

Camp Virginia 2010 • Form #1

GENERAL INFORMATION

SAVE FOR REFERENCE

HEALTH MATTERS

- A physician and a registered nurse live at Camp Virginia 24 hours a day.
- The Camper/ Aide/ Counselor Medical Form (Form #7) is due by April 15, 2010.
 - ✓ A PHYSICAL EXAM and the completed medical form are mandatory for your son to participate in camp activities, regardless of signed permissions. It is essential that your son's medical form be thoroughly completed and signed in order for him to participate in any activity.
 - ✓ HEALTH INSURANCE: Fill out all insurance information on the medical form. While at camp, your son will be covered by your insurance plan, and we need a copy of both sides of your insurance card.
 - ✓ VACCINATIONS: Polio and tetanus must be updated before arrival.
 - ✓ DENTIST: Have your son's teeth examined before arrival at camp.
- BEDWETTING: Please pack a third set of sheets. Please contact us in advance.
- MEDICINES: Prescription or OTC medication should be marked clearly with your son's name. All medications will be kept in the infirmary. The only exceptions to this policy are emergency allergy supplies that we know about in advance.
- If any new medical needs arise for your son, we will inform you plus send a written record.
- If any new or additional prescriptions are required for your son, you will be notified and they will be purchased through the use of your insurance card.

FOOD

- We ask that campers not receive additional food at camp, either by mail, from visitors, or from shopping during an out-of-camp time with family. We have found that such food undermines appetites at meals and causes litter and critter problems.
 - There are two exceptions to the **no outside food** policy:
 - ✓ Boys may receive *homemade* items, such as cookies or brownies, once per session to share with their cabins.
 - ✓ Boys may bring bottled water, noncarbonated sports drinks, or powder mix for sports drink.
- Our CV Store will sell additional soft drinks, candy, and snack food in sensible quantities and at sensible times. As listed on Form #5 entitled "Itemized Costs", we ask that you submit \$10 (non-refundable) per week for your son's CV Store account. If you deem appropriate, additional money may be deposited during the summer.

CLOTHING; LAUNDRY; MONEY

- UNIFORM: New boys must order the basic uniform, to be issued on arrival date. Returning boys may replenish their uniform needs. All orders are due by April 15, 2010, using Form #5 "Itemized Costs" in this mailing.
- LABEL EVERYTHING WITH YOUR SON'S NAME: baggage, clothing, and all possessions.
- PACKING LIST: Copy your completed form and tape the duplicate inside the trunk.
- LAUNDRY: All boys must send out their laundry and it goes out weekly, including towels and sheets. Please send two large laundry bags with your son's name clearly written in large letters on the outside.
- MONEY: Please do not send large amounts of money to camp with your son. The CV Carnival, once per session, offers games and food. Each boy receives tickets for use at the Carnival. If your son wishes to buy additional tickets, he can bring a small amount of cash to camp; we suggest \$5. The CV Store, described above, allows each boy to draw upon his previously-deposited money.

PREPARING TO LIVE AWAY FROM HOME

- Encourage your son to get to know and to talk openly to his camp family of counselors and directors so we're aware of his progress and needs; we are there to make this a great experience for him. For more information on adjusting, see the American Camp Association's thoughts for parents: www.campparents.org/campplanner.php.

VISITING CAMP

- Visitors should park in the designated area and check in immediately with the counselors on duty.
- Please visit no more than once per 3-week session.
- Please note that we request no visitors on the first weekend of each session.
- Please honor our visiting days and hours:
 - 9:15 AM – 5:00 PM, Saturday, July 3 and Sunday, July 4
 - 9:15 AM – 5:00 PM, Saturday, July 10 and Sunday, July 11
 - 9:15 AM – 5:00 PM, Saturday, July 24 and Sunday, July 25
 - 9:15 AM – 5:00 PM, Saturday, July 31 and Sunday, August 1
- Parents may take their sons out of camp within the visiting hours.
- A camper must have prior written permission to leave camp with anyone other than his parents/guardians. Form #6 entitled "Permissions and Updates" enables you to grant such permission.
- Visitors may watch Saturday baseball games, attend Sunday church (9:30 AM), and soccer matches.
- Please do not bring your pets to camp.
- We cannot invite visitors to use CV facilities (swimming, fishing, sports, etc.).
- Although we cannot invite visitors to eat meals at Camp Virginia, we can recommend good eateries nearby.

