

(Please bring a copy to camp)

**PLEASE COMPLETE ENTIRE FORM!**

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Student Name (print) \_\_\_\_\_

Age at camp \_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number (Day): (\_\_\_\_) \_\_\_\_\_

(Eve): (\_\_\_\_) \_\_\_\_\_

In Case of Emergency and parent / guardian *cannot* be reached:

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Parent/Guardian Authorizations:** This health history is correct and complete. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to YOUR CAMP to provide routine healthcare and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the Camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the Director of YOUR CAMP or their designee to secure and administer treatment, including hospitalization, for the student named above.

**Indemnification:** The undersigned parent/guardian of the registrant, for and in further consideration of YOUR CAMP and Colgate University's accepting said registrant, hereby agrees to save and indemnify and keep harmless the said YOUR CAMP and Colgate University, the individual members, employees, staff, faculty, agents, representatives, and officers from and against any claims, judgments, or demands which I, any other parent or guardian, the student, or any other person might make for any losses, damages, personal, mental, or physical injuries against any and all liability, arising as a result of any course of instruction or activity given the registrant by YOUR CAMP or Colgate University. This release and assumption of risk shall bind myself, my heirs, my assigns, and my personal representatives.

Signature of Parent/Guardian \_\_\_\_\_

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

**Medical Insurance Company (REQUIRED)**

Ins. Co. \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insured Employer \_\_\_\_\_

*We recommend that a photocopy (front and back) of health insurance card be attached to this form.*

**Health History:**

<i>Check those that apply:</i>		<i>Life Threatening Conditions</i>
<input type="checkbox"/> Contact Lenses	<input type="checkbox"/> Ear Aches / Infection	<input type="checkbox"/> Asthma
<input type="checkbox"/> Gyn Problems	<input type="checkbox"/> Poison Ivy, Oak, Sumac	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Stomach Problems	<input type="checkbox"/> Epilepsy / Seizures
<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Absence of a paired organ	<input type="checkbox"/> Heart Conditions / Murmur
<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Sinus Problems	<input type="checkbox"/> Food Allergies (specify)
<input type="checkbox"/> Current orthodontic appliance	<input type="checkbox"/> Mononucleosis in the past 12 months	<input type="checkbox"/> Medication Allergies (specify)
<input type="checkbox"/> Skin Problems (Acne, Eczema)	<input type="checkbox"/> Recent Illness / Infections	<input type="checkbox"/> Other Allergies ~ insect stings, hay fever, animal
<input type="checkbox"/> HBP	<input type="checkbox"/> Concussion / Head Injury	<input type="checkbox"/> Other (Please detail)
<input type="checkbox"/> Bone / Joint Injuries	<input type="checkbox"/> Other Chronic Condition	
<input type="checkbox"/> Operations	<input type="checkbox"/> Other	

\*\*\* Details of above to be completed on additional sheet \*\*\*

**Individualized Order Form** for ALL medications **MUST** also be completed. This form is available on the backside of this page!

Immunization and Physical form from school / physician may be submitted in lieu of completing the immunization and physical examination section below.

**Immunizations**

<i>Immunizations</i>	<i>Date</i>	<i>Boosters</i>
Dtap/TD/Tdap		
Polio (3)		
Hepatitis B (3)		
MMR (2)		
TD (valid 10 y)		
Haemophilus Influenza Type B		

<i>Immunizations or proof of illness</i>	<i>Date</i>
Varicela or proof of Chicken Pox	

<i>Illness (if applicable)</i>	<i>Date</i>
Measles	
German measles	
Mumps	
Hepatitis A	
Hepatitis C	

**Physical Examination: - Valid for One Year Only and to Be Completed by a Licensed Health Care Professional ONLY!**

Height	Weight
Hearing (R / L)	Vision (R / L)
Dental / Bite	Respiratory
Cardiac	BP
Hernia	Extremities
Genitals	Skin

**RESTRICTIONS, LIMITATIONS (INCLUDING DIET):**

**RECOMMENDATIONS:**

The above named person is in satisfactory condition and may engage in all camp activities except as noted:

Date: \_\_\_\_\_ Examining physician: \_\_\_\_\_

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

Print physician's name: \_\_\_\_\_

State licensed in: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_

**PLEASE BRING SIGNED COPY TO CAMP!**

# Individualized Order Form

**CAMPER:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ lbs.

The following form must be completed and signed by the child's physician if your child:

- Needs to take any routine Over the Counter Medications, provided by the parent/guardian, while at camp.
- Needs to take any routine Prescription Medications, provided by the parent /guardian, while at camp.

If your child needs to take any "as needed" over-the-counter medications while at camp, they will need to see a medical professional for a prescription.

## All Medications (Prescription and Over-the-Counter)

Please complete with the camper's current regimen for both **Prescription and Over-the-Counter** medications (i.e. antibiotics, asthma inhalers, allergies, etc.).

**This person takes NO medications on a routine basis.**

Drug Name	Route	Dosage	Physician Order / Regimen	Comments

**The following information to be completed by the camper's health care provider:**

Camper's Health Care Provider Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ License #: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_ 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, immunocompromised people, and people traveling to parts of the world where meningococcal 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 might occur in a regular classroom, office or factory setting is not usually significant enough to cause concern.

### Is there a vaccine to prevent meningococcal meningitis?

In February 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. Both vaccines are 85% to 100% effective in preventing the 4 kinds of the meningococcus germ (types A, C, Y, W-135). These 4 types 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 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).

