

Mountainview Christian Camp Youth Events Registration

A checklist to help:

- Camper age, Grade and emergency numbers filled out
- Parent/legal guardian signature
- ALL immunization dates or write none
- Doctor's telephone number
- A copy of BOTH SIDES of your medical insurance card
(You can staple this to your registration form)

front

back

- Health History and Allergies
- Medication Administration Form **Completed By MD/NP/PA**

In order for your child to receive any over the counter medications at camp, the medication administration form must be signed by an M.D., N.P. or P.A. Any prescription medications, continuous or new, that are brought should be written in as an order by the licensed practitioner. No vitamins, herbal supplements without a doctors order. **All medicines in original container only.** NOTE: If camper is 18+ years old, a *Medication Administration Form* is not necessary.

Please mail

- * the completed registration form
- * a copy of BOTH SIDES of your medical insurance card
- * and \$10 (check or money order payable to MCC)

To: Mountainview Christian Camp
Registrar C/O Sharon Schmaltz
7240 Dryer Rd
Victor, NY 14564

* The Medication form may be mailed up to two weeks prior to the Camp date or brought with camper on arrival. Any **NEW** medications needed or changes in dosage/frequency after form is completed, must be accompanied by a Written Doctor's Order

- 1) If you have any questions please call Sharon Schmaltz (cell) (585) 410-3180
- 2) A confirmation letter will be sent at least two weeks prior to the camp week.
- 3) The remaining tuition is due upon arrival at camp.
- 4) Parents/transporters must remain on camp property until the camper is registered properly by the registrar and medical needs reviewed by the camp nurse
- 5) Mail all letters to campers to: Mountainview Christian Camp,
3511 Reed Rd., Dansville, NY. 14437

NY State requires a lot from youth camps. No camper or staff under 18 years old can remain on grounds without a parental/guardian signature and completed registration form. For information concerning children's camps in NY, log on to <http://www.health.state.ny.us/nysdoh/camps/nyscamp.htm>

Additional Information for Parents

Visitation: 2024 - Visitors are welcome to stay for the Sunday evening meal and vespers service only during the youth weeks. Guest meal tickets are \$4.00 per person. From Sunday evening through Saturday morning, the program belongs to the campers.

Items the camper should bring:

- Summer and fall clothing as days vary and can be very cool. Bring play clothes and sturdy sneakers for daytime activities and sport clothing for evening dress-up time. Old T-shirts and shorts without metal are best for the water slip and slide. Clothing must be modest with shorts having an inner leg seam of at least a few inches and no thin, clingy material. Sleeveless tops, no spaghetti straps and T-shirts are best and should be long enough that no midriff is showing. A rain coat or umbrella will be helpful. If athletic shoes are brought, the cleats must not be sharp.
- Warm bedding as a sleeping bag or sheets with a blanket. Pillow. Bible, notebook, pencil, pen
- Personal hygiene items: soap, shampoo, towels, sunscreen and insect repellent with parental permission.
- Money: Campers use money for two things at camp. There is a canteen (offering refreshments, stamps) and there is a missionary offering (where campers get to experience the joy of giving).
- The use of cell phones during each week is at the dean's discretion. If you have any concerns regarding the policy for a specific week, please feel free to contact the dean for that given week for clarification.
- Please let the Health Director, Bonnie Hays, 585-594-1056 know if there are food allergies or restrictions so she can inform the food purchaser. Special food brought will be labeled and held in an appropriate spot for the kitchen or canteen staff to be able to hand out or prepare it for the camper. Campers cannot have any food, candy or medications with them in the dorms. Please inform your child of this as they prepare to come.

Checking In:

Please check in with the registrar first as you or a designated person arrive with your child. Paperwork will be reviewed by the registrar and nurse as well as all medications reviewed for completion and locked up. Any special needs and questions can be addressed before parents leave the grounds. Many issues can be avoided by using this time for review as it can be time consuming to correct errors, sometimes even delays in medication administration. Our health care regulations are similar to that of a NYS school nurse.

