



2023 SUMMER CAMP APPLICATION (Sun, Aug. 13 to Sat, Aug 19, 2023)
REGISTRATION/MEDICAL FORMS/ CONSENT FORMS

COMPLETING YOUR APPLICATION (all 5 pages required).

Please indicate what is included and sign all pages before submitting application

- Application and recent full-face photo of your child -page 1
- Health History Information (**copy of immunization records required**)-page 2-3
- Authorization to administer medication (**must be signed by a physician**)-page 4
- Release/Contract agreements (signatures needed) -page 5
- \$50 non-refundable application fee or full payment

Send completed application to:
 Mrs. Charmin Deloatch, Registrar
 at
summercamp@newhorizonsministries.org
 or Mail to:
 New Horizons Ministries, Inc.
 P. O. Box 340471
 Jamaica, NY 11434

Payments can be made via Check, Money Order or Zelle (newhorizonsmin@aol.com) or on our website via credit card.

Payments included with registration form:	<input type="checkbox"/> Registration Fee: \$50.00 and <input type="checkbox"/> Camp Fee: \$300.00 Total \$350	<input type="checkbox"/> Transportation Fee: \$40 (roundtrip)
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First Time New Horizons Camper: Yes No

Photo of child included: Yes No

Camper's Name _____ Male Female Birth date ___/___/___ Age ___

Address _____

T-Shirt Size: _____

Camper's Medical

Information: Primary Physician _____ Phone _____

Name of Health Insurance Provider _____ Policy # _____

Parent/Guardian (name): _____

Address _____

Home Phone _____ Cell phone _____ E-mail _____

Emergency Contact Information – Alternate Pickup/Release:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			

During the course of camp, photographs and videos are taken for the purpose of outreach and advertising for the ministry in various forms of media. Your signature below gives New Horizons Ministries, Inc. authorization to use these images of your child for promotional purposes.

IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact parent(s) or guardian of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Director or Camp Nurse to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child as named above.

Parent/Guardian Signature	Date:
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Health History Information

IMPORTANT: We must be informed of any change in the camper's health condition that occurs after completion of these forms

Camper's
Name:

Date of birth

Age

*** HEALTH HISTORY**

1. Does your child currently have a history or have been recently treated for any of the following? *(Check only what applies)*

- Seasonal allergies/Frequent colds
- Ear infections
- Strep Throat
- Bronchitis
- Sinusitis
- Heart Trouble
- Head Injury/concussion
- Migraine headaches
- Upset Stomach
- Diabetes
- Athlete's Foot
- Abscessed Ears
- Kidney Trouble
- Sleep Walking
- Serious Ivy, Oak or Sumac Poisoning
- Bedwetting
- Mental Health Challenges
- Tested + for COVID-19 in the past year
- Told that child has "Long COVID" symptoms

2. **ASTHMA: Yes or No (circle)** Trigger: _____ Prescribed an Inhaler: **Yes / No**

3. **ALLERGIES:** Medication _____ Bee Stings **Other(specify)** _____

**Carries an EpiPen or EpiPen Jr. (circle one) Dr. 's prescription must be completed below*

4. **For female campers:** Has she started menstruation? Yes / No If not, has she been told about it? Yes / No

5. List recent operations, serious injuries, or recurring illness: _____

6. Any specific activities to be encouraged _____ or restricted _____

7. Any health or medical concerns not listed above: _____

8. Suggestions/ recommendations for camp personnel _____

9. **Food Allergies (specify)** _____

Dietary Considerations: Regular Diet Gluten-free Diet Lactose intolerant Diet Vegetarian Diet

10. Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement. Has the camper:

- a) Ever been treated for attention deficit disorder (ADD) or attention-deficit/hyperactivity disorder (AD/HD)? Yes / No
- b) Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes / No
- c) During the past 12 months, see a professional to address mental/emotional health concerns? Yes / No
- d) Had a significant life event that continues to affect the camper's life? Yes / No (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below. Please indicate the treatment plan both pharmacological and non-pharmacological intervention. (Add additional page if needed) The camp nurse may contact you for additional information.

Has the camper:

- 10. Traveled outside the country in the past 9 months?..... Yes / No If "Yes" to where _____
- 11. **Passed out/had chest pain during exercise?** Yes / No
- 12. Have **recurrent/chronic illnesses?** Yes / No
- 13. Ever been hospitalized? Yes / No
- 14. Had **fainting or dizziness?** Yes / No
- 15. Ever had surgery? Yes / No If "Yes" what type _____
- 16. Had a recent **infectious disease in the last 14 days?** Yes / No
- 17. If female, have problems with periods/menstruation? Yes / No
- 18. Had a **recent injury?** Yes / No
- 19. Have problems with falling asleep/sleepwalking? Yes / No
- 20. Diarrhea/constipation? Yes / No

Parent/Guardian Signature	Date:
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Immunization History

Copy of recent Immunization Records must be included with this package

**Camper's
Name:**

Date of birth

Age

Meningococcal Meningitis Vaccination Response:

New York State Public Health law requires the operator of an overnight children's camp to maintain a completed Meningitis Vaccination response form for every camper who attends camp for seven (7) or more nights.

Check one box and sign below:

- My child has had the meningococcal meningitis immunization within the past 10 years Date received: _____
(Note: The vaccine's protection lasts for about 3-5 years. Revaccination may be considered within 3-5 years)

Or

- 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.

Sunscreen Response:

Authorization for camp personnel to assist children unable to physically apply sunscreen must be indicated below.
If box is not checked, child will not be assisted if unable to physically apply sunscreen.

