

CAMP EMMANUEL

CAMP GOVERNANCE

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GREEK ORTHODOX METROPOLIS OF DENVER
OFFICE OF YOUTH & YOUNG ADULT MINISTRIES
4550 East Alameda Avenue Denver, Colorado 80246
(303)333-7794 fax(303)333-7796

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GOVERNING BODY

Camp Emmanuel (the Camp) is a program of the Greek Orthodox Metropolis of Denver, facilitated on behalf of the Metropolitan of Denver by the Metropolis Office of Youth & Young Adult Ministries.

PURPOSE AND GOALS

The goals and objectives of Camp Emmanuel are to bring Orthodox youth together from the 14 states which comprise the Greek Orthodox Metropolis of Denver, for an Orthodox summer camp in which they will:

- A. Experience an Orthodox Christian community through participation;
- B. Learn more about their Orthodox Christian faith through the discussion groups and various activities;
- C. Enjoy Christian fellowship;
- D. Interact with peers and positive Christian role-models who participate in the program.

GENERAL PROVISIONS

- A. Camp Emmanuel is open and available to youth ages 11-18 years.
- B. The Camp is divided into two programs; Junior Program (ages 11-14 years) and Senior Program (ages 15-18 years).
- C. Parents will be given the opportunity to indicate to the Camp any and all activities in which their child should not or cannot participate.
- D. Each phase of the Camp program will be under the direction and supervision of qualified staff members who will be responsible for the health and safety of all participants.

ADMINISTRATIVE HIERARCHY

- A. *Metropolitan of Denver*-As the spiritual and administrative head of the Metropolis of Denver, the hierarch of the Metropolis oversees all ministry functions.
- B. *Director of Youth and Young Adult Ministries*-The Camp is facilitated under the auspices of the Office of Youth and Young Adult Ministries. As such, the Director is responsible for the functioning of the Camp. The Director reports directly to the Metropolitan of Denver.
- C. *Camp Director*-The Camp Director is responsible for all logistic and programmatic aspects of the Camp. The Camp Director reports to the Metropolis Director of Youth and Young Adult Ministries. In practice, this position may be filled by the Metropolis Director of Youth and Young Adult Ministries.

- A. *Program Director*-The Program Director is responsible for all aspects of the Camp program and reports to the Camp Director.
- B. *Assistant Directors*-The following positions may be filled at the discretion of the Camp and Program Directors as needed. Each reports directly to the Program Director:
 - a. *Boys Director*
 - b. *Girls Director*
 - c. *Cabin Staff Director*
 - d. *Activities Director*

PERSONNEL

- A. The Camp Staff is made up primarily of volunteers.
- B. All staff members having a supervisory role with campers shall be over twenty-one (21) years of age, shall have graduated high school, and have interest in, respect for, and ability to work with camp-aged children.
- C. Additional “Junior Staff” members may be utilized on the Camp staff. These individuals shall be nineteen (19) years of age or older, shall have graduated high school, and have interest in, respect for, and ability to work with camp-aged children. Junior Staff members are not allowed to serve in supervisory roles.
- D. All forms of application and agreement (see Addenda A “Staff Application Packet) will be signed by each volunteer in accordance with the Policies and Procedures for the Protection of Children and Youth Participating in Archdiocesan Camps and Retreats of the Greek Orthodox Archdiocese of America.
- E. The Camp will perform its due diligence and make reasonable effort to determine whether each person who works/volunteers at the Camp has ever been convicted of any felony, child abuse, or unlawful sexual offense, or has ever been charged with the commission of an act of child abuse or unlawful sexual offense.
- F. Each staff member will provide a record of health and physical fitness which will be kept on file at the Metropolis of Denver Office of Youth and Young Adult Ministries. It is recommended that they be examined within the previous 24 months by a physician or a qualified licensed nurse practitioner.
- G. Each staff member will be notified of their responsibilities in regard to service at the Camp and will be given instructions in order to carry out such responsibilities. Likewise, they will be made aware of Camp policies and procedures.

NECESSARY CAMP PERSONNEL

- A. The camp will have an onsite Program Director who is over the age of twenty-five (25) years old.
- B. A Participant to Staff ratio of at least 10:1 will be maintained at all times.
- C. The camp will have an onsite Health Supervisor. The Health Supervisor(s) will be qualified as one of the following:
 - 1. A licensed physician;
 - 2. A registered nurse;
 - 3. A trained and certified Paramedic or Emergency Medical Technician;

4. staff member who holds a current American Red Cross Advanced First Aid Certificate.

