

# CAMP AGAPE 2024

## APPLICATION & INFORMATION PACKET

WELCOME TO CAMP AGAPE 2024

AUGUST 4<sup>TH</sup> THROUGH AUGUST 10<sup>TH</sup>

*We look forward to having you join us for a fun, exciting and spiritual program at Camp Agape this summer!*

◆ Camp Agape is sponsored by Christian Youth Enterprises, Inc. (CYE). CYE is a charitable corporation with IRS section 501(c)(3) status, established in the 1960s by members of local churches of Christ to provide a Bible-based camping experience for young people of Western New York and Northwest Pennsylvania.

### \*\*\*\*IMPORTANT NOTICE\*\*\*\*

**DEPENDING ON REGISTRATIONS, WE MAY BE ADDING AN "INTERMEDIATE" PROGRAM, BETWEEN "JUNIOR" AND "SENIOR" THIS YEAR. YOUR CHILD WILL BE PLACED IN THE APPROPRIATE PROGRAM BASED ON AGE.**

### FREQUENTLY ASKED QUESTIONS:

**Q:** *What forms do I need to submit, and when?*

**A:** The *Camp Agape Family Application Form* should be submitted as soon as possible, with both sides fully and accurately completed. Also, there are as many as three different medical forms that you may have to submit for each member of your family going to camp, depending on their role at camp. Please make copies of the blank forms as needed. See the section "*Medical Forms*" on page 2 of the Family Application Form for details. The medical forms should be turned in at registration when you arrive at camp. **Do not send them in advance.** These forms must be completed as applicable or, per NYS law, you will not be permitted to register.

**Q:** *How much will I have to pay, and when?*

**A:** Carefully follow the instructions in *Step 3* on the first page of the *Family Application Form* to compute the rate per camper, multiply by the number of campers, and then finally add in other fees. You must pay a deposit of at least \$15 per camper with your application. The remainder is due at registration.

**Q:** *What if I can't afford the fees?*

**A:** First, we ask that you pay what you can, and that you ask your own congregation for help. If you still need help, just call. We will ensure you can attend.

**Q:** *How will I know if I have been accepted?*

**A:** You will receive an acknowledgement, either in the mail, or via email. This acknowledgement will include names for all camp attendees, the remaining amount due (if any), directions to the camp, and several forms which must be turned in at registration.

# Important information about Children's Camps in New York State

In New York State, summer camps must have a state, city or county health department permit to operate legally. These permits are issued only if the camp is in compliance with the state's health regulations. The permit to operate must be displayed in a conspicuous place on the premises.

The camp must be inspected twice yearly by a health department representative. At least one inspection must be made during the time the camp is in operation. Each camp is checked to make sure that the physical facilities are safe and that supervision is adequate. When choosing a summer camp for your child, consider the following:

**Staff Credentials/Supervision** – *What are the qualifications of the camp director?* The New York State Health Code requires that the director of an overnight camp be at least 25-years-old or hold a bachelor's degree; a day camp director must be at least 21-years-old. All directors must have experience in camping administration or supervision. Camp directors' backgrounds are screened by the Office of Children and Family Services Central Register Database for reported incidents of child abuse and maltreatment. Their backgrounds are also screened by the Health Department for criminal convictions. Only individuals who are considered to pose no risk to campers are accepted by the Health Department as camp directors. *What are the qualifications of the camp counselors and how are campers supervised?* Counselors must have experience in camping and supervision of children or have completed an acceptable training course. Stringent counselor-to-camper ratios and staff qualifications are mandated for supervision of swimming, archery, riflery and camp trip activities. At overnight camps, 80 percent of the camps' counselors must be at least 18-years-old; up to 20 percent may be 17-years-old. There must be at least one counselor for every 10 children aged eight years or older, and one counselor for every eight children younger than eight years old. Camps that must provide at least 10 counselors may choose to use counselors-in-training (CITs) to meet 10 percent of the required number of counselors. These CITs must be at least 16 years of age at an overnight camp and 15 years of age at a day camp. They must work with senior staff, have had previous experience as a camper and complete a training program. Ask the camp operator if any of their counselors are CITs and how they are used to supervise campers. *Ask about the camp's staff and supervision procedures, including discipline policies. Do they meet your expectations?*