Times: All youth weeks check in starts on **Sunday** at 4:00 pm.

Junior High and Senior High week programs conclude on **Saturday** at 10:00 am.

Junior week program ends on **Friday** at 10:00 am and **Mountain Do** on **Saturday** at 10:00 am.

First Chance Check in will be on **Friday** at 4:00 pm and concludes on **Sunday** at 1:00 pm.

The parent/transporter is to be at camp promptly at closing time to take the camper(s) home.

Camp Mail: Any mail addressed to a camper MUST be sent to the camp address: 3511 Reed Rd, Dansville, NY 14437. They WILL NOT receive mail sent to the registrar's address, If you have any questions, please contact: Registrar C/O Sharon Schmaltz

7240 Dryer Rd
Victor, NY 14564

Email: skschmaltzee@gmail.com (Preferred)

REGISTRATION FORM

— FOR REGISTRAR'S USE ONLY —

**Mountainview Christian Camp
2024 Youth Programs**

Postmark _____	Last _____
Name _____	
Deposit Paid _____	
Program _____	
Balance Due _____	Registration _____

Please note: A current medical history and immunization record (including dates) must be completed and signed by a parent or legal guardian. The medication form has to be completed and signed by the camper's medical provider. This registration form is also needed for any **Counselor in Training or Helper** under 18 years old by signing the second parental permission line and designating the week(s) they will be serving.

The camp uses Dansville After Hours Care for minor illnesses and injuries and Noyes Memorial Hospital ED for emergency care. Both will bill insurance companies or parents directly, offering financial aid packet applications for those without insurance. Parents will be notified to confirm preference of picking up campers to take to their own personal medical doctor.

Last Name _____ First Name _____ MI _____

Birthdate (MM/DD/YYYY) _____ Gender _____ Age _____ Grade Completed _____ Home Church _____

Parent or Guardian _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

Email address (include for email registration confirmation)

 Registering for: [] Burmese Youth Program [] First Chance Camp (K - 5th Grade) [] Junior Week (4th, 5th, 6th Grade)
 [] Junior High Week (6th, 7th, 8th Grade) [] Senior Week (9th, 10th, 11th, 12th Grade) [] Mountain Do (7th through 12th Grade)
The camper must register for the youth week of the last grade completed unless dean's approval is obtained.**Sixth graders may attend either Junior or Junior High Week. See brochure for details.**

If parent/guardian listed above is not available in an emergency, notify: Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me.

I give permission for photographs and video footage of my son or daughter to be used by the camp for promotional purposes and Website. No names will be associated with the pictures.

In the event I CANNOT BE REACHED IN AN EMERGENCY, I hereby give permission to the physician(s) selected by the camp to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.

I agree to be billed directly by Perry Urgent Care, Noyes Urgent Care in Geneseo or the Dansville Emergency Department for any co-payment fees, physician office fees, or any other payments not covered by my health insurance company incurred if my child is in need of medical treatment.

I understand that all above facilities, including the Livingston County Health Dept. may have need for the use and disclosure of the camper's protected health information to carry out "treatment", "payment", and NYS required "reporting".

Signature _____ Date _____

I consent to my child bringing or using sunscreen or insect repellent. Signature _____ Date _____

My child also has my permission to serve as a Counselor in Training or Helper for _____ camp week

Signature _____ Date _____

PARENT OR AUTHORIZED LEGAL GUARDIAN

Tuition and registration deadlines are shown below. Youth programs require a \$10 deposit with registration form; the remaining tuition is paid when checking in at the start of the week. Paying your tuition in full will help the camp have funding up front for purchases and lessen registration time. Tuition covers food and programming costs but facility maintenance and upgrades are supported only through donations of funds and labor. You can give an optional gift to help reduce our fundraising. Just mark the designated amount on your check as you register. Thank you. Please mail completed form and check (payable to Mountainview Christian Camp) to:

Tuition for First Chance Weekend

\$50

Mountainview Christian Camp
C/O Sharon Schmalz, Registrar
7240 Dryer Rd
Victor, NY 14564