(Should the onsite Health Supervisor have one of the accepted qualifications other than a licensed physician, an offsite licensed physician will be “on-call” for purposes of consultation by the onsite Health Supervisor;

D. Specialized staff members who are responsible for specific portions of the camp program will be assigned as needed.

STAFF JOB DESCRIPTION

Minimum Qualifications

- A. An Orthodox Christian in good standing
- B. Desire and ability to work with young people
- C. Ability to communicate and instruct themes and directions
- D. Ability to work well with others
- E. Ability to assist and/or lead activities
- F. Possession of good character, integrity and adaptability
- G. High school graduate or equivalent, at least 19 years old (21 years is recommended)

NECESSARY CAMPER SUPERVISION

- A. Each staff member will know where campers are at all times.
- B. Campers shall at no time be left without qualified supervision, including trips, on-site activities, and sleeping quarters.
- C. Each special activity shall be supervised by a staff member who is qualified and experienced in that specified area.
- D. The staff ratio shall be at least one (1) staff member to ten (10) campers.
- E. On trips away from the campsite, the ratio listed above (D) shall be consistent.
- F. For all trips away from the camp, an itinerary of the trip will be sent to each child’s parent prior to the first day of camp.
- G. Behavioral and discipline issues will be handled by the Program and Camp Directors. Parents of campers involved will be contacted directly by the Camp Director.

SPECIFIC STAFF RESPONSIBILITIES

During the time of camp, campers are under the direct supervision of the Metropolis of Denver. Specific responsibilities will be outlined by the Program and Camp Directors. However, the following are general guidelines for each staff member:

- Execute and support the camp policies and procedures.
- Enforce camp safety regulations.
- Set a good example for campers and others, including adhering to camp policies and rules, cleanliness, punctuality, sharing clean-up and chores, sportsmanship, table manners, and Orthodox Christian morality.
- Follow camp rules and regulations pertaining to smoking, drinking alcoholic beverages, and use of drugs.
- Encourage respect for personal property, camp equipment and facilities.

- Supervise all assigned aspects of the campers' day, including worship, cabin clean-up, meal times, activities, cabin time, getting ready for bed, etc., as well as all other aspects specified by the Program and Camp Directors.
- Encourage campers to take showers, brush their teeth, and wear clean clothing to ensure practice of good hygiene.
- Be aware of the health and well-being of assigned campers.
- Assist in and/or lead activities as assigned.
- Cooperate and communicate with other staff members.
- Prepare for and actively participate in staff training, meetings, and supervisory conferences.

OFFICE STAFF RESPONSIBILITIES

- Compile daily activity signup sheets.
- Mail call.
- Upload pictures to the website.
- Create slide show from pictures.
- Assist the doctor with camper files and medical forms.
- Prepare needed supplies for sessions and activities.
- Deliver incoming and outgoing messages.

STAFF TRAINING

Staff training will be conducted by the Program and Camp Directors in accordance to specific program goals and youth protection policies.

STAFF CODE OF CONDUCT

- A. Use of alcohol, drugs, or other illegal substances will not be tolerated at camp. Any staff member found in possession of, or using these substances, will be asked to leave immediately.
- B. There will be no smoking on the camp grounds by anyone. This policy will be strictly enforced. If adult smoking is allowed at camp, there will be no smoking in front of campers and only in designated areas and times. The smoking policy will be specified by individual camp programs.
- C. No profanities of any kind should be used by any staff members.
- D. Staff members are not to deal with campers or one another in a degrading or abusive manner.
- E. Staff members are reminded to ensure that campers are properly supervised at all times.
- F. Staff members are required to be at all activities and take part in them as well.
- G. There are to be no boys in the girls' cabins and no girls in the boys' cabins. This includes both staff and campers.
- H. There will be no public displays of affection at camp.
- I. Staff free time is scheduled at the Program and Camp Directors' discretion. All staff free time will be on a rotating basis and at no time will the campers be left without staff supervision.

- J. Staff members are not to leave the campground during the camp session, unless specified by the Camp Director.

CAMP GUIDELINES

TRANSPORTATION

Campers are to travel with their parents or parishes (priests and/or staff members), either directly to the facility or, to a designated location from which organized professional transportation arranged by the Camp. Any transportation off of facility grounds will be pre-arranged with the exception of emergency situations.

FOOD AND NUTRITION

Food should be eaten in the dining hall/cafeteria area only. Food is not permitted to be kept or eaten in the cabins. If found in unauthorized areas, food will be collected by the counselors and distributed during designated times. Meals and nutrition are supervised by the camp facility.

DISCIPLINE

Discipline will be constructive and educational in nature and will be consistent with the “Two Strike Behavior Policy” (see Addenda B “Two Strike Behavior Policy”). This policy will be interpreted and applied by the Program and Camp Directors. When deemed necessary by the Program and Camp Directors, parents will be contacted. When possible and appropriate, a staff member from the child’s home parish will be consulted.

CABINS

Appropriate supervision will be maintained with designated ratios within the cabin buildings. Staff members will be instructed prior to the camp regarding proper bathroom procedures.

