



Camp St. Andrew

524 STARK ROAD
TUNKHANNOCK, PA 18657-6050

(570) 836-2975
(July through August)

(570) 226-4606
(September through June)

To: All Camp St. Andrew Campers

From: Msgr. Joseph P. Kelly, V.E., M.S.W.
Executive Director

Re: Application and Health Forms

- 1.) Please complete the registration form and send along with your \$100.00 deposit to: Camp St. Andrew, 33 East Northampton Street, Wilkes-Barre, PA 18701
- 2.) Please complete all health and authorization forms and bring with you to check-in the 1st day of camp, DO NOT MAIL with registration form. A CAMPER CANNOT PARTICIPATE WITHOUT A DOCTOR'S PHYSICAL RELEASE FORM SIGNED!!!

HEALTH EXAMINATION RECORD

This part is to be filled in by the parent and reviewed with physician at the time of examination

Name (Last, First, Initial): _____

Parent of Guardian: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: _____

In Emergency Notify: _____

Address: _____ Phone: _____

Insurance Information, please complete the following:

Carrier: _____ ID: _____ Group Number: _____

Member Services Phone Number: _____ Address: _____

Health History: (Check those that apply)

Diseases

- Chicken Pox
- Measles
- German Measles
- Mumps
- Rheumatic Fever
- Tuberculosis
- Kidney

Allergies

- Animals _____
- Food _____
- Hay Fever _____
- Insect Stings _____
- Medicine/Drugs _____
- Plants _____
- Pollen _____
- Other _____

Chronic or Recurring Illness

- Ear Infections
- Heart Defect/Disease
- Seizures
- Bleeding Disorders
- Asthma
- Hypertension
- Diabetes
- Musculoskeletal Disorder
- Arthritis
- Sinusitis
- Other _____

Suggestions from Parent:

My Child has permission to take or use the following:

- Tylenol/Acetaminophen
- Advil/Ibuprofen
- Sudafed/decongestant
- Benadryl/Antihistamine
- Pepto Bismol
- Tums/Antacid
- Robitussin/Expectorant
- Swimmers' Ear/Alcohol-Vinegar solution

Please describe conditions and give dates:

Operations or serious injuries: _____

Hospitalizations: _____

Other diseases/disabilities: _____

Comment where applicable:

Fainting _____

Sleep disturbance _____

Bed Wetting _____

Menstrual cramps _____

Constipation _____

Nosebleeds _____

Emotional disturbances _____

Other _____

Specific activities to be encouraged _____

Restricted _____

Special Medical or dietary regimen to be followed (specify) _____

This health history is complete and accurate. My daughter/son has permission to engage in all prescribed activities, except as noted by me and the examining physician. I hereby authorize the camp director to secure all medical treatment necessary in the case of an accident or emergency. I understand that all efforts will be made to contact me prior to the initiation of treatment. I will be responsible for all expenses incurred.

Signature of Parent/Guardian _____ Date: _____

Please complete and bring to check-in the 1st day of Camp.

HEALTH EXAMINATION RECORD - 2

NAME: _____

DATE: _____

(This part to be filled in by physician after review of health history with parent/guardian)

Health Examination:

Record of Immunization:

Height _____ Weight _____ B.P. _____
Appearance-Nutrition _____
Without Glasses _____ **With Glasses** _____
Eyes R 20/ _____ L 20/ _____ R 20/ _____ L 20/ _____
Ears _____ **Hearing** R _____ L _____

Code: Satisfactory = S, Not Satisfactory = NS, Not Examined = NE
Nose _____ **Throat** _____
Teeth _____ **Heart** _____
Lungs _____ **Abdomen** _____
Genitalia _____ **Hernia** _____
Skin _____ **Musculoskeletal** _____
General physical and emotional status _____
Urinalysis* _____ **HGB*** _____
Other Notes _____

Immunization	Year Primary Series Completed	Year of Last Booster
DTap	_____	_____
Diphtheria	_____	_____
Pertussis (Whooping Cough)	_____	_____
Tetanus (within last 10 years)	_____	_____
Td	_____	_____
Oral polio/IPV	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella	_____	_____
Hib	_____	_____
Hep B	_____	_____
Tuberculin test	_____	_____
	(Year Last Given)	(Result)
Other	_____	_____
Typhoid	_____	_____
Paratyphoid	_____	_____
Cholera	_____	_____
Yellow Flower	_____	_____
Typhus	_____	_____
Rocky Mountain	_____	_____
Spotted Fever	_____	_____

Physician's comments and recommendations. Give details or indicate management or significant illnesses.

This person is in satisfactory condition and may engage in all usual activities except as noted.