- Yes, I give permission for a New Horizons' (same gender) staff member to assist my child with applying sunscreen as needed.
Sunscreen must be supplied and carried by camper as needed.

Parent/Guardian Signature

Date:



***Camper's physician must sign this form ***

Authorization To Administer Medication

Individualized order for:

Camper's Name:	Date of birth	Weight (lbs.)
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Standard Over the Counter /PRN Medications- the following medications are available in the camp infirmary and will be administered at the discretion of the camp's nurse, if approval is indicated below by the camper's physician.

Medication Name (generic equivalents may be used)	Dosage	Route	Indications	Camper's Physician Order		Comments
				Yes	No	
Diphenhydramine	As per package by wt. and age	PO	Allergies or Allergic reactions	Yes	No	
Burn Gel	Apply to minor burns	Topically	Minor Burns	Yes	No	
Sennakot	As per package by wt. and age	PO	No BMx3 days	Yes	No	
Acetaminophen	As per package by wt. and age	PO	Temperature > 100°F or pain	Yes	No	
Caladryl	Apply to affected area up to 4x/day	Topically	Itch	Yes	No	
Hydrocortisone Cream 1%	Apply to affected area up to 3x/day	Topically	Itch	Yes	No	
Cough Drops	As per package by wt. and age	PO	Cough or Sore Throat	Yes	No	
Antacid	As per package by wt. and age	PO	Upset Stomach	Yes	No	
Antibiotic Ointment	Apply to affected area up to 3x/day	Topically	Scrapes or Cuts	Yes	No	

List all medication(s) the camper is presently taking. Send medication with camper in labeled prescription bottles to be given to the camp nurse on arrival. The nurse will dispense as needed only if indicated below by the camper's physician.

****Prescription Medications – physician to complete with camper's current regimen for both scheduled a.m. and p.m. medications (use additional page if needed) Including EpiPen or EpiPen Jr. standing orders.**

Medication Name	Route	Dosage	Schedule and Indications	Comments

*Camper's Physician's Name	*License #:
*Physician Address	*Phone#:
*Physician Signature	*Date:

Camper's Name:

Date of birth

Age



Field Trip Release

To attend New Horizons Camp, camper and parent must read, sign and agree to adhere to this contract.

The undersigned hereby request and gives permission to take _____ (camper's name) on any and all camp field trips; and with this signed agreement absolves the program director, New Horizons Ministries and any and all members of the Executive Committee of any responsibilities for the safety, welfare, health and well-being of the child named above, beyond such matters as may be called reasonable care for children in the custody of a counselor and subject to the program director's (or any staff member's) clear instructions, and assumes personally and exclusively all responsibility and liability for accident, injury, etc., which may occur to the above-named child during the time of the specific activity as set forth at the beginning of the paragraph.

Only those children whose parent/guardian return this form SIGNED can be granted permission to participate in the above named activities.

Parent/Guardian signature _____

Date _____

Activity Release

During your child's stay at camp they will have the opportunity to participate in a number of activities that are aimed at their spiritual, physical, social and emotional maturation. These activities include but are not limited to: Health and Nutrition Workshops; Fashion Shows; Physical Fitness Training and Rap Sessions.

Do you object to your child's participation in any of these types of activities?

Please indicate your wishes below:

- YES, I give consent for my child to participate in all activities listed above.
NO, I do not wish my child to participate in any of the above activities.

UNLESS THIS FORM IS SIGNED, your child will be included in all activities.

Parent/Guardian signature _____

Date _____

We accept all campers without regard to race, creed or national origin. Each camper deserves to be treated with respect, love, and care and is expected to treat others in the same manner. Pursuant to our mission, the camp director and staff seek to provide an environment where opportunities to make friends, learn about God and experience the benefits of camp are available. To ensure a cooperative, safe and caring environment, the following contract will be enforced by our staff.

- I agree to respect the authority of all camp staff, follow their directions and accept their decisions. This includes instructions for "lights out," as well as to cease all activities for whatever reasons that they might have.
No electronics allowed, this includes CELL PHONES, radios, tablet computers (iPads). We "disconnect to reconnect" at camp (see packing list in brochure for items allowed).
I agree to attend all activities as designated. I will arrive on time and remain until dismissed. I will not be disruptive during these activities. I understand that I am encouraged to pray, sing, and read the Bible.
I will respect the camp and personal property of others.
I agree to pursue the fun and enjoyment of this camp experience whole-heartedly and in the spirit of Christian fellowship, so I will not use abusive language or engage in abusive contact with other campers or staff.
As a camper I will immediately tell a staff member if I feel in danger, threatened, mistreated or unsafe in any way. I understand that New Horizons Ministries camp is always under adult supervision and a counselor is always nearby.

Checking this box indicates that I have read and reviewed this contract with my parent/guardian and agree to follow all the rules including those that are not listed on this contract but might be set forth by the camp staff during my stay. I also understand that if I fail to comply with these rules, the consequences may include but are not limited to, being prohibited from participating in some or all activities, being sent home or being prohibited from returning to this camp program.

Camper Name _____

Camper signature _____

Parent/Guardian Name _____

Parent/Guardian signature _____

Date: _____

Camper's Name:		Date of birth	Age
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Nurse's Exit Note

Exit Note: (To be completed by a camp nurse)

Check one of the following:

Left camp this day with no reported illness or injury symptoms.

Left camp this day with the following problem/concern:

This person was informed about the problem and instructed to follow up as noted above:

Name: _____

Relationship to Camper: _____

Date/Time: _____ Initials: _____