**Health** – *Ask about medical coverage and when you will be notified if your child becomes ill or injured. Is a doctor or nurse in residence or on call for campers at all times?* Physicians or nursing services must be available. All summer camps in New York State are required to have a health director and a written medical plan approved by the Health Department. The written plan must include, among other things, provisions for medical, nursing and first aid services. Injuries and illnesses must be reported to the Health Department and are thoroughly reviewed. *Does the camp require medical records for campers?* Camps must keep current medical history reports on file for all campers. Be sure to detail your child's history of immunization, illness, disability or allergy. Specify special diets and activity restrictions. Provide instruction for any medication your child must take.

**Camp Safety** – *Are the camp facilities and activities safe?* The camp operator must develop a written plan to include maintenance of facilities, provisions for training staff members and orientation of campers, supervision of campers, campsite hazards, emergency procedures and drills, safety procedures and equipment for program activities.

**Swimming** – *Are waterfront personnel qualified? Are campers always supervised while in the water?* All waterfront activities at camps in New York State must be supervised by an experienced certified lifeguard or water safety instructor. On site, one qualified lifeguard is required for every 25 bathers. All aquatic staff are required to be trained in cardiopulmonary resuscitation (CPR). Camps that use off-site pools or beaches operated by others must make special arrangements to provide a safe activity. Even off site, the camp remains responsible for supervising campers. Some children's camps use sites for swimming that are not inspected by local health departments. Parental permission is required in these instances, and the camp must follow established guidelines to protect campers. While campers are involved in aquatic activities on site, there must be one counselor for every 10 campers eight years or older; there must be one counselor for every eight children aged six and seven; and one counselor for every six children younger than six years old. When swimming off-site, there must be one counselor for every eight campers six years or older and one counselor for every six campers younger than six years. *Are bathing areas marked off for various swimming skills? Are campers tested to determine their level of swimming ability before participating in aquatic activities? Are nonswimmers kept in water less than chest deep? Is the buddy system used? Are campers required to wear life preservers when boating or canoeing?* New York State regulation requires that the answers to all these questions must be "yes."

**Camp Trips** – *Are camp trips supervised by counselors who have the maturity and experience to make decisions that could affect the safety of campers?* All trips must be supervised by a trip leader who is at least 18 years old and competent in the activity. Counselors must accompany trips and all staff must

review the safety plan prior to the trip. Counselors should have the skills and expertise in the camp activity (canoeing, rock-climbing, etc.) to handle any emergency that might arise. Ask whether the camp has conducted similar trips in the past without incident. In New York State, the drivers of camp vehicles must be licensed and at least 18-years-old. Seat belts must be worn when provided and vehicle capacities not exceeded. When transporting children in a truck, only a truck cab can be used.

**Sports and Activities** – *How are activities in craft shops supervised, especially when campers are using dangerous tools, such as power saws and lathes? Are archery and rifle ranges at a safe distance from activity centers? Are spectators protected at baseball fields and similar areas? Do players wear protective equipment?* State regulation requires that archery, riflery and horseback riding be supervised by counselors with special training in those activities.

**Fire Safety** – *Are there periodic fire drills for both campers and staff? Does each floor of every building have fire exits in two different locations? Are flammable materials (gasoline, pool chemicals, etc.) stored away from activity centers and kept under lock and key? Are functioning smoke detectors located in every sleeping room?* All of the above are mandatory in New York State.

**Location and Facilities** – *Are barriers erected against such natural hazards as cliffs and swamps? Are foot trails located away from such dangerous areas and from heavily traveled roads and highways? Do the camp facilities (bunks, bathrooms, mess hall, recreation facilities) meet your aesthetic tastes and those of your child? Is the camp located in an area that will not aggravate your child's allergies? Will your child be required to perform chores, such as cleaning or cooking?* For information on the camp's location and facilities, visit the camp or interview the camp operator by telephone, prior to making a decision to enroll your child at the camp.