SMOKING

Smoking by campers is prohibited at all times. Staff members who smoke must do so only at designated times/places as determined by the Camp Director.

DRUGS AND ALCOHOL

Drugs and alcohol are not allowed at any time by any participant, staff or camper.

LEAVING THE CAMPGROUND

No one may leave the campground without the Camp Director’s approval. This rule applies to staff as well as to campers.

BEACH OR POOL AREA (if available)

Under no circumstances are campers allowed on the beach or in the pool area unless accompanied by a staff member. Swimming and boating are only permitted when a lifeguard or designated staff member is on duty. Campers and staff must follow the directions of the lifeguards at all times.

EXCURSIONS (if available)

While on trips, everyone must travel in a group of three or more. Group leaders will set the time and location for the return.

KITCHEN

The kitchen is off limits to everyone except for the kitchen staff.

PUBLIC DISPLAYS OF AFFECTION

Public displays of affection (PDA), as defined and explained by the Program and Camp Directors, are not allowed.

CHAPELS AND MEALS

Attendance at all chapel services as well as at every meal is mandatory for all staff and campers.

EMERGENCY PROCEDURES

Emergency procedures for fire, flash flood, or any other natural emergency situation will be governed by the camp facility. Such procedures will be communicated to staff and campers. In situations of violence or possible violence campers and staff will go on “lock-down” in their cabins or another location designated by the Camp Director. In all emergency situations head-counts/roll calls will be performed to ensure the presence of all participants.

CAMPER RECORDS

Information will be obtained and maintained at the campsite for each camper (see Addenda C “Camper Registration”). After the time of camp, camper records will be filed and locked at the Metropolis of Denver Office of Youth and Young Adult Ministries and remain there for a minimum of seven years.

STAFF RECORDS

Information will be obtained and maintained at the campsite for each staff member (see Addenda A “Staff Registration”). After the time of camp, staff records will be filed and locked at the Metropolis of Denver Office of Youth and Young Adult Ministries and remain there for a minimum of seven years.

GENERAL INFORMATION

Children’s records are confidential, and any information learned about children and families shall be kept in strict confidence.

Camp Emmanuel is a resident program in which the Metropolis of Denver, through the Camp Emmanuel Staff, supervises all participants, who are registered as individuals.

CHILD AND YOUTH PROTECTION

Child and youth protection will be governed by the Policies and Procedures for the protection of Children and Youth Participating in Archdiocesan Camps and Retreats of the Greek Orthodox Archdiocese of America. Likewise, the Youth Protection Manual: Policies and Procedures for Camp Staff will be used as a guide in regard to protection of children and youth.

REPORTING

Incident reporting is required for all instances which must be formally brought to the attention of the Metropolis of Denver. Such instances include, but are not limited to bodily injury, cases of abuse or suspected abuse, peer-to-peer violence, and possession of prohibited items. An incident report form (see Addenda D “Incident Report Form”) should be used for this purpose.

CHILD CARE/HEALTH CARE

- A. The camp health program will be under the supervision of an individual qualified as stated above.
- B. A complete health history and examination will be on file at the camp office for each camper and staff member, which will be signed by a physician or qualified, licensed nurse practitioner.
- C. Each camper will be observed for evidence of any illness or communicable disease, and to check special medications, treatment procedures, dietetic restrictions, known allergic reactions and physical limitations.
- D. If a camper shows symptoms of severe illness or contagious disease, the camper shall be separated from other campers, the parents notified, and a doctor or medical facility shall be consulted as to the child’s treatment.
- E. If a staff member shows symptoms of severe illness or contagious disease, the staff shall be separated from other campers and staff, emergency contact, and a doctor or medical facility shall be consulted as to the staff member’s treatment.
- F. When communicable diseases occur, parents and staff members will be advised of the protective measures, as well as the county health officer.
- G. If a camper requires medical attention away from the camp site, the child’s parents or guardian will be notified immediately.
- H. When taking trips away from camp grounds, the medical health and history examination will be sent on the trip.
- I. First aid supplies will be available to camp staff members and located in the camp office and program areas.
- J. Any child who is ill and in the infirmary will be appropriately supervised.
- K. In case of an emergency, transportation will be made available.

WRITTEN AGREEMENTS, REPORTS, AND LOGS

Camp Emmanuel will keep on file all pertinent information, not limited to, but including:

- A. A written agreement with a licensed physician stating that he/she will furnish the necessary medical services for campers at the camp and medical help as a backup to the camp staff members responsible for health supervision.
- B. A record of medical treatments administered will be kept for instances requiring the attention of the camp's designated medical or first aid personnel.
- C. If any fatality occurs at the camp, a written report to the proper civil authorities.
- D. If any camper is required to be sent home or admitted to a hospital, a written report to the Metropolitan of Denver as well as the camper's parish priest.
- E. If any camper has been lost from the campsite, a written report to the proper civil authorities.
- F. If there is suspicion of child abuse, a report shall be made to the county department of social services or sheriff's office in which the camp is located, as well as to the county department of social services of the child's residence.
- G. If a lawsuit is filed against the camp, a report shall be made to the proper civil authorities of initiation of such action.