Tuition for Junior Week

\$140

Tuition for Junior High / Senior High Week

\$150

Tuition for Mountain Do Week

\$100 – For all

— (over) —

*** IMPORTANT ***
 Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

HEALTH HISTORY: (Check giving approximate dates where possible)

		Allergies:			Diseases:
Ear Infections	_____	Hay Fever	_____	Chicken Pox	_____
Rheumatic Fever	_____	Poison Ivy, etc.	_____	Measles	_____
Convulsions	_____	Other:	_____	German Measles	_____
Diabetes	_____		_____	Mumps	_____
Behavior	_____		_____	Asthma	_____

ALLERGIES TO DRUGS, PENICILLIN, FOODS, INSECT STINGS:

Describe the campers allergic reaction to a specific insect sting, medication or food, i.e., local swelling, hives, shortness of breath, rash, itching, gastro-intestinal disturbances, anaphylaxis (shock, respiratory distress, loss of consciousness).

- (1) Name of allergen (substance allergic to) _____
 Reaction _____
- (2) Name of allergen (substance allergic to) _____
 Reaction _____

(Use an additional sheet of paper and attach it to the registration form if more space is needed.)

Bee sting kit to be sent with a camper? Yes No (The Camp does not have Bee Sting Kits)

OTHER:

Operations or serious injuries (with dates) _____
 Other medical conditions _____
 Restricted activities (sports, strenuous activity, other) _____
 Special Needs/Diet _____

A medication administration form must be completed and sent with this registration form, or within two weeks of start of camp. For any new prescription medications, an order must be written by a Medical Doctor and brought to camp on arrival.

A camper may attend without a medication form, but no medications, not even first aid ointment, can be administered without a healthcare provider order.

IMMUNIZATION HISTORY:

This is a record of basic immunizations and most recent booster doses. Note: DTP (Diphtheria, Tetanus, Pertussis) and Polio series are three separate shots over first 1 to 1-1/2 years of life and additional booster. MMR (Measles, Mumps, Rubella) are a series of two separate shots given after first year of life. Please list month and year. **Please write none where camper is not immunized.**

These MUST be completed for attendance at any youth week or youth program.	COVID-19: _____
	DTP: _____, _____, _____, Booster _____
	Polio: _____, _____, _____, Booster _____
	MMR: _____, _____
	TB Test: _____
Other: _____	

PHYSICIAN/HEALTH INSURANCE INFORMATION:

Full Name of Primary Care Physician _____
 Address _____ City _____ State _____ Zip _____
 Office Phone _____ Other Phone _____

Attach a copy of your insurance card to this form; please copy both sides. If no insurance, please indicate.

Mountainview Christian Camp Medication Administration Form

Name: _____ Weight: _____ Age: _____

Allergies: _____

**NOTE: For all campers and staff helpers under 18 years old.
2024 Camp Program (circle all programs attending)**

Burmese Youth ProgramFirst Chance WeekendJunior WeekJunior High WeekSenior High WeekMountain Do Week

Standard over the Counter / PRN medications: The following medications are available in the infirmary and will be administered at the discretion of the Registered Nurse / L.P.N./P.A./N.P., if approval is indicated by the camper healthcare provider.