**Nutrition** – *Are good health practices observed in the camp kitchens, dining areas and food services? Does the camp serve food your child likes?* At camps in New York State, food must be prepared from inspected sources. Food preparation and handling activities are reviewed to assure safe and sanitary practices. Kitchen employees must be healthy and follow hygienic practices. Potentially hazardous food must be maintained below 45°F or above 140°F.

## Rights and Responsibilities

The regulatory program of the New York State Department of Health places specific responsibilities on camp operators, and on local health departments that enforce department regulations. Following is a summary of rights and responsibilities:

### Rights of Parents and Guardians

(a) To be informed by the camp director, or his or her designee, of any incident involving your child, including serious injury, illness or abuse. (b) To review inspection and investigation reports for a camp, which are maintained by the local health department issuing the camp a permit to operate (present and past reports are available). (c) To review the required written camp plans. These are on file at both the camp and the health department issuing the permit to operate.

### Responsibilities of the Camp Operator

(a) To inform you and the local health department if your child is involved in any serious injury, illness or abuse incident. (b) To screen the background and qualifications of all staff. (c) To train staff about their duties. (d) To provide supervision for all campers 24 hours a day at overnight camps, and during hours of operation for day camps. (e) To maintain all camp physical facilities in a safe and sanitary condition. (f) To provide safe and wholesome meals. (g) To have and follow required written plans for camp safety, health and fire safety. (h) To notify the parent or guardian, with the enrollment application or enrollment contract, that: (1) the camp must have a permit to operate from the New York State Department of Health or the designated permit-issuing official; (2) the camp is required to be inspected twice yearly; and (3) the inspection reports and required plans are filed (address of state, county or city health department) and available for their review.

### Responsibilities of Local Health Departments

(a) To review and approve the required written camp plans for compliance. (b) To inspect camps to assure that: (1) all physical facilities are properly operated and maintained; and (2) adequate supervision exists to provide a healthy and safe environment in accordance with the New York State Sanitary Code. (c) To issue a permit to operate when the required plans and inspection results are satisfactory. (d) To investigate reports of serious incidents of injury, illness and all allegations of abuse or maltreatment. (e) When requested, to provide parents or guardians of prospective campers an opportunity to review inspection reports and required plans.

**The time and effort spent in selecting the camp your youngster will attend is important. Keep in touch, especially if it is your child's first camp experience. If possible, visit the camp before and during the camping season.**

## Information

For further information about New York State health laws relating to summer camps, call the State Health Department's Bureau of Community Environmental Health and Food Protection in Troy at 1-(800) 458-1158, ext. 27600.

**2024****CAMP AGAPE  
FAMILY  
APPLICATION FORM****AUGUST 4  
THROUGH  
AUGUST 10  
2024****STEP 1. Enter information that applies to the entire family:**

LAST NAME:	
ADDRESS:	
CITY:	
STATE:	
ZIP:	
PARENTS' EMAIL:	
HOME PHONE:	
WORK PHONE(S):	
OTHER PHONE(S):	
HOME CHURCH:	

**STEP 2. Enter information that applies to each family member:**

Please enter information for each member of the family going to camp. Check the proper box for each.

FIRST NAME <i>Include last name if different from family name to the left.</i>	BIRTHDAY <i>(mm/dd/yy) (not required for adults over 25)</i>	GRADE THIS FALL*	BAPTIZED?	GENDER	SENIOR CAMPER	JUNIOR CAMPER	STAFF**	PRE-CAMPER
	/ /		Y/N	M/F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /		Y/N	M/F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /		Y/N	M/F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /		Y/N	M/F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /		Y/N	M/F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Only needed for campers. \*\*Please enter desired "job" and reference in notes section, on page 2.