MAIL AND PACKAGES

- When preparing packages to send, please remember the guidelines of the **no outside food** policy. If you wish to send a package by Federal Express or UPS please use the following address: **Camp Virginia • Route 601 • Burke Highway • Goshen, VA • 24439.**

ELECTRONICS AT CAMP VIRGINIA

Please note the following:

- Campers and aides may not have cell phones at Camp Virginia, nor use camp phones.
- Video players or video discs (PSP or DVD, etc.) are not permitted at camp.
- iPods or MP3 players are allowed, but only within the cabin and not for viewing video.
- Game devices are allowed but only within the cabin.
- Camp Virginia is not responsible for any lost or damaged electronic devices. Any electronic devices that have been improperly used will be held by the director until the end of the session.

MISCELLANEOUS

- The American Camp Association has accredited CV since the start of our involvement in this excellent organization. Their website for parents, www.campparents.org, is helpful and informative.
- Boys with birthdays during camp will receive a cake and a "Happy Birthday" chorus from the entire camp.
- If you visit on a Sunday, you are welcome to join us for church in Pitt Hall at 9:30 AM to hear our senior counselors speak.

CAMP VIRGINIA 2010 • Form #2

PACKING LIST

Camper's name:				Keep one copy of packing list at home. Tape another copy to inside lid of footlocker.			
Pack clothing in a sturdy footlocker. Bedding, sleeping bag, etc., can be packed in a large duffel bag.							
category	recom- mended #	your #	description	category	recom- mended #	your #	description
bedding, towels	2 sets		twin bed sheets	other needed items	several		pens, pencils
	2		pillowcases		set		stationery, stamps
	optional		pillow (CV provides pillows)		several		reading books
	6		towels for showers and swimming		1		baseball glove
	3		blankets (sleeping bag can count as 1)		1		tennis racket and a can of balls
	1		sleeping bag		1		flashlight and extra batteries
	optional		washcloths		set		toothbrush and toothpaste
CV clothing (new or from past years)	2		large laundry bags with name on outside		set		toiletries: soap, shampoo, etc., in a carry bag
	3/4		CV camper jerseys/aide shirts		1		water bottle or canteen
	1		CV sweatshirt		1		extension cord
	1		CV white polo shirt		1		sunscreen
	optional		CV cap		1		bug spray
	optional		CV mesh shorts		1		fishing rod and tackle
other clothing	2		long khaki pants (dances, cool days)		optional stuff	optional	
	2		long jeans (hikes, riding)	optional			lacrosse stick
	2		khaki shorts	optional			musical instrument
	4		everyday play shorts (nylon mesh ideal)	optional			camera (not a camera phone!)
	1		additional white polo shirt	optional			tent for overnight hikes (if interested)
	6		t-shirts	optional			pack for backpacking (if interested)
	8		pairs of athletic socks	optional			other backpacking gear (if interested)
	8		pairs of underwear	other items			
	1		poncho or rain jacket				
	1		long-sleeved shirt or pullover				
2 pairs		everyday sports shoes					
shoes	1 pair		sandals/flipflops/Crocs: swimming, shower	Please do not bring any type of video media or player or any type of cell phone.			
	1 pair		strong shoes for hiking or riding				
	1 pair		river shoes for wading, fishing				
	optional		specialty sports shoes (older boys)				

Camp Virginia 2010 • Form #3
TRANSPORTATION INFORMATION
See reverse side for driving directions.

- Campers may travel to and from camp by car or by our charter buses and/or camp van.
- Buses and vans depart from and arrive at Collegiate School's on North Mooreland Road, Richmond, VA.
 - Buses are chaperoned by CV senior counselors.
 - The bus fees are \$40 one way and \$80 round trip (non-refundable).
 - Make bus reservations on separate sheet.

Arrival at Camp, Session 1 and Six-Weekers
Friday, June 25, 2010

- By car: Gates open at 11:00 AM. Please do not plan to drop off earlier than this.
Please arrive no later than 2:30 PM.
- By bus: Bus begins loading at Collegiate parking lot at 12:30 PM.
Bus leaves Collegiate at 1:15 PM.
Bus arrives at Camp Virginia at approximately 3:45 PM.

Departure from Camp, Session 1
Friday, July 16, 2010

- By bus: Bus leaves Camp Virginia by 9:30 AM.
Bus arrives at Collegiate at approximately 12:00 PM.
- By car: Gates open at 9:30 AM.
Please arrive no later than 11:00 AM.