Dear Parent:

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. On July 22, 2003, Governor Pataki signed New York State Public Health Law (NYS PHL) §2167 requiring overnight children's camps to distribute information about meningococcal disease and vaccination to all campers who attend camp for 7 or more consecutive nights. This law became effective on August 15, 2003.

The tennis camp and Colgate University are required to maintain a record of the following for each student:

- 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 disease risks and refusal of meningococcal meningitis immunization signed by the camper's parent or 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.

In February 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. Both vaccines are 85% to 100% effective in preventing the 4 kinds of the meningococcus germ (types A, C, Y, W-135). These 4 types 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.

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). The tennis camp at Colgate University does not offer any immunization services. For students who arrive without this completed form, the State of NY and Colgate University will not allow the student to participate in activities for greater than 7 days. It is your responsibility to assure that this is done.

I encourage you to carefully review the enclosed materials. **Please complete the Meningococcal Vaccination Response Form and please bring it to camp check-in.**

To learn more about meningitis and the vaccine, please feel free to contact the Madison County Department of Health and/or consult your child's physician. You can also find information about the disease at the New York State Department of Health website: [WWW.HEALTH.STATE.NY.US](http://WWW.HEALTH.STATE.NY.US), and the website of the Center for Disease Control and Prevention (CDC): [WWW.CDC.GOV/NCIDOD/DBMD/DISEASEINFO](http://WWW.CDC.GOV/NCIDOD/DBMD/DISEASEINFO).

Sincerely,

Colgate University

# MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that a parent or guardian of campers who attend an overnight children's camp for seven (7) or more consecutive nights, complete and return the following form to the camp.

**Check one box and sign below.**

- My child has had meningococcal meningitis immunization within the past 10 years.  
Date received: \_\_\_\_\_

[Note: If your child received the meningococcal vaccine available before February 2005 called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra™ should be considered within 3-5 years after receiving Menomune™.]

- 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: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Guardian)

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent/Guardian's E-mail address (optional): \_\_\_\_\_

Parent/Guardian Permission – Use of Sunscreen and/or Insect Repellents at Camps

**Self Application**

I give permission for \_\_\_\_\_ [camper's name] to carry and self apply the following:

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Insect Repellent

I understand that the following conditions must be met in order to promote proper and safe use of sunscreen at Camp:

1. The sunscreen will only be used to prevent overexposure to the sun.
2. Only sunscreen approved by the FDA for over the counter use will be permitted for use by the camper.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Assisted Application**

If \_\_\_\_\_ [camper's name] is unable to apply the sunscreen and/or insect repellent themselves I give permission for the camp staff to assist in the application of the sunscreen and/or insect repellent.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Reminder: Sunscreen is considered a drug and shall be checked and logged by the camp as such in accordance with the policies and procedures set forth in their Safety Plan.

## 2014 Amendment - Use of Sunscreen at Children's Camps

Research indicates that overexposure to UV radiation causes at least 65% of all skin cancers, as well as sunburns, premature aging, cataracts and a weakened immune system. Although skin cancer and cataracts often do not manifest until adulthood, the damage from UV radiation is cumulative and begins during childhood. Even if a child's sunburn or tan fades, the skin damage remains and, with each new sunburn or tan, that damage could accumulate and result in skin cancer. Therefore it is extremely important to encourage the use of sunscreen at Children's Camps.

In order to promote proper and safe use of sunscreen at Children's Camps, the following rules must be met:

- 1) The sunscreen will only be used to prevent overexposure to the sun.
- 2) Only sunscreen approved by the FDA for over the counter use will be permitted for use by the camper.
- 3) Written permission from the camper's parent or guardian will be provided to and kept on file at the camp allowing the camper to carry and self administer the sunscreen.

In some cases, a camper may be unable to apply the sunscreen themselves but the camper's parent or guardian would still like the child to receive the benefits of sunscreen use. In cases such as this, written permission from the camper's parent or guardian must be provided to and kept on file at the camp allowing the camp staff to assist in the application of the sunscreen.

Reminder: Sunscreen is considered a drug and shall be checked and logged by the camp as such in accordance with the policies and procedures set forth in their Safety Plan.



## MEMORANDUM

**To:** City/County Directors of Environmental Health  
District Directors

**From:** Brian M. Miner, Director *Bm*  
Bureau of Community Environmental Health and Food Protection

**Date:** January 12, 2018

**Subject:** Children's Camp Program – Tick and Insect Repellent Legislation

For your information, Chapter 163 of the Laws of 2017 amended the New York State Public Health Law for the use of tick and insect repellents at children's camps to:

- Allow a camper to carry and use repellents with written permission from the camper's parent or guardian.
- Require the camp to maintain a record of the parent or guardian permission.
- Allow unlicensed personnel to assist a child who is unable physically to apply the repellent when directed by the child if permitted by the parent or guardian, and authorized by the camp.

A copy of the legislation is attached for your reference. The legislation is largely consistent with and replaces past guidance regarding tick and insect repellents. Please share this information with camp operators by February 1, 2018, so they have time to review their policies and procedures, and update health history forms (as needed) prior to the start of the 2018 season.

If you have any questions or need additional information, please contact your regional field coordinator.

### Attachment

cc: B. Hutton/A. Mazeau  
M. Cambridge  
R. Sokol/D. Lang  
C. Jones Rafferty  
T. Shay  
R. Swider  
A. Bonamici  
J. Strepelis  
C. Westerman  
Regional Field Coordinators  
LHD2

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