Please indicate T-Shirt size(s) for a craft project below by putting a number in each appropriate space:

Adult: \_\_\_S, \_\_\_M, \_\_\_L, \_\_\_XL, \_\_\_2XL, \_\_\_3XL. Child: \_\_\_S, \_\_\_M, \_\_\_L

**STEP 3. Very Carefully follow the steps below to determine the amount due:**

<b>1</b>	<b>NUMBER OF CAMPERS:</b> Enter the total number of campers in the family.	_____
<b>2</b>	<b>BASE RATE PER CAMPER:</b> If there is at least one staff member above, then enter <b>\$100</b> ; otherwise enter <b>\$135</b> .	\$ _____
<b>3</b>	<b>LATE PENALTY/EARLY BIRD DISCOUNT:</b> If postmark is after July 15 <sup>th</sup> , then enter <b>\$30</b> ; if on or before June 15 <sup>th</sup> , then enter <b>-\$5</b> ; otherwise leave blank.	\$ _____
<b>4</b>	<b>FAMILY DISCOUNT:</b> If there are 3 or more campers in the family, then enter <b>-\$10</b> ; if 2 campers, then enter <b>-\$5</b> ; otherwise leave blank. <i>This does not apply to staff families.</i>	\$ _____
<b>5</b>	<b>ADJUSTED RATE PER CAMPER:</b> Enter the total of the amounts on lines <b>2</b> , <b>3</b> , and <b>4</b> above.	\$ _____
<b>6</b>	<b>TOTAL CAMPER FEES:</b> Enter the total number of campers on line <b>1</b> above multiplied by the adjusted rate on line <b>5</b> .	\$ _____
<b>7</b>	<b>GENERAL DONATION (TAX DEDUCTIBLE):</b> Enter the amount of any desired donation in support of Camp Agape. <i>All contributions to support Camp Agape are greatly appreciated. They are used to reduce camp fees and specifically to help fund camperships.</i>	\$ _____
	<b>TOTAL AMOUNT DUE</b> → Enter the total of the amounts on lines <b>6</b> and <b>7</b> .	\$ _____
	<b>DEPOSIT PAID WITH THIS APPLICATION</b> → (minimum is <b>\$15</b> for each camper). Please make checks or money orders payable to Christian Youth Enterprises, Inc. (or CYE, Inc), which is the sponsoring organization of Camp Agape.	\$ _____
	<b>REMAINING BALANCE</b> → Enter the <b>Total Amount Due</b> minus the <b>Deposit Paid</b> . This balance is to be paid at or before registration at camp.	\$ _____

**AID**

***Partial and full camperships are available for those who cannot afford the full fees. We ask that you pay as much as you are able, and that you first ask your local congregation for help. If you need aid beyond this, we will be glad to help. Just call.***

**MEDICAL FORMS**

You must submit the appropriate medical forms at registration for each person coming to camp. These forms are required by New York State law. You **WILL NOT BE PERMITTED TO REGISTER** without these forms. Do **NOT** submit these forms with this application, but bring them to camp when registering. One copy of each form is included with this application packet. You may obtain additional copies by photocopying them, by downloading and printing them from **www.camp-agape.com**, or by contacting Bob Ammerman (see below). The three forms, and for whom they are required, are described below:

<b>Form:</b>	<b>Required for:</b>	<b>Filled out by:</b>
General Medical and Emergency Contact Form	Everybody of any age coming to camp	You
Immunization Record	All campers and pre-campers	You (possibly with help from your medical provider)
Individual Doctor's Orders	All campers, unless a parent or legal guardian will be at camp with them	You and your medical provider

**NOTES:**

For any staff, please indicate the desired job at camp, and provide the name and phone number of a character reference. Request financial assistance (a campership) here and indicate the amount you feel you can pay toward the fees. Note any special dietary requirements or food allergies. Provide any other information you feel we should have.

**AFFIDAVIT:**

We have read and agree to all the rules of Camp Agape. We further agree that no financial responsibility is assumed or expected of Camp Agape, Christian Youth Enterprises, Inc. or any person connected with the camp, other than as covered by insurance carried by the camp. In case of emergency, I hereby give permission to the physician selected by the Camp Director or Medical Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for any of my children or wards named herein. It is understood that the camp staff will attempt to contact the parent or guardian before taking any emergency action. If I am coming as a staff member, I understand that my signature indicates my sympathy with the purposes of the camp and my agreement to follow the official "By-Laws" and the general policies toward these goals. I realize that no salaries will be paid, but that all staff members will receive lodging and meals. I further agree to help maintain a camping session that will assist in the campers' spiritual, mental, social and physical well-being.