Arrival at Camp, Session 2
Saturday, July 17, 2010

- By car: Gates open at 11:00 AM. Please do not plan to drop off earlier than this.
Please arrive no later than 2:30 PM.
- By bus: Bus begins loading at Collegiate parking lot at 9:00 AM.
Bus leaves Collegiate at 9:45 AM.
Bus arrives at Camp Virginia at approximately 12:15 PM.

Departure from Camp, Session 2 and Six Weekers
Saturday, August 7, 2010

- By bus: Buses leave Camp Virginia at 10:00 AM.
Buses arrives at Collegiate at approximately 12:15 PM.
- By car: Gates open at 10:00 AM. Please arrive no later than 12:00 PM.

Camp Virginia 2010 • Form #3

TRANSPORTATION INFORMATION

DRIVING DIRECTIONS

From Richmond and points east:

1. Go west on I-64 to Staunton. Go left at exit 87 onto I-64/81 towards Roanoke.
2. Immediately (less than 1/2 mile), take exit 220, right, onto Route 262.
3. Go about 5 miles and exit right for Parkersburg Pike, Route 254.
4. Turn left at top of ramp. Follow 254 about 8 miles to Buffalo Gap. Stay straight: You're now on Route 42.
5. Continue about 20 miles, through Craigsville, to Goshen. Turn left on Route 39.
6. Go about 4 miles on Route 39. You'll see Camp Virginia on the left across the river.
7. Just past the sign for Guy's Run, turn left onto Route 601, Millard Burke Highway.
8. About 300 yards on the left is Camp Virginia Drive, marked by 2 stone gateposts.
9. Follow the signs for either camper dropoff, camper pickup, or visiting. Welcome!

From Baltimore and points north:

1. Go west on I-70 past Frederick to Hagerstown.
2. At Hagerstown, go south on I-81, toward Martinsburg, WV and Winchester, VA.
3. Stay on I-81 for several hours, to exit 220 just past Staunton. Follow directions 2 – 9 above.

From Washington, DC area:

1. Go west on I-66 toward Front Royal.
2. After crossing the Blue Ridge Mountains, go south on I-81, toward Harrisonburg and Staunton, VA.
3. Stay on I-81 for 80 miles, to exit 220 just past Staunton. Follow directions 2 – 9 in Richmond directions above.

From Roanoke and points south:

1. Follow I-81 to Lexington.
2. At Lexington, take exit 191 onto westbound I-64 towards Charleston, WV.
3. After approximately 14 miles, exit on #43, Goshen.
4. At the bottom of the ramp, turn right; proceed 500 yards, and turn left onto Route 850.
5. Go approximately 1 mile on Route 850, and turn right onto Route 780, Bratton's Run.
6. Go approximately 9 miles until Bratton's Run ends at Route 39.
7. Turn right at the sawmill onto eastbound Route 39.
8. Proceed for approximately 2 miles; you'll see CV on the left across the river.
9. Follow directions 7 – 9 in the Richmond directions above.

From Charleston, WV, and points west:

1. Follow I-64 east to exit 43, Goshen.
2. Turn left at the bottom of the ramp, go 500 yards, and turn left onto Route 850.
3. Follow directions 5 – 9 just above.

Camp Virginia 2010 • Form #4
YOUR TRANSPORTATION PLANS

Please complete this form and include it with the other
paperwork to be mailed back to us by April 15, 2010.

(Brothers in the same session can all be included on this single form.)

Camper name(s): _____

Camper name(s): _____

Camper name(s): _____

Session (circle one): Session 1 Session 2 6 Weeks

My son(s) will **travel to** camp by (circle one): **CAR** **BUS***

My son(s) will **depart from** camp by (circle one): **CAR** **BUS***

My son(s) will **depart from** camp by (circle one): **CAR** **BUS***

- If BUS* is chosen, please be sure to read the bus loading and departure information on Form #3 entitled "Transportation Information."
- Bus* fees (\$40 one way, \$80 round trip) are non-refundable and should be included on Form #5 entitled "Itemized Costs".

Are there any circumstances regarding your son's arrival or departure, i.e., late arrival, early departure, that you are aware of at present? Please advise.

Parent signature _____ Date _____

***Bus transportation is subject to cancellation if there are not enough passengers signed up for travel. In the case of cancellation, we will provide timely written notice so that you are able to make alternative arrangements.
Any submitted fees will be fully refunded.**

Camp Virginia 2010 • Form #5

THREE-WEEK ITEMIZED COSTS

In cases of brothers, please complete a separate form for each boy.