Licensed physician's name: _____

License physician's signature: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Date:** _____

*Not required for every health exam. A girl 11-18 should have this test if she has not had it since entering puberty.

PLEASE LIST CURRENT MEDICATIONS BEING TAKEN ON SEPARATE PAPER AND ATTACH - INCLUDE DOSAGE AND ANY POTENTIAL HARMFUL INTERACTIONS (e.g. food, medications, environmental)

**** (All medications, prescriptions, and OTC, MUST be in the original packing)**

HEALTH INFORMATION PRIVACY STATEMENT

The Health Examination Record is for health care concerns at the specified event only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor of the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. The health form will be retained by the staff of **Camp St. Andrew** until it is destroyed. All forms/records with noted treatment will be retained for seven years past the age of maturity of the participant. Access to the information will be limited, but copies may be requested from the event sponsor, by the participant or their legal representative. I have read the above procedures for handling the health form information and I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

SIGNATURE _____ **DATE** _____
 (Parent/Guardian)

Please complete and bring to check-in the 1st day of Camp.

Please complete and bring to check-in the 1st day of Camp.

Medication Permission Form

Camp St. Andrew

I, _____, the parent/guardian of _____, give permission for the following persons to administer any medications that are needed for my child during their stay at Camp St. Andrew during the summer of 2012.

Select the Appropriate Person:

- Camp Director
- Athletic Trainer
- Program Director

Print parent/guardian name

Signature of parent/guardian

Date

Additional Contact Information

Camper's Name: _____

Camper's home Phone: _____

Mother's Work #: _____ Cell #: _____ Email: _____

Father's Work #: _____ Cell #: _____ Email: _____

Other possible emergency contacts:

Relative:

Name: _____ Relationship to Camper: _____

Home #: _____ Work #: _____ Cell #: _____

Non-Relative:

Name: _____ Relationship to Camper: _____

Home #: _____ Work #: _____ Cell #: _____



Camp St. Andrew

524 STARK ROAD
TUNKHANNOCK, PA 18657-6050

(570) 836-2975
(July through August)

(570) 226-4606
(September through June)

Check the appropriate program for 2012

- | | | |
|--|--|--|
| <input type="checkbox"/> July 8-13 Girls BB | <input type="checkbox"/> July 8-13 Girls Resident | <input type="checkbox"/> July 20-22 Father/Son Weekend |
| <input type="checkbox"/> July 15-20 Girls BB | <input type="checkbox"/> July 15-20 Girls Resident | <input type="checkbox"/> July 22-26 Boys BB |

OUTDOOR ADVENTURE COURSE RELEASE OF LIABILITY

I understand that even under the safest conditions, the activities on the course have a number of inherent risks involving injury, disability, or even death. I understand that the major classes of hazards associated with this type of training include splinters or injuries resulting from falls or from contact with course apparatus. I recognize that course participation typically requires close physical contact by participants.

I further understand that the activities on the Outdoor Adventure Course may be physically, mentally, and/or emotionally demanding. I verify that I am free of any mental, medical, and/or physical conditions that may create undue risk to myself or to others who depend on me.

I agree to comply with all the safety rules and regulations set forth by the Outdoor Adventure Staff. I also agree to inform them of any condition or situation that may be dangerous to myself or my co-participants.

I certify that I am at least 18 years of age or have obtained consent from my parent or legal guardian, as indicated by the signature and date below.

In consideration of being permitted to participate in the Camp St. Andrew Outdoor Adventure program, I, _____, for myself, my heirs, successors and assigns, hereby indemnify, release and hold harmless Camp St. Andrew, agents, officers, and/or employees and volunteers and the Diocese of Scranton, its agents, officers, and/or employees and volunteers, from any and all claims, demands, causes of action or damages which may accrue on account of bodily or personal injury, property damage, or death suffered by myself, (my child), or any third parties, including employees of Camp St. Andrew, arising out of my participation in Camp St. Andrew's Outdoor Adventure Course, including damages, injury or death arising from the negligence of the aforesaid parties. I, for myself, my heirs, successors and assigns, hereby assume any and all risks attendant to my participation in Camp St. Andrew's Outdoor Adventure course.

PRINT NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT

WITNESS

SIGNATURE OF PARENT/GUARDIAN
(Required for participants under 18)

WITNESS

DATED THIS THE _____ DAY OF _____ 20_____.

Please complete and bring to check-in the 1st day of Camp.



CAMP DIRECTOR SUGGESTIONS

1. All medications need to be in the original container you received from the pharmacy. The medications must also be up to date. Please do not combine medications into one container or place in new containers or bags.
2. For emergency phone numbers on the health form, please visit your home and work numbers and the number of someone who does not live in your house who is easy to reach and will know where to find you. If you have a cell phone or pager, please list those as well.
3. In the appropriate space on the physical form, please let the nurse know of any pre-existing medical conditions. The more we know about your child's health the better care we can provide.
4. Each week some campers experience homesickness. Here are some tips to prevent homesickness.