Signed: \_\_\_\_\_ (adult participant, parent, or legal guardian) Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (adult participant, parent, or legal guardian) Date: \_\_\_\_\_

***This section must be signed by at least one parent or legal guardian of any camper, and by all adult staff members.***

**CONTACT**

**MAIL COMPLETED FORM TO:** Bob Ammerman; 138 Liston St; Buffalo, NY 14223-1323  
**ANY QUESTIONS?** Please call Bob Ammerman at 716.864.8337 or email [info@camp-agape.com](mailto:info@camp-agape.com)  
**GET ADDITIONAL FORMS FROM:** [www.camp-agape.com](http://www.camp-agape.com)

## **PLEASE READ CAREFULLY**

**Site**—Camp Agape is held at the facilities of Christian Heights Camp, near Little Valley, NY. Our experience with this facility has proven that it is an excellent location for Camp Agape. All campers will be accommodated in cabins. There are excellent flush bathroom and shower facilities for both boys and girls. The camp has a beautiful pool, and we expect to include swimming in our program. Directions to the site will be sent in your acknowledgment letter.

### **IMPORTANT INFORMATION!**

When packing for camp, please be sure to follow the rules on the reverse side that describe acceptable clothing. Also, note that closed-toe footwear with a back is required for all afternoon and evening activities. Don't forget to bring your Bible! **Controlled cell phone use will be permitted at "rest time".**

### **PURPOSE**

Our aim at Camp Agape is to provide an experience in Christian living for young people so they can share the joys of a life in Christ with each other, that they may know firsthand the blessings of a life with Christ, and to increase their knowledge of our God and Lord Jesus that they may lead fuller and richer lives.

### **ELIGIBILITY**

To be eligible for Camp Agape's Junior Program, the camper must be 9 years old by the start of camp, or entering 4th grade. Senior campers must be 13 years old or entering 8th grade. Twelve year-olds entering 8th grade may attend either program. As our Lord Jesus was no respecter of persons, so Camp Agape is open without restriction to all young people regardless of race or color or national origin.

### **ACTIVITIES**

Our campers' days are filled with a balanced mix of Bible classes, singing, crafts, hiking, sports, campfires, skits, devotionals and special recreation periods. This year we plan to include a swimming program.

### **LOCATION**

Camp Agape is held at the facilities of:

**Christian Heights Camp  
9414 Dutch Hill Road  
Little Valley NY, 14755**

Directions to the camp will be provided in your acknowledgment packet. All correspondence, other than during the camping session, should be to:

**Camp Agape  
c/o Bob Ammerman  
138 Liston St, Buffalo NY 14223  
info@camp-agape.com  
(716) 864-8337**

### **COST**

The cost per camper depends on the number of campers attending from the same family, and also on the postmark date of the application. There is a **\$5.00** discount for applications postmarked by **June 15th**. Applications postmarked after **July 15th** incur a **\$30.00 late fee** and will be subject to space availability. Use the instructions on the application form to determine the correct charge. Canteen (daily snacks) is included in the base fee.

### **FOOD**

Camp Agape has very good food, and lots of it. Bring your best appetite along; you'll be glad you did!

### **CAMP NURSE**

We will have a Camp Nurse on site for the entire week. All medications, whether over-the-counter or prescription, for everyone at camp, must be turned over to the camp nurse at registration.

## INSURANCE

Each camper is insured against injury for the duration of the camp session. The cost of insurance is included in the camp fee.

## WHAT TO BRING

You must bring your own bedding: a warm sleeping bag or several blankets and sheets (*nights are often chilly*). **Warm clothes and rain gear are very important.** Bring plenty of socks. Also bring toiletries: toothbrush and toothpaste, soap, towels, etc. Two pairs of sneakers are highly recommended. Bring a Bible containing both Old and New Testaments.