Drug Name	Route	Dosage	Schedule and Indications	Camper HealthCare Provider Order	Comments
Acetaminophen (Tylenol)	PO chewable tablets, elixir, or tablets	Per label instruction by Age/weight	q4° PRN for pain or fever > ____ F°	YES NO	
Ibuprofen	PO tablets or elixir	Per label instruction by Age/weight	q6° PRN for pain	YES NO	
Calcium Carbonate (Tums, Antacid Tablets)	PO tablets	Per label instruction by Age/weight	BID or TID PRN for stomach upset	YES NO	
Antacid/Anti-gas Alumina, Magnesium & Simethicone (Gas-X) (Generic)	PO tablets	Per label instruction by Age/weight	BID or TID PRN for heartburn, gas	YES NO	
Diphenhydramine HCL (Benadryl)	PO tablets or elixir	Per label instruction by Age/weight	q6° PRN for allergic reaction (hives, insect bites)	YES NO	
Phenylephrine Hydrochloride (Decongestant)	PO tablets	Per label instruction by Age/weight	q 4-6° PRN nasal congestion	YES NO	
Phenylephrine Hydrochloride and Tripolidine Hydrochloride or Chlorpheniramine Maleate (Decongestant/Antihistamine)	PO tablets	Per label instruction by Age/weight	q 4-6° PRN for seasonal allergies	YES NO	
Loratadine (antihistamine)	10 mg	Per label instruction by Age/weight	1 tablet daily	YES NO	
Dextromethorphan HBr Guaifenesin (Cough Suppression / Expectorant: Tussin DM)	PO liquid	Per label instruction by Age/weight	q4° for cough	YES NO	
Benzocaine/menthol (Cepacol-anesthetic)	Lozenges/ spray	Per label instruction by Age/weight	1 every 2° PRN sore throat	YES NO	
Ludens Cough Drops	PO	Per label instruction by Age/weight	1 q2° pm for cough	YES NO	

Health Care Provider Signature: _____ Date: _____

Mountainview Christian Camp Medication Administration Form

First Aid Topicals:

Drug Name	Route	Dosage	Schedule and Indications	Camper HealthCare Provider Order	Comments
Providon – Iodine 10% (Betadine)	Topical	Per labeled instruction	Antiseptic treatment for minor skin wounds	YES NO	
Polymyxin b-bacitracin-neomycin (Triple antibiotic ointment)	Topical	Per labeled instruction	First aid antibiotic for minor skin wounds	YES NO	
Xylocaine, Benzocaine, Lidocaine, Lanacane spray/ointment	Topical	Per labeled instruction	Anesthetic prior to cleansing dirty wounds	YES NO	
Ivarest, (Calamine 14% Diphenhydramine Hydrochloride 2%)	Topical	Per labeled instruction	4 times daily for itch/rash	YES NO	
Hydrocortisone 1% cream	Topical	Per labeled instruction	TID to QID for itching with minor skin irritation	YES NO	
Calamine Clear Pramoxine HCL 1% and Zinc Acetate 0.1%	Topical	Per labeled instruction	Skin protectant, analgesic	YES NO	
Eyedrops: Artificial tears/lubricant	Topical to eyes	Per labeled instruction	1-2 drops up to QID. For lubricant,	YES NO	

Please list all prescription or over the counter medication that the Camper will be bringing with them. Include vitamins, nutritional supplements.

Camper must bring their own Epinephrine Auto-Injector if needed

Drug Name	Route	Dosage	Schedule and Indications	Comments

Health Care Provider Signature: _____ **Date:** _____

Mountainview Christian Camp Medication Administration Form

For All Campers

In the event that a registered professional nurse may not be available to administer medications, is the camper considered self-directed and capable of taking their own oral, topical and inhalant medications under the supervision of designated staff.

YES

NO

For Campers with Diabetes

Every camper with diabetes must have a Diabetic Medical Management plan (DMMP) from their physician which describes the health care services and monitoring the camper will need to receive. Campers own glucometer and supplies need to be brought with them as these are unavailable at camp. Is the camper capable of self-monitoring their glucose levels?

YES

NO

Additional Orders: i.e. dressing changes, cast care, DMMP, etc. Instructions can be printed and stapled to this form with the physician's signature on the instructions.

Camper's Health Care Providers Name: _____

Phone #: _____ Fax #: _____

Address: _____

License #: _____

Signature: _____ Date: _____

Camp Address: (ONLY DURING CAMP PROGRAMS)

Mountainview Christian Camp
3511 Reed Rd.
Dansville, NY, 14437

Phone:

585-335-5257 (Only available during youth weeks and retreats)

Please call the health director, Bonnie Hays, at 585-594-1056 for questions not during the youth weeks. Cell: 585-260-5551

To Fax, must call camp number first to tell them, then fax on same line.