Pack a favorite stuffed animal or pictures of family, friends, or pets. Bring stamped, pre-addressed postcards or envelopes to make it easy to write home. Campers love to receive mail!! Camp is only a week long, so consider sending mail a few days before camp starts so your child receives mail at the beginning of the week. If your child is having a rough time with homesickness, the camp nurse or director will call the parents/guardians.

Thanks!!! I am looking forward to a fun and healthy summer!!!

DIRECTIONS TO CAMP ST. ANDREW
(570) 836-2975

From the Scranton area:

Take Route 11 North through Clarks Summit, Glenburn, and Dalton. After the traffic light in Factoryville, stay on 11 north. About 2 miles from the light, turn left at the sign for Lackawanna Trail High School. Go about 3 miles. You will cross a bridge and come to a stop sign. Turn left on 92 South. Go 1/4 mile and turn right at a gas station. (This gas station is not always open so don't depend on it for gas) Go about 3 miles on that road. The road forks twice, stay to the left both times. Go about another mile and take the first left. At the top of the hill there will be a stop sign. T-Town archery is across the street. Turn right on Stark Rd. Camp is 200 yards on the right. (total time from Clarks Summit is about 20 minutes)

From New York and points east: Take I-80 or I-84 to I-81 North. Exit at Clarks Summit (#194) Take routes 6 west/11 north towards Clarks Summit and follow the above directions.

From Philadelphia and points south:

Take the PA turnpike northeast extension (Rt. 476) to the very last exit in Clarks Summit. Take Routes 6 west/11 North towards Clarks Summit and follow the directions at the top of the page.

From the Wilkes-Barre area:

- Option A: Take 81 north to exit 194 (Clarks Summit). Take Routes 6 west/11 North towards Clarks Summit and follow the directions at the top of the page.
- Option B: Take 309 North to 29 North to Tunkhannock. Take Route 6 east. Proceed past Shadowbrook (Perkins). Go another mile and turn left onto Rt. 92 North towards Nicholson. Deer Park Lumber is at the intersection. Go about 1.5 miles and take the second left onto Stark Rd. Go about 1 mile. At the stop sign continue straight. This is a very windy road. Go about 2 miles. You will pass Dottie Lou picnic grove on the right. You will then pass T-Town archery on the left. Camp is 200 yards ahead on the right. (total time from Wilkes-Barre is about 45 minutes)

From the Pittston area:

Take 92 north towards Tunkhannock. After passing Shadowbrook, follow the directions listed in option B above.

From the Montrose/Elk Lake area

Take 29 South towards Tunkhannock. Turn left at the 2nd Lake Carey entrance. At the stop sign, go straight. At the restaurant, Lake Carey Inn, bear right. This is a narrow, windy road. Go 1/4 mile. Take the first left. Go about 1 mile and at the top of the hill, take the first right on Stark Rd. Camp is about 1/2 mile on the left.

From Wyalusing, Towanda and points west of Tunkhannock

Take route 6 east towards Tunkhannock. Continue through Tunkhannock and proceed past Shadowbrook (Perkins). Go another mile and turn left onto Rt. 92 North towards Nicholson. Deer Park Lumber is at the intersection. Go about 1.5 miles and take the second left onto Stark Rd. Go about 1 mile. At the stop sign continue straight. This is a very windy road. Go about 2 miles. You will pass Dottie Lou picnic grove on the right. You will then pass T-Town archery on the left. Camp is 200 yards ahead on the right.

SUGGESTED PACKING LIST FOR CAMP

Note: Refrigerators, hot plates, and TV's are not allowed in the cabins.

- _____ Water Bottle w/name in permanent marker
- _____ Sheets and Pillow
- _____ Sleeping bag and/or blankets
- _____ Towel
- _____ Soap/Shampoo
- _____ Flip-flops for showers
- _____ Washcloth
- _____ Toothbrush/toothpaste
- _____ Underwear
- _____ Plenty of Socks
- _____ Shorts/t-shirts
- _____ Jacket
- _____ Jeans
- _____ Rain gear
- _____ Shoes/sneakers/old sneakers for rainy days
- _____ Pajamas
- _____ Bathing Suit
- _____ Laundry Bag
- _____ Sunscreen
- _____ Flashlight
- _____ Hair dryer/hair brush
- _____ Deodorant
- _____ Bug Spray
- _____ Other
- _____ Other

Optional

- _____ Fishing gear
- _____ Camera
- _____ Pen/paper/stamps/envelopes
- _____ Books/magazines