## WHAT NOT TO BRING

Campers should not bring anything which could be used as a weapon. Do not bring spiked shoes or electronic devices (games, musical instruments, radios, etc.). Dresses or shorts which do not reach mid-thigh, and other revealing clothing, will not be permitted. **Campers without appropriate clothing will be sent home.** See the camp rules to the right for more details. Campers should not bring any food, extra cash or other valuables.

## VISITATION POLICY

Visits by friends are **strongly discouraged**, and will be allowed only as explicitly permitted, in advance, by the Director. All visitors must check in on arrival at camp, must follow all camp rules, must not interfere with the program, and are expected to pay for their meals. Any visitor who arrives at camp without prior approval will be asked to return home. **Of course, parents/legal guardians are welcome to visit at any time, but they should be aware that such visits often result in a serious bout of homesickness.**

## CAMP RULES

We ask parents to review the following Camp Rules with the camper before coming to camp.

**These rules will be reiterated in a “Contract for Behavior at Camp” which will be in your acknowledgment packet and *must* be signed and turned in at registration.**

*Note that campers who violate these rules may be sent home, and their parents will be required to pick them up at camp.*

1. Campers are to have a Christ-like attitude. This must be reflected in their interactions with others and includes their language and behavior.
2. The following items or activities are not allowed: alcohol, tobacco, firearms, knives and gambling.
3. Campers are not to bring electronic devices.
4. Campers and staff are expected to *wear clothing that comes to mid-thigh or below. Revealing clothing, including short shorts, revealing sleeveless tops, crop tops, halters, spaghetti straps, et cetera, is not permitted.* Boys must wear shirts. Footwear must be worn at all times.
5. Campers are not to be in a cabin other than their own. Cabin raiding is not allowed. There is to be no food in the cabins. Any cabin activity not in the schedule must have both the prior knowledge of the cabin counselor and approval of the Camp Director or Program Director.
6. All medications, both prescription and over-the-counter, must be turned in to the Camp Nurse, who will be responsible for managing them.
7. Waterfront (pool) activities will be supervised.
8. Campers are expected to perform assigned duties in cabin clean up, camp improvement areas and the dining hall.
9. Campers are not allowed to go into the woods without a staff member. Campers are not to leave the camp grounds without the permission of the Camp Director or Program Director.
10. Campers are required to meet all classes as assigned.
11. No equipment is to be taken out of its proper place without permission of the person in charge of that equipment.
12. Violation of the rules may be cause for a camper to be sent home.

**2024****CAMP AGAPE GENERAL MEDICAL AND  
EMERGENCY CONTACT FORM***Name (First and Last)**Required for ALL persons coming to camp*

<i>Date of Birth</i>	<i>Weight</i>	<i>Height</i>	<i>Primary Doctor</i>	<i>Doctor's Phone #</i>
				( ) _____

<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone</i>
				( ) _____

<i>Emergency Contacts</i>				
<i>Name</i>	<i>Relationship</i>	<i>Home Phone</i>	<i>Work Phone</i>	<i>Other Phone</i>
		( ) _____	( ) _____	( ) _____
		( ) _____	( ) _____	( ) _____
		( ) _____	( ) _____	( ) _____

***General Medical Information. If a section does not apply, do not leave it blank, instead write 'N/A'.***

List any allergies, including those to foods, medications and environmental factors:

List any serious past illnesses:

Detailed instructions for present illnesses:

Any restrictions to activities (swimming, sports, etc.):

Any other information we should have?

<i>Insurance Information</i>			
<i>Insurance Carrier</i>	<i>Policy Holder</i>	<i>Policy Number</i>	<i>Phone for prior authorization (if required)</i>
			( ) _____

<i>Covid Immunization Status</i>
While Covid-19 immunizations are not required at camp, <b>we highly recommend that all persons attending camp be fully vaccinated and boosted.</b> Please provide the month and year of each vaccine/booster received and/or infections with Covid-19. Immunization/Boosters: ____ / ____, ____ / ____, ____ / ____, ____ / ____, ____ / ____, ____ / ____ Covid-19 infections: ____ / ____, ____ / ____,

**2024****CAMP AGAPE INDIVIDUAL DOCTOR'S ORDERS***Required for all campers unless a parent or guardian will be with them at all times at camp.**Name (first and last)*

The following section **must** be completed by your child's health care provider. Changes in New York State law require that we have "Standing Orders" (permission) from each child's doctor before we can provide **any** medications. **We can accept your medical provider's form in lieu of this one** if it contains the same information.