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STAFF APPLICATION PACKET INSTRUCTIONS

INTRODUCTION:

Each summer the Camp Emmanuel Orthodox Summer Camping Program of the Metropolis of Denver offers youth ages 11-18 years an opportunity to retreat away from the pressures and challenges of everyday life and focus on their relationship with Jesus Christ. Unlike secular summer camps, the purpose of Camp Emmanuel is to assist its participants in their Orthodox Christian journey. In order to achieve this aim, it is necessary that the camp offers a safe and nurturing community in which relational youth ministry can occur. A primary component of this community is the camp staff.

We are pleased that you have expressed interest in serving on Camp Emmanuel staff. Please carefully review and complete this Staff Application Packet and return it to the Metropolis of Denver Office of Youth and Young Adult Ministries. Unfortunately, we will not be able to accept all applicants, and incomplete submissions will not be considered. If you are available for only one of the two sessions, we can not guarantee your session of choice.

MATERIALS:

Please find included in this packet the following:

- Staff Application Form (6 pages)
- Clergy Reference Form (2 pages)
- Staff Agreement Form (1 page)
- Staff Mobile Technology Covenant (1 page)
- Staff Health Record Form (4 pages)
- Archdiocese Youth Protection Manual Camp Staff Supplement (7 pages)
- Archdiocese Code of Conduct for the Protection of Children and Youth (1 page)



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STAFF APPLICATION FORM

Page 1 of 6

PLEASE COMPLETE ALL SECTIONS FULLY AND ACCURATELY. ANY SECTION THAT IS NON-APPLICABLE SHOULD BE FILLED IN "N/A."

Today's Date: _____

PERSONAL INFORMATION:

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Years at current address: _____

Email Address: _____

Phone H): _____ W): _____ C): _____

Parish: _____ Parish Priest: _____

Social Security Number: _____ Shirt Size: S M L XL XXL

For which camp sessions are you applying? Check all that apply: June 10-16 June 17-23

Please list any other addresses you have had in the past five (5) years:

1. _____

2. _____

3. _____

STAFF APPLICATION FORM

EVALUATION QUESTIONS (ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY):

What interests you about serving on the Camp Emmanuel staff?

What do you feel has prepared you to serve on the Camp Emmanuel staff?

Describe your current participation in the Orthodox Church.

Are you a steward in good standing of a parish? Which parish?

In what parish programs/ministries have you been involved?

Have you been a member at any other parishes? Where, and who was the parish priest?

What steps are you taking or have you taken to grow in your faith?

STAFF APPLICATION FORM

EVALUATION QUESTIONS (CONTINUED):

What do you believe you can contribute to the Camp Emmanuel program?

Specifically, what God-given talent(s) do you feel you can offer to the Camp Emmanuel program?

What challenges/weaknesses do you feel you may struggle with in the Camp Emmanuel program?

Have you ever been accused of physically, sexually or emotionally abusing a child or an adult? If yes, please explain.

Are you a member of a social networking site, such as My Space or Facebook? YES NO

Please Specify: _____

Please provide any other information that you feel makes you a good candidate for a staff position and would be helpful in assessing your application.

STAFF APPLICATION FORM

EMPLOYMENT HISTORY:

Current Employer:

Company Name: _____

Address: _____

Immediate Supervisor: _____ Phone #: _____

Position: _____ Employment Dates: _____

Previous Employer:

Company Name: _____

Address: _____

Immediate Supervisor: _____ Phone #: _____

Position: _____ Employment Dates: _____

Previous Employer:

Company Name: _____

Address: _____

Immediate Supervisor: _____ Phone #: _____

Position: _____ Employment Dates: _____

VOLUNTEER EXPERIENCE (INCLUDE ALL EXPERIENCE WORKING WITH CHILDREN):

Organization Name: _____

Immediate Supervisor: _____ Phone #: _____

Position: _____ Volunteer Dates: _____

STAFF APPLICATION FORM

VOLUNTEER EXPERIENCE (CONTINUED):

Organization Name: _____

Immediate Supervisor: _____ Phone #: _____

Position: _____ Volunteer Dates: _____

EDUCATIONAL HISTORY:

School: _____

City: _____ State: _____

Dates: _____

Name of program or degree: _____ Program completed: _____

School: _____

City: _____ State: _____

Dates: _____

Name of program or degree: _____ Program completed: _____

School: _____

City: _____ State: _____

Dates: _____

Name of program or degree: _____ Program completed: _____

STAFF APPLICATION FORM

ACKNOWLEDGEMENT, RELEASE, AND SIGNATURE:

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, credit history, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering. I also authorize the Greek Orthodox Metropolis of Denver to request and receive such information.

