association,  
American Academy of Pediatrics Council on School Health, &  
Association of Camp Nurses

american **CAMP** association®

**To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.**

Dates will attend camp: from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Camper Name: \_\_\_\_\_  
First Middle Last

Male  Female Birth Date \_\_\_\_\_ Age on arrival at camp \_\_\_\_\_  
Month/Day/Year

Camper home address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Custodial parent(s)/guardian(s) phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.**

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s)

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- |   |                                      |
|---|--------------------------------------|
| Acetaminophen (Tylenol)                           | Calamine lotion                      |
| Ibuprofen (Advil, Motrin)                         | Bismuth subsalicylate (Pepto-Bismol) |
| Phenylephrine (Sudafed PE)                        | Laxatives for constipation (Ex-Lax)  |
| Pseudoephedrine (Sudafed)                         | Hydrocortisone 1% cream              |
| Chlorpheniramine maleate                          | Topical antibiotic cream             |
| Guaifenesin                                       | Calamine lotion                      |
| Dextromethorphan                                  | Aloe                                 |
| Diphenhydramine (Benadryl)                        |                                      |
| Generic cough drops                               |                                      |
| Chloraseptic (Sore throat spray)                  |                                      |
| Lice shampoo or scabies cream<br>(Nix or Elimite) |                                      |

**Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.**

**Physical exam done today:**  Yes  No (If "No," date of last physical: \_\_\_\_\_)  
Month/Day/Year

ACA accreditation standards specify physical exam within the last 12 months.

Weight: \_\_\_\_\_ lbs Height: \_\_\_\_\_ ft \_\_\_\_\_ in Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

**Allergies:**  No Known Allergies

To foods (**list**):

To medications: (**list**):

To the environment (**insect stings, hay fever, etc. – list**):

Other allergies: (**list**):

**Describe previous reactions:**

**Diet, Nutrition:**  Eats a regular diet.  Has a medically prescribed meal plan or dietary restrictions:(describe below)

**The camper is undergoing treatment at this time for the following conditions: (describe below)**  None.

**Medication:**  No daily medications.  Will take the following prescribed medication(s) while at camp: (**name, dose, frequency—describe below**)

**Other treatments/therapies to be continued at camp: (describe below)**  None needed.

**Do you feel that the camper will require limitations or restrictions to activity while at camp?**  No  Yes

*If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)*

**"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"**

Name of licensed provider (please print): \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Office Address \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

# CAMP HIS WAY – Zavalla, Texas

## REFERENCE and EVALUATION FORM FOR RETURNING VOLUNTEERS

\_\_\_\_\_ has applied to return as a Levite at Camp His Way. We desire people with integrity, initiative, cooperativeness, wholesomeness and energy. Levite duties include close contact with young people and being a positive role model. Because of the sensitivity and importance of a position working with impressionable young people, we would appreciate your candid opinion of this applicant. Thank you.

How long have you known this applicant and how? \_\_\_\_\_

\_\_\_\_\_

Would you be satisfied if your child were under the applicant's leadership, influence and overnight care?

\_\_\_\_\_

\_\_\_\_\_

Please rate the applicant in the following areas. In order to have a base for your ratings, please consider **Excellent** as meaning "the best I've ever seen or hope to see" and **Good** as "usually good".

	Excellent	Good	Acceptable	Poor	Not Known
Maturity					
Common Sense					
Dependability					
Honesty					
Initiative					
Leadership					
Cooperation					
Communication Skills					
Patience					
Loyalty					
Self-Confidence					
Enthusiasm					
Health					
Appearance					
Self-Control					
Judgment					
Politeness					
	Never Apparent	Rarely Apparent	Sometimes	Often	Not Known
Laziness					
Procrastination					
Criticalness					
Impracticality					
Domineering Manner					
Rebelliousness					
Irritability					
Discouragement					
Moodiness					
Depression					
Argumentativeness					

**On the back of this form, please tell us as much as you can about the applicant, especially what you have observed of their spiritual walk, and why you think he/she should or should not work at camp.**

Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Ph. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return by any means to Camp His Way:

561 McGillberry Rd • Zavalla, TX 75980

[info@camphisway.com](mailto:info@camphisway.com) - Fax 936-897-3274

