



# Camp Bennett 2012

To Reach, Teach, and Keep Children for Christ  
Children's Christian Summer Residential Camp

## A MINISTRY OF CENTRAL UNION MISSION

1350 R Street, NW • Washington, DC 20009

Phone: 202-745-7118 • [www.missiondc.org](http://www.missiondc.org)

David Treadwell, Executive Director, Kevin Hollowell Camp Director

### Office Use Only

Date: \_\_\_\_\_  
Cabin \_\_\_\_\_  
Heart: \_\_\_\_\_  
Paid: \_\_\_\_\_  
Medical Forms \_\_\_\_\_  
Birth Cert. \_\_\_\_\_

**IMPORTANT:  
PLEASE READ!**

Please Note... All applications must include:

- A copy of your **child's birth certificate** (if first time attending)
- Maryland state law requires that you **must** submit your **child's immunization record** even if your child has attended camp previously.
- **Doctor's signature** is **REQUIRED** for the forms of children with asthma bringing an inhaler or medications to camp. (Paperwork enclosed)
- Applications without this paperwork will **not** be considered. Admission is as space permits on a first come, first served basis.
- **\$20 per child**, per registration – CASH and MONEY ORDER, payable to Central Union Mission

### Personal Contact Information

(Please Print)

Child's Name (First, Last) \_\_\_\_\_

Age at camp this summer: \_\_\_\_\_ (**Ages 8-12yrs.**) Can your child swim? \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Custodial Parent/Guardian Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Best phone number to reach you \_\_\_\_\_

If not available in an emergency notify: \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

### Camp Sessions 2012: Please indicate your TOP (2) choices:

Monday, July 9 – Friday, July 13 \_\_\_\_\_

Monday, July 16 – Friday, July 20 \_\_\_\_\_

Monday, July 23 – Friday, July 27 \_\_\_\_\_

Monday, July 30 – August 3 \_\_\_\_\_

Monday, August 6 – August 10 \_\_\_\_\_

**NOTE:** If registering a group, all paperwork must be submitted together.

→ Children may attend one week per summer.  
→ We do not reserve spaces.



**Required Signatures**

**Permission to Photograph or Video**

I grant permission for my child to be photographed and/or videoed while [s]he is participating in Camp Bennett or Central Union Mission activities. I understand that any photographs and video may be published or used by Central Union Mission for promotional publicity, historical purposes, and the like. I further understand that I am relinquishing all legal rights for payment or redress with respect to the publication of any photographs and video.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Custodial Parent/guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Custodial Parent/guardian

**Please Note:** In cases of joint custody, signatures of BOTH parents/guardians is required

By signing below I grant permission for my child to participate in Central Union Mission's summer camp at Camp Bennett without restriction, to include off-site field trips if such should be planned. I grant Central Union Mission permission to transport my child to and from the Mission and on (yet unscheduled) field trips. I also acknowledge that Camp Bennett utilizes a high ropes course, an outdoor swimming pool, and horseback riding as part of its activities and have had opportunity to inquire regarding the nature of these activities and give full permission for my child to participate in these activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/guardian

**Please Note:** In cases of joint custody, signatures of BOTH parents/guardians is required

**Camp Bennett  
Health Information**

<b>Office Use Only</b>	
Checklist for Health Information	
<input type="radio"/>	PCP Information
<input type="radio"/>	Immunization Record
<input type="radio"/>	Signature line
Initial _____	Date ____/____/____

**Primary Care Provider/Physician Information**  
(Please Check ONE)

\_\_\_\_\_ Participant **DOES** have a Primary Care Provider/Physician.

PCP/Physician \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Participant **DOES NOT** have a Primary Care Provider/ Physician at this time.

Continued on the next page...



## INSURANCE INFORMATION

(Please Check ONE)

\_\_\_\_\_ Participant **DOES NOT** have health care coverage at this time.

\_\_\_\_\_ Participant has health coverage (fill in below):

Insurance Provider \_\_\_\_\_ Phone # \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Effective Date \_\_\_\_\_

### Immunization Requirements: STATE REQUIREMENTS FOR RESIDENTIAL CAMPS

**\*All staff/campers under the age of 18 are required to provide Camp Bennett with a copy of immunization records including those who attend Maryland private or public schools.**

Is the participant exempt from immunization for medical or religious grounds? \_\_\_\_ Yes \_\_\_\_ No (see below)

**All staff/campers must be current on all immunizations**, unless they provide a written statement from either their physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons. *If either of these situations applies to you, you must provide a copy of the Maryland Department of Health and Mental Hygiene Immunization Certificate for your child. (Included in your health packet)*

Date of most recent Tetanus Immunization Booster: \_\_\_\_\_  
(Must list month and year)