If hired or chosen, I agree to be bound by Camp Emmanuel's policies and procedures, including but not limited to the Archdiocese Youth Protection Manual Camp Staff Supplement. I understand that these may be changed, withdrawn, added to or interpreted at any time at the Metropolis of Denver's sole discretion and without prior notice to me. I also understand that my employment or volunteering may be terminated, or any offer or acceptance of employment or volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of the Metropolis of Denver or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering communication is intended to or creates a contract between myself and the Metropolis of Denver for either employment, volunteering or the providing of any benefit.

I have read and understand the above provisions.

Signature

Date



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STAFF HEALTH RECORD FORM

Original must be mailed. Please keep a copy for your records.

Office use only

Cabin Name

Name

Notes

This form is used to help camp medical staff in determining appropriate care. This information is confidential and will be shared only on a “need to know” basis with Camp Staff. Pages 1– 3 are to be completed fully. The Health Care Provider section of page 4 is optional, but recommended. Page 4 must accompany the rest of the form.

Personal Data

Name _____
Last First Middle

Home Address _____ Phone _____
Street City State Zip Area Code/Phone

Birth Date _____ Age _____ Gender _____

Emergency Contact Information

Emergency Contact Name _____ Phone _____
Area Code/Phone

Home Address _____ Mobile _____
Street Area Code/Phone

_____ Work Phone _____
City State Zip Area Code/Phone

Relationship _____

Immunization History (Provide the month and year for each immunization. Starred (*) MUST be current.

Copies from health-care providers are acceptable (please attach to this form).

Diphtheria, tetanus, pertussis _____	Hepatitis B _____
Tetanus booster _____	Hepatitis A _____
Mumps, measles, rubella _____	Varicella (chicken pox) _____
Polio _____	Menigococcal meningitis _____
Haemophilus infleuzae type B _____	Tuberculosis (tb) test _____
Pneumococcal _____	

If you have not been fully immunized, please sign the following statement: I understand and accept the risks to my health from not being fully immunized.

Signature: _____ Date: _____

STAFF HEALTH RECORD FORM

Insurance Information

Does the participant have family medical/hospital insurance? Yes No

Carrier _____ Policy or Group # _____ Insurance Company Phone # _____

Name of Policy Holder _____ Relation to Participant _____

SS # of Policy Holder or Insurance ID Number _____

A copy of the Insurance Card
must be stapled here.

Front of Card

A copy of the Insurance Card
must be stapled here.

Back of Card

IMPORTANT— PLEASE READ CAREFULLY AND SIGN

Consent: This health history is correct and complete to my knowledge. The person described has permission to participate in all camp activities except as noted. I give permission to photocopy this form. I hereby give permission to the camp to obtain relevant health care, administer prescribed medications, and seek emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission for the camp to arrange related transportation. The purpose of onsite camp medical staff is solely for administering medications and performing triage and minor first-aid. I am responsible for ALL medical bills incurred while at camp (doctor visits, emergency room visits, and prescriptions).

Signature: _____ **Date** _____

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

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD) Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns? Yes No
4. 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, noting the number of the questions. The camp may contact you for additional information.

STAFF HEALTH RECORD FORM

GENERAL HEALTH HISTORY Participant has or has had any of the following: *(Please check if YES.)*

- | | |
|---|--|
| 1. Recent injury, illness, infection _____ | 13. Joint problems _____ |
| 2. Chronic illness/condition _____ | 14. Back problems _____ |
| 3. Surgery _____ | 15. Skin problems (i.e. rash, acne) _____ |
| 4. Frequent headaches/migraines _____ | 16. Mononucleosis in the last 6 months _____ |
| 5. Recent head injury _____ | 17. Asthma _____ |
| 6. Heart murmur _____ | 18. Diarrhea/constipation _____ |
| 7. Diabetes _____ | 19. Sleepwalking _____ |
| 8. Glasses, contacts _____ | 20. Orthodontic appliances _____ |
| 9. Frequent ear infections _____ | 21. Significant emotional difficulties _____ |
| 10. Passed out during or after exercise _____ | 22. Bed-wetting _____ |
| 11. Dizzy during or after exercise _____ | 23. Eating disorder _____ |
| 12. High blood pressure _____ | 24. Other known medical issues not listed: _____ |

Please explain any "yes" answers:

IF FEMALE *(Please answer YES or NO.)*

Has this person menstruated? _____ If not, has she been educated about it? _____ Is her menstrual history normal? _____

ALLERGIES *(list all known)* Describe the reaction and management of the reaction.