<b>Drug</b>	<b>Route/Form</b>	<b>Dosage</b>	<b>Schedule and Indications</b>	<b>Health Care Provider Order</b>	<b>Comments</b>
Ibuprofen	po/tabs	per label instructions by age/weight	q6hrs PRN for pain or fever > _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Acetaminophen	po/tabs	per label instructions by age/weight	q4hrs PRN for pain or fever > _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Neosporin (triple antibiotic ointment)	topical/ ointment	per label instructions by age/weight	PRN for scratches and cuts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Murine	topical/ drops	per label instructions by age/weight	PRN for itchy eyes after swimming	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Benadryl	po/tabs or syrup	per label instructions by age/weight	q4hrs PRN for allergy symptoms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Robitussin DM (Dextromethorpan/Guaifenesin)	po/syrup	per label instructions by age/weight	q4hrs PRN for cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cough Drops	po/drops	per label instructions by age/weight	PRN for coughs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tums (calcium carbonate)	po/tabs	per label instructions by age/weight	q1hrs PRN for acid stomach	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Calamine Lotion (calamine/zinc oxide)	topical/ lotion	per label instructions by age/weight	PRN for itching from insect bites	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Icy Hot (methyl salicylate/menthol)	topical/ cream	per label instructions by age/weight	PRN for muscle aches	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Auro-DRI (isopropyl alcohol in glycerin)	topical/ drops	per label instructions by age/weight	PRN for water in ears	<input type="checkbox"/> Yes <input type="checkbox"/> No	

In addition to the above camp-provided, over-the-counter medications, if your child will be bringing any medications to camp with them, either prescription or over-the-counter, they **must be in their original packages** and listed below:

<b>Name of Medication</b>	<b>Dosage Schedule (# of doses per day, times of day)</b>	<b>Taken For / Comments</b>

**All medications brought to camp, for children and adults, must be given to the camp Health Director** and must be in the original packaging with the following information on it: name of medication, name of person to receive the medication, name of physician (for prescriptions only), directions for dispensing, and expiration date.

<b>Doctor's Name (please print))</b>	<b>Phone Number</b>	<b>Doctor's Signature</b>	<b>By (if signed by staff member)</b>	<b>Date Signed</b>



**2024****CAMP AGAPE IMMUNIZATION RECORD AND  
MENINGITIS INFORMATION FORM***Required for all campers and pre-campers*

Name (first and last)

**Immunizations (required by New York State Law for all campers and pre-campers)**

Vaccine	Date (MM/YY)	Date (MM/YY)	Date (MM/YY)	Date (MM/YY)	
DTP	___ / ___	___ / ___	___ / ___	___ / ___	<b>Are all immunizations up to date?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>You <i>MUST</i> give dates for all vaccinations, including the month and year for each, including boosters. Do <i>NOT</i> just check Yes above.</b>  <b>Alternatively, you may attach a copy of your immunization record as provided by your doctor.</b>
Tetanus/Diphtheria	___ / ___	___ / ___	___ / ___	___ / ___	
Tetanus	___ / ___	___ / ___	___ / ___	___ / ___	
Polio	___ / ___	___ / ___	___ / ___	___ / ___	
MMR	___ / ___	___ / ___	___ / ___	___ / ___	
or Measles	___ / ___	___ / ___	___ / ___	___ / ___	
or Mumps	___ / ___	___ / ___	___ / ___	___ / ___	
or Rubella	___ / ___	___ / ___	___ / ___	___ / ___	
Hepatitis B	___ / ___	___ / ___	___ / ___	___ / ___	
Varicella	___ / ___	___ / ___	___ / ___	___ / ___	
Haemophilus Influenza Type B	___ / ___	___ / ___	___ / ___	___ / ___	

**Meningitis Vaccination Response (Please see attached information sheet.)**

I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningococcal meningitis, and a relatively new law in New York State which requires overnight children's camps to distribute information about meningococcal disease and vaccination to all campers who attend camp for 7 or more consecutive nights. For each such camper, Camp Agape is required to maintain a record of:

- A response to receipt of meningococcal disease and vaccine information signed by the camper's parent or guardian; AND
- Information on the availability and cost of the new meningococcal meningitis vaccine (Menactra™); AND EITHER
- A record of meningococcal meningitis immunization within the past 10 years; OR
- An acknowledgement of meningococcal risks and refusal of immunization signed by the camper's parent or legal guardian.