Name of Camper: _____

camp fees	camp tuition: 3 weeks		\$ 3,075.00	
	laundry (once per week, picked up at camp, returned folded)		\$ 30.00	
optional bus fees	bus fare one-way (make reservation on separate form): \$40.00 (non-refundable). Please enter amount in box to the right if applicable.			
	bus fare round trip (make reservation on separate form): \$80.00 (non-refundable). Please enter amount in box to the right if applicable.			
clothing description		quantity	size (circle choice)	price each
CLOTHING <i>(all clothing will be fitted at camp, but please give best size estimates)</i>	camper uniform package: 3 jerseys, 1 sweatshirt, 1 white polo shirt <i>This package, required for a new camper, is all that he needs.</i>		youth sizes: M L adult sizes: S M L XL XXL	\$ 64.00
	aide uniform package: 4 aide shirts, 1 sweatshirt, 1 white polo shirt <i>This package, required for a new aide, is all that he needs.</i>		adult sizes: S M L XL XXL	\$ 84.00
	additional aide shirt		adult sizes: S M L XL XXL	\$ 12.50
	additional camper jersey		youth sizes: M L adult sizes: S M L XL XXL	\$ 10.00
	additional CV sweatshirt		youth sizes: M L adult sizes: S M L XL XXL	\$ 16.00
	additional CV polo shirt		youth sizes: M L adult sizes: S M L XL XXL	\$ 18.00
	replacement CV "5" shirt <i>(Inducted members only! New members receive theirs at the ceremony.)</i>		youth sizes: M L adult sizes: S M L XL XXL	\$ 12.50
	CV baseball cap		n/a	\$ 10.00
	CV mesh shorts		youth sizes: M L adult sizes: S M L XL XXL	\$ 20.00
	CV t-shirt new in 2010, orange, dri-fit style t-shirt with black CV on the front <i>Though not part of the camp uniform, this "off-season" shirt is here by popular demand!</i>		youth sizes: M L adult sizes: S M L XL XXL	\$ 15.00
CV STORE DEPOSIT: Campers will be able to purchase sensible amounts of extra soft drinks and sweets at the CV Store in lieu of outside food. Your non-refundable deposit of \$10 per week will allow your camper to charge items at designated times.			\$ 30.00	
Camp Virginia 2010 • Itemized Costs • Form #5				
SUBTOTAL				
Please complete this form and include it with the other paperwork to be mailed back to us by April 15, 2010.				
LESS ENROLLMENT DEPOSIT			\$ 500.00	
TOTAL				

Make check payable to Camp Virginia and mail with this form to: 8122 Greystone Circle East Richmond, VA 23229

Camp Virginia 2010 • Form #5 SIX-WEEK ITEMIZED COSTS

In cases of brothers, please complete a separate form for each boy.

Name of Camper: _____

camp fees	camp tuition: 6 weeks		\$ 4,450.00
	laundry (once per week, picked up at camp, returned folded)		\$ 60.00
optional bus fees	bus fare one-way (make reservation on separate form): \$40.00 (non-refundable). Please enter amount in box to the right if applicable		
	bus fare round trip (make reservation on separate form): \$80.00 (non-refundable). Please enter amount in box to the right if applicable		
clothing description		quantity	size (circle choice)
CLOTHING <i>(all clothing will be fitted at camp, but please give best size estimates)</i>	camper uniform package: 3 jerseys, 1 sweatshirt, 1 white polo shirt <i>This package, required for a new camper, is all that he needs.</i>		youth sizes: M L adult sizes: S M L XL XXL \$ 64.00
	aide uniform package: 4 aide shirts, 1 sweatshirt, 1 white polo shirt <i>This package, required for a new aide, is all that he needs.</i>		adult sizes: S M L XL XXL \$ 84.00
	additional aide shirt		adult sizes: S M L XL XXL \$ 12.50
	additional camper jersey		youth sizes: M L adult sizes: S M L XL XXL \$ 10.00
	additional CV sweatshirt		youth sizes: M L adult sizes: S M L XL XXL \$ 16.00
	additional CV polo shirt		youth sizes: M L adult sizes: S M L XL XXL \$ 18.00
	replacement CV "5" shirt <i>(Inducted members only! New members receive theirs at the ceremony.)</i>		youth sizes: M L adult sizes: S M L XL XXL \$ 12.50
	CV baseball cap		n/a \$ 10.00
	CV mesh shorts		youth sizes: M L adult sizes: S M L XL XXL \$ 20.00
	CV t-shirt new in 2010, orange, dri-fit style t-shirt with black CV on the front <i>Though not part of the camp uniform, this "off-season" shirt is here by popular demand!</i>		youth sizes: M L adult sizes: S M L XL XXL \$ 15.00
CV STORE DEPOSIT: Campers will be able to purchase sensible amounts of extra soft drinks and sweets at the CV Store in lieu of outside food. Your non-refundable deposit of \$10 per week will allow your camper to charge items at designated times.			\$ 60.00
Camp Virginia 2010 • Itemized Costs • Form #5			SUBTOTAL
<small>Please complete this form and include it with the other paperwork to be mailed back to us by April 15, 2010.</small>			LESS ENROLLMENT DEPOSIT
			\$ (500.00)
<p>Make check payable to Camp Virginia and mail with this form to: 8122 Greystone Circle East Richmond, VA 23229</p>			