Medication Allergies (list) _____

Food Allergies (list) - (i.e. Nuts, lactose intolerance, shellfish, etc.) _____

Other Allergies (list) - (i.e. insect stings, hay fever, asthma, animal, plant, etc.) _____

MEDICATIONS BEING TAKEN Please list all prescription and non-prescription medications taken on a regular basis. Please keep in original bottles labeled with health care provider's name, phone number, dosage and instructions. **Place all medicines in one plastic Ziploc bag and label with your name.**

Please attach additional pages for more medications. Make sure to notify the medical staff when you arrive at camp if additional medications have been added after the health form was filled out.

- 1) Med _____ Dosage _____ Specific times per day _____
Reason for taking _____
- 2) Med _____ Dosage _____ Specific times per day _____
Reason for taking _____
- 3) Med _____ Dosage _____ Specific times per day _____
Reason for taking _____

The following non-prescription medications may be given if needed: *(Please circle YES or NO)*

Tylenol/acetaminophen	YES	NO	Decongestant	YES	NO
Advil/ibuprofen	YES	NO	Benadryl	YES	NO
Cough syrup, lozenges, throat spray	YES	NO	External ointments, sprays, lotions	YES	NO
Antacid	YES	NO	Pepto Bismol	YES	NO
Imodium	YES	NO	Other medications per discretion	YES	NO

STAFF HEALTH RECORD FORM

TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER

I examined this individual on _____ *(Exam performed within 12 months of camp attendance.)*

BP _____ Weight _____ Height _____

RECOMENDATIONS AND RESTRICTIONS Explain what limitations are necessary.

Dietary (i.e. vegetarian): no restriction restriction: _____

Physical Activity: no restriction restriction: _____

Swimming/Diving: no restriction restriction: _____
(Is capable of swimming the deep end of the pool?) yes no uncertain *(Certified lifeguard will evaluate.)*

Other restrictions:

Signature of Licensed Health Care Provider _____

Name (printed) _____ Title _____

Address _____

Phone _____ Date _____

CAMP SCREENING/TREATMENT RECORD (CAMP USE ONLY)

Needs Identified/Actions Taken/Medications Administered (date, time, and initial all entries):

Additional Provider Notes:

Provider Signature: _____ Date: _____



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STAFF MOBILE TECHNOLOGY COVENANT

Each year Camp Emmanuel offers young members of the Church a unique opportunity to retreat away from the pressures and struggles of everyday life. Encouraging participants to step away from daily habits and routines, the camp makes available a community in which participants can become immersed in an authentic Orthodox Christian atmosphere.

A major component in creating such an atmosphere is separating participants from outside influences and distractions. Of course this is a cooperative effort accomplished by campers, staff, clergy, and parents. Your participation in this effort is vital to the success and effectiveness of the camp program.

To this end, potential staff members are being asked now, during the application process, to start preparing for a week away from “earthly cares,” focusing on Jesus Christ.

By initialing the points below and signing this Covenant, potential staff members show their support of the edifying environment that will be presented at Camp Emmanuel and they agree to contribute to that environment in the specified ways.

(Please read and initial the following)

- Contact with friends and family members back home by phone, e-mail, or text messaging during the camp session removes campers and staff members from the focused atmosphere of the Camp Emmanuel community. For this reason, I agree to use my mobile phone only at designated times and places. As well, I will not allow any camper to use my mobile phone at any time during the camping session.

- Use of personal gaming systems (Gameboy, PSP, etc.) is a distraction to the program and removes me from the focused atmosphere of the Camp Emmanuel community. For this reason, I agree to check in my personal gaming device to a designated staff member upon arriving at camp.

- Use of personal audio systems (i-pods, mp3 players, etc.) has the potential to remove me from the focused atmosphere of the Camp Emmanuel community. For this reason, I agree to only use my player according to the rules set by the Program Director of the Camp.

- I feel that it is important for me to participate in the focused atmosphere of Camp Emmanuel as a full participant in the camp community. For this reason, I agree to abide by and support this covenant in its goals and methods.

Applicant Printed Name

Date

Applicant Signature (required)

Date



Camp Emmanuel

Greek Orthodox Metropolis of Denver

4550 E. Alameda Ave. Denver, CO 80246 • Tel.: (303) 333-7794 • Fax: (303) 333-7796

Web: www.denver.goarch.org • Email: denveryouth@denver.goarch.org

STAFF AGREEMENT

This agreement is entered into between the Greek Orthodox Metropolis of Denver and _____ (staff member) in accordance with the following terms:

1. The undersigned accepts the position of Camp Staff Member for the time, or a portion of the time, and agrees to carry out all duties and responsibilities in a manner acceptable to the Camp Director, and to conduct himself/herself in a manner consistent with the aims and objectives of the Greek Orthodox Archdiocese of America, the Greek Orthodox Metropolis of Denver, and the Orthodox Christian faith of which he/she is a member. Orientation is included in the summer session. Note there are two camp sessions.
2. Orthodox Christian moral and ethical standards must be followed at all times by staff members, and adherence to this rule will be carefully observed by the Camp Director. This includes, but is not limited to: no drinking or drug use; no bringing alcoholic beverages or illegal drugs onto camp property; no smoking except in designated times and areas during off-duty periods and not in front of campers; and the exercise of extreme care in all interpersonal relationships involving fellow staff members and campers.
3. Duties and responsibilities during on-duty periods are equally applicable to in camp and out of camp activities.
4. This agreement is contingent upon staff members being in good physical condition at the beginning of the summer session.
5. Duty periods and staff recreation will be a determined period by the Camp Director, who can alter such periods to meet the needs of the camp.
6. The camp program is not responsible for the loss or damage of the staff member's personal belongings, either in transit or at camp.
7. It is understood that any medical expense incurred by staff members is the responsibility of the staff member.
8. The staff member agrees to hold harmless and indemnify the Greek Orthodox Archdiocese, the Greek Orthodox Metropolis of Denver, the camp program and his/her local parish against acts which are grossly negligent and outside the scope of his/her duties and responsibilities.
9. Employment or volunteer status under this agreement may be terminated by the camp, for such reasons as the Camp Director may deem necessary, including early termination of the camp session and/or decrease in staff due to a decrease in anticipated camper enrollment. Termination for cause shall result in the staff member's return home by the first available means of transportation at their own expense, at the discretion of the Camp Director.

I accept the above agreement and terms of employment. I also agree to cooperate fully; to support the camp program and its objectives; and to comply with all rules deemed necessary by the camp administration, whether now in effect or hereafter adopted.

Printed Name _____ Date _____

Signature _____ Date _____



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CLERGY REFERENCE FORM

NAME OF APPLICANT _____
(please print)

To the Applicant and Reference Writer:

References are an integral part of the application process and no decisions can be made without them. Reference writers should return this reference to the applicant in a sealed envelope with the outside flap signed by the reference writer. The applicant must return this reference together with all other application materials by the appropriate deadline, so your prompt completion of this form is greatly appreciated. Thank you for your time and your valued assistance.

Applicant:

- I waive my right to read this reference:
 I do not waive my right to read this reference:

(Signature of Applicant)

Reference Writer:

Name: _____ Parish: _____

To the best of my knowledge, all statements made or indicated on this Reference Form are true and represent my honest appraisal of the qualifications of the applicant.

(Signature of Reference Writer)

continued...

CLERGY REFERENCE FORM (CONTINUED)

How long have you known the applicant? _____

How well do you know the applicant? _____

1. How would you describe the applicant's attendance at Liturgical services?
(circle one)

Weekly Monthly Irregular Never

2. How would you describe the applicant's participation in Holy Confession and Holy Communion?
(circle one)

Regularly Infrequently Almost Never Never

3. In which parish organization(s) is the applicant active? (circle all that apply)

GOYA Altar YAL OCF
Sunday School Choir Philoptochos Parish Council
Other:

4. Please comment about the applicant's knowledge of the Orthodox Faith. (circle one)

Has Good Understanding Has Some Understanding Little Understanding

5. In what way do you think the applicant would benefit by working at Camp Emmanuel?

6. Do you feel that the applicant can provide a good Orthodox Christian example to the youth that they will work with? Please explain.

7. To your knowledge, does the applicant have any tendency toward child or sexual abuse?

8. Do you recommend this applicant for a position at Camp Emmanuel without reservation?

YES NO

9. Please make any additional comments that you think might be helpful in determining this applicant's suitability for a staff position at Camp Emmanuel.



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Two Strike Behavior Policy

In developing and implementing the Camp Emmanuel program, the Metropolis of Denver strives to create a nurturing Christian environment which respects its participants' physical, mental, and spiritual well-being. At times certain behavioral issues arise among some campers that may disrupt the camp community. For this reason we have created a "Two Strike Policy" in regard to participant behavior.

Participants in the Camp Emmanuel program are expected to conduct themselves in a manner consistent with the teachings of Orthodox Christianity. If an incident occurs in which a camper breaks camp guidelines or exhibits unacceptable behavior, they will be given a first warning and the matter will be discussed with camp administrators and clergy. Upon a second offense, the camper will be subject to removal from the camp. If this occurs the camper will be sent home immediately at their parents' expense.

Behaviors that are not acceptable (verbal or physical abuse, bullying, foul language, theft, etc.) are determined at the discretion of the Camp and Program Directors.



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CAMPER INSTRUCTIONS AND GUIDELINES

INTRODUCTION: Prior to beginning the Online Camper Registration, please read the following instructions carefully. Please download, print, and complete the **Medical Form** and **Agreement and Waiver**. Send them with the **Youth Essay** and copies of **Insurance Card** to the Metropolis of Denver Office of Youth Ministries.