**I V. General Questions** (Check only those that apply. Explain "Yes" answers below)

Has/does the participant:	YES	YES
1. Had any recent injury, illness or infectious disease? (within the last 6 months).....		12. Ever had problems with joints (e.g. knees, ankles, etc.)?.....
2. Have a chronic or recurring illness/condition?		13. Have any skin problems (e.g. rash, itching)?
3. Ever been hospitalized?.....		14. Have diabetes? .....
4. Ever had surgery?.....		15. Have asthma? (See Asthma form).....
5. Ever had a head injury?.....		16. Have mononucleosis in the past 12 months?
6. Wear glasses, contacts or other eyewear?....		17. Had problems with diarrhea/constipation.....
7. Ever had frequent ear infections?.....		18. Have problems with sleepwalking.....
8. Ever had seizures?.....		19. Have a history of bed-wetting.....
9. Ever had high blood pressure?.....		20. Ever had emotional difficulties for which professional help was sought?.....
10. Ever been diagnosed with a heart murmur?		21. Please list <b>allergies</b> below (food, drug, Environmental) .....
11. Ever had back problems?.....		

Please explain any "yes" answers

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# Camp Bennett Health Information



Will your child bring an inhaler to camp? \_\_\_\_\_ **(REQUIRED: Please Fill Out the Asthma Action Plan form)**

Will your child bring an epi-pen to camp? \_\_\_\_\_ Is your child ADD or ADHD? \_\_\_\_\_

Will your child bring any medications to camp? \_\_\_\_\_ **(REQUIRED: Fill Out Medication Administration Authorization Form)**

\_\_\_\_\_ This participant takes **NO medications** on a routine basis. Some over-the-counter medications may be supplied by the health center as needed. (See list below) Be certain you have listed allergy information.

Please circle medications in the box below you **DO NOT** want the participant to receive.

I approve my camper to take all of the flowing medications as needed **EXCEPT** (please circle):  
**Any meds NOT listed require a doctor's order (Complete Medication Administration Authorization Form)**

- Hydrogen Peroxide	- Tylenol	- Chloraseptic throat spray
- Antiseptic spray	- Benadryl	- Throat lozenge
- Antibiotic ointment	- Ibuprofen	- Cough drop
- Hydrocortisone cream	- Sudafed	
- Calamine lotion	- Cough suppressant/expectorant	
- Burn gel with lidocaine	- Antacid (Tums or Pepto-Bismal)	
- Topical muscle rub	- Emetrol (anti-nausea)	
- Caladryl (anti-itch)	- Anti-diarrheal	

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health of which the camp should be aware (including learning disabilities).

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## Health Services Authorizations

This health history is correct and complete as far as I know. The completed form may be photocopied for trips out of camp.

I agree that Camp Bennett, its agents, officers, employees, trustees and volunteers will not be liable for any injury, death, damage and/or loss to myself or my child, and/or anyone claiming on my or my child's behalf, and I further agree to hold harmless, indemnify and defend Camp Bennett, its officers, staff, agents, employees, trustees and volunteers for and from any and all liability, claims, losses, injuries, expenses, fees and/or damages arising out of any injury, illness or death to myself or my child or property damage during my or my child's attendance at Camp Bennett. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including order x-rays or routine tests, and ordering injections and/or anesthesia or dental work. I agree to the release of any records necessary for insurance purposes.

In accordance with government HIPAA Regulations, I hereby authorize Camp Bennett's health officials to share health information and health history with the other staff members on a need to know basis. This includes the camp director, head counselor, and counselors that have the participant in their care. The purpose of this disclosure is for

the necessary staff to be prepared in advance for any medical emergencies. The health information that may be disclosed will be from the Health Information Form, Medication Form and Immunization Records. I authorize release

of medical information to Dr. David Harding and associates, Camp Bennett's physician, for necessary treatment while attending camp. I also authorize the release of medical information from my child's doctor's office to Camp Bennett. This authorization is valid from June 25 through August 10. I understand that this information is released to help with treatment.

**Additional Parent/Guardian Authorizations for participants under 18:** The minor child herein described has permission to engage in all camp activities except as noted. I give permission to the camp for the use of camp stocked over-the-counter medications to be administered as ordered by the camp physician. In the event of an emergency, I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for my child.

Signature of parent/legal guardian: x \_\_\_\_\_

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

Signature of participant (if over 18): x \_\_\_\_\_

Please check below:

\_\_\_\_\_ I have submitted with this application cash or money order for \$20 (payable to Central Union Mission) to cover my child's registration fee, and I understand this payment is non-refundable.

\_\_\_\_\_ I have submitted with this application my child's Birth Certificate (first - time attendees)

\_\_\_\_\_ I have submitted with this application my child's immunization records (requirement for everyone)

\_\_\_\_\_ I have submitted with this application the Health Information sheets required. (children bringing an inhaler or medications to camp)

Please mail or return applications to:

Central Union Mission, Attn: Tracy Duncan, 1350 R Street, NW, 20009

Any questions regarding camp activities or curriculum may be addressed to:  
Kevin Hollowell, Director of Camp Bennett and Children's Ministry: (202) 437.5643 or  
[khollowell@missiondc.org](mailto:khollowell@missiondc.org)