CAMP VIRGINIA 2010 • Form #6
PERMISSIONS AND UPDATES

Please complete this form and include it with the other paperwork to be mailed back to us by April 15, 2010.

CAMPER NAME(S): _____ Session: 1 2 6
_____ Session: 1 2 6
_____ Session: 1 2 6

LIST ANY CHANGES in addresses/phones/emails since your application was sent in:

DO YOU CHECK YOUR EMAIL daily? Circle one: *yes* *no*

PLEASE GIVE DETAILS if you will be away from home for extended time during the camp session. Attach itinerary or send later.

PERMISSION TO LEAVE CAMP ON VISITING DAYS

Your son must have prior written permission to leave camp with anyone other than his parents or guardians. Check one of the following:

- ___ Parents of friends and cabinmates.*
- ___ Camper's adult family only (includes aunts, uncles, grandparents, etc.)
- ___ Only adults specified below:

Parent Signature _____ Date _____

*If you have any reservations or concerns and wish to decline permission with specific individuals then please stipulate on a separate sheet and attach it to this form for our records.

PERMISSION TO USE PHOTOGRAPHS

Camp Virginia may use photographs and images of my son for promotional purposes.

Parent Signature _____ Date _____

HEALTH HISTORY • Use extra paper if necessary.

The following information must be filled in by the parent or guardian. The intent of this information is to provide to Camp Virginia health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to the Director upon arrival in camp. Please provide complete information so that the health personnel can be aware of your needs.

Allergies

Medication Allergies (list) _____

Food Allergies (list) _____

Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.

() Child has seasonal allergies.

Do these allergies cause anaphylaxis, a sudden severe allergic reaction involving various areas of the body? () Yes () No

Describe Reaction: _____

Describe Treatment: _____

Child has had anaphylactic reaction? () Yes () No

Anaphylaxis occurs if: () ingested () touched () inhaled

Epi pen is kept with child at all times? () Yes () No

Epi pen will be brought to Camp Virginia () Yes () No

Describe all reactions (such as hives, tingling lips, itching, redness, etc.)

MEDICATIONS BEING TAKEN

[Check if applicable: ___ This camper takes no medications on a regular basis.]

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/bottles/containers that identifies the prescribing physician (if applicable), the name of the medication, the dosage, and the frequency of administration instructions.

Med #1 _____ Dosage _____ Frequency _____

Reason for taking: _____

Med #2 _____ Dosage _____ Frequency _____

Reason for taking: _____

Med #3 _____ Dosage _____ Frequency _____

Reason for taking: _____

(Attach additional pages for any additional medications.)

Please identify any medications taken routinely during the school year that the camper will not be taking while at camp: _____

RESTRICTIONS Describe fully any applicable restrictions. Use extra paper if necessary.

Dietary restrictions: _____

Activity restrictions: _____

GENERAL QUESTIONS

Please explain "yes" answers on a separate sheet of paper, noting the number of the questions.

Has/ does the camper/ aide/ counselor:

1. Had any recent injury, illness or infectious disease?..... YES..... NO
2. Have a chronic or recurring illness/condition? YES..... NO
3. Ever been hospitalized? YES..... NO
4. Ever had surgery? YES..... NO
5. Have frequent headaches?..... YES..... NO
6. Ever had a head injury? YES..... NO
7. Ever been knocked unconscious?..... YES..... NO
8. Wear glasses, contacts or protective eye wear? YES..... NO
9. Ever had frequent ear infections?..... YES..... NO
10. Ever passed out during or after exercise?..... YES..... NO
11. Ever been dizzy during or after exercise? YES..... NO
12. Ever had seizures?..... YES..... NO
13. Ever had chest pain during or after exercise? YES..... NO
14. Ever had high blood pressure? YES..... NO
15. Ever been diagnosed with a heart murmur?..... YES..... NO
16. Ever had back problems?..... YES..... NO
17. Ever had problems with joints? YES..... NO
18. Have an orthodontic appliance being brought to camp? YES..... NO
19. Have any skin problems? YES..... NO
20. Have diabetes?..... YES..... NO
21. Have asthma?..... YES..... NO
22. Had mononucleosis in the past 12 months?..... YES..... NO
23. Had problems with diarrhea/constipation? YES..... NO
24. Have problems with sleepwalking? YES..... NO
25. Have a history of bed-wetting? YES..... NO
26. Ever had an eating disorder? YES..... NO
27. Ever had emotional difficulties for which professional help was sought? YES..... NO

ADDITIONAL INFORMATION

Use the space below and extra paper, if necessary, to provide any additional information about the camper's behavior and physical, emotional, or mental health about which Camp Virginia should be aware. Please attach a separate sheet if necessary.

Nutrition:

- Does not eat red meat Does not eat pork Does not eat poultry
 Does not eat eggs Does not eat dairy Lactose intolerant

Other: _____

**These medications are stocked in the Camp Virginia Infirmary and are used to manage illness and injury as directed by our medical staff.
Parents circle those medications below that your camper should NOT be given.**

- | | |
|--------------------------------------|--------------------------------|
| Acetaminophen (i.e. Tylenol) | Antidiarrheal |
| Bite relief stick | Antinausea |
| Anti-itching lotion/cream | Chloraceptic Throat Spray |
| Diphenhydramine (i.e. Benadryl) | Hydrocortisone Cream |
| Generic cough drops | Guaifenesin DM (cough syrup) |
| Ibuprofen (i.e. Motrin, i.e. Advil) | Antiseptic spray or cream |
| Benzocain (i.e. Oragel) | Pseudoephedrine (i.e. Sudafed) |
| Antibiotic Ointment (i.e. Neosporin) | Antacids |
| Cough syrup | Eyedrops (i.e. Visine) |

Which of the following has the camper had?

- _____ Measles _____ Chicken pox _____ German measles _____ Mumps
_____ Hepatitis A _____ Hepatitis B _____ Hepatitis C

TB Mantoux Test:

Date of last test: _____ Result (circle one): Positive Negative

Family physician: _____

_____ street

_____ city state zip telephone

Family dentist: _____

_____ street

_____ city state zip telephone

PERMISSION TO PROVIDE NECESSARY TREATMENT OR MEDICAL CARE

This box must be complete for attendance.

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted.

I hereby give permission to Camp Virginia to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for Camp Virginia to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that Camp Virginia 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 Camp Virginia be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy of regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to Camp Virginia representatives of the protected health information of the person herein described, as necessary: 9i) to provide relevant information to the Camp Virginia 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 Virginia representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency. I hereby give permission to the physician selected by Camp Virginia to secure and administer treatment, including hospitalization, for the person named herein. This completed form may be photocopied for trips out of Camp Virginia.

Signature of parent or guardian or adult counselor _____

Printed Name _____ Date _____

HEALTH CARE RECOMMENDATIONS BY LICENSED MEDICAL PERSONNEL

Date of Physical: _____

IMMUNIZATION	DAY/MONTH/YEAR	IMMUNIZATION	DAY/MONTH/YEAR
DPT		Haemophilus influenza B	
Tetanus Booster		Hepatitis A	
Varicella		Hepatitis B	
Meningitis		Hepatitis C	
Polio		Pneumococcal	
H1N1		BCG	
MMR		Pertussis	

Recommendations and Restrictions at Camp

BP _____ Weight _____ Height _____

In my opinion the 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: _____

Treatment to be continued at Camp: _____

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

Known allergies: _____

Medically prescribed meal plan or dietary restrictions: _____

Description of any limitation or restriction on camp activities: _____

Signature of Licensed Medical Personnel			
_____		_____	
signature		Date	
Printed: _____		Title: _____	
Address: _____			
Street	City	State	Zip code
Telephone: _____			