REGISTRATION: Online Camper Registration and payment must be completed. The Youth Essay, Medical Form, Insurance Information, and Agreement and Waiver must be received by mail at the Metropolis Office in order for the registration to be complete.

The following is a Registration Packet Checklist for you to use to ensure that your registration is complete.

- **Registration Form:** The Registration Form is to be completed online.
- **Payment:** Payment in full of Camp Registration Fee, to be paid online.
- **Medical Information:** A Camper Health Record Form (4 pages) must be filled out in its entirety and **signed by the parent/guardian and the child's physician**. Upon arrival, campers will be asked to identify all medications that they have brought with them, as well as dosages and frequency. These medications will be logged by camp staff.
- **Insurance Information:** A photocopy of both sides of the camper's **insurance card is required**. All campers should be covered by their family health and medical coverage policy. While the Greek Orthodox Archdiocese of America will act as guarantor, any costs incurred by the Camp in providing required treatment will be billed to the parents.
- **Agreement and Waiver:** The Agreement and Waiver Form must be **initialed and signed by campers and the parent/guardian**.
- **Youth Essay:** An essay is required from each applicant, reflecting on how Christ influences their every day decisions. Junior Campers must fill one standard, hand-written page; Senior Campers must complete two standard, hand-written pages.

Camp Site: Camp Emmanuel will be held at the Manzano Mountain Retreat near Albuquerque, NM, (www.manzanoretreat.com). **The Junior age group** will be conducted during the first week; while the **Senior age group** will be conducted during the second.

SCHOLARSHIPS: A limited amount of scholarship funds are available from the Metropolis Office and should be requested in writing by your parish priest to the Metropolis Director of Youth and Young Adult Ministries. This request must include specific circumstances of need.

continued...

++SAVE FOR YOUR REFERENCE++

Spending Money: In addition to traveling money, campers may want to bring small amounts of spending money to purchase snacks or soft drinks at the Camp Store.

Telephone Calls: Immediately after checking in, your child may call home (collect or with phone card) in order to confirm his or her safe arrival. Thereafter, outgoing calls may be allowed only at the discretion of the Camp Director. Since such calls disrupt the program and often make homesickness worse, we highly discourage them and ask that you discuss this with your children before sending them to the camp. We also discourage incoming calls from parents for the same reason. Should a serious need to communicate with your child arise, please leave a message through the Metropolis of Denver Office 303-333-7794 or the Manzano Mountain Retreat 505-384-4467. **Cell phone use is not allowed during the camp.**

Mail: Mail is delivered daily to the campers and parents are welcome to write their children during their stay. Please address the letter to:
Camp Emmanuel
attn: Camper's Name
P.O. Box 259
Torreon, NM 87061

Camp Emmanuel Live: Parents will be able to log-on to the internet and to view activities of the camp program. Each day pictures and descriptions of the camp program will be posted on our Metropolis page: www.denver.goarch.org/youth/. Due to technical limitations (namely internet connection issues) the regularity of the pictures may be disrupted. Please be patient.

Dress Code: While camping is by its nature informal, Christian modesty should be taken into account when packing for the week. Inappropriate clothing (i.e.: t-shirts with inappropriate logos, short-shorts, halter tops, exposed midriffs, "skimpy clothing," etc.) is not permitted. Dress for daily church services is casual. Please note that evening temperatures can be cool. Because participants will be involved in various activities, at least one pair of closed-toe shoes is required. The Manzano Mountain Retreat has a pool and there will be time for swimming. Girls must wear one-piece swimsuits (bikinis and tankinis are not allowed).

Conduct: All campers are expected to act in ways appropriate to an Orthodox Christian setting. While disciplinary action will be taken to resolve situations on site, the Camp Director reserves the right to dismiss campers for gross violations of camp rules. Campers will be sent home at the expense of their parents.

What To Bring

- | | | |
|---|-------------------------------|--------------------------------------|
| -Change of Clothing for at least 6 days
(include clothes for outdoor activities) | -Sweatshirts/sweaters/jacket | -Toiletries |
| -Bath towel | -Appropriate sleeping clothes | -Swimsuit |
| -Sun screen | -Sneakers/Hiking Boots | -Sleeping bag
(or sheets/blanket) |
| -Insect repellent | -Flip-flops/Sandals | -Pillow |
| -Bible | -Rain gear | -Hat |
| | -Camera/Film (optional) | |

Things To Leave At Home

Cell Phones/Walkmans and I-Pods/Radios/Televisions/Electronics/Pagers
Knives/Weapons/Fireworks/Drugs/Alcohol/Tobacco



Camp Emmanuel

Greek Orthodox Metropