

2026**CAMP AGAPE GENERAL MEDICAL AND
EMERGENCY CONTACT FORM***Required for ALL persons coming to camp**Name (First and Last)*

<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>
				() _____

Emergency Contacts

<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?

Insurance Information

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

2026**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.

Drug	Route/Form	Dosage	Schedule and Indications	Health Care Provider Order	Comments
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:

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

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.

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

2026**CAMP AGAPE IMMUNIZATION RECORD AND
MENINGITIS INFORMATION FORM***Required for all 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	___ / ___	___ / ___	___ / ___	___ / ___	Are all immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No 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. Alternatively, you may attach a copy of your immunization record as provided by your doctor.
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. 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: _____

- 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; the Centers for Disease Control and Prevention www.cdc.gov/ncid/dbmd/diseaseinfo; and the American College Health Association, www.acha.org.