Meningococcal meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningococcal meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningococcal disease among teens and young adults 15 to 24 years of age have more than doubled since 1991. The disease strikes about 2,500 Americans each year and claims about 300 lives.

Information about the availability and cost of the vaccine can be obtained from your health care provider and by visiting the manufacturer's website at [www.meningitisvaccine.com](http://www.meningitisvaccine.com). Camp Agape does not offer meningococcal immunization services.

Please carefully review the enclosed fact sheet from the New York State Department of Health, and then answer the following questions and sign this form where indicated.

**Check one option:**

- My child has had the meningococcal meningitis immunization within the past 10 years.

Date received: \_\_\_\_\_ Note: If your child received the meningococcal vaccine available before February 2005 called Memomune™, please note this vaccine's protection lasts for 3-5 years.

Revaccination with the new conjugate vaccine called Menactra™ should be considered within 3-5 years after receiving Memomune™.

- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will **not** obtain immunization against meningococcal meningitis disease.

Signed: \_\_\_\_\_ (parent or legal guardian) Date: \_\_\_\_\_

# Meningococcal Disease

## What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord) caused by the meningococcus germ.

## Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some adolescents, such as first year college students living in dormitories, there is an increased risk of meningococcal disease. Every year in the United States approximately 2,500 people are infected and 300 die from the disease. Other persons at increased risk include household contacts of a person known to have had this disease, and people traveling to parts of the world where meningitis is prevalent.

## How is the meningococcus germ spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person.

## What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10-15% die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur. The symptoms may appear 2 to 10 days after exposure, but usually within 5 days.

## What is the treatment for meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

## Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?

Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (either rifampin, ciprofloxacin or ceftriaxone) from their physician. Casual contact as may occur in a regular classroom, office or factory setting is usually not significant enough to cause concern.

## Is there a vaccine to prevent meningococcal meningitis?

In February of 2005, the CDC recommended a new vaccine, known as Menactra™, for use to prevent meningococcal disease. The previous version of this vaccine, Menomune™, was first available in the United States in 1985. The vaccine is 85% to 100% effective in preventing four kinds of meningococcus germs (types A, C, Y, W-135) that cause about 70% of the disease in the United States. Because the vaccine does not include type B, which accounts for about one-third of cases in adolescents, it does not prevent all cases of meningococcal disease.

## Is the vaccine safe? Are there adverse side effects to the vaccine?

Both vaccines are currently available, and both are safe and effective vaccines. However, both vaccines may cause mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

## Who should get the meningococcal vaccine?

The vaccine is recommended for all adolescents entering middle school (11-12 years old) and high school (15 years old) and all first year college students living in dormitories. Also at increased risk are people with terminal complement deficiencies or asplenia, some laboratory workers and travelers to endemic areas of the world. However, the vaccine will benefit all teenagers and young adults in the United States.

## What is the duration of the protection from the vaccine?

Menomune™, the older version, requires booster doses every 3 to 5 years. Although research is still pending, the new vaccine, Menactra™, will probably not require booster doses. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.

## How do I get more information about meningococcal disease and vaccination?

Contact your family physician or your student health service. Additional information is also available on the websites of the New York State Department of Health, [www.health.state.ny.us](http://www.health.state.ny.us); the Centers for Disease Control and Prevention [www.cdc.gov/ncid/dbmd/diseaseinfo](http://www.cdc.gov/ncid/dbmd/diseaseinfo); and the American College Health Association, [www.acha.org](http://www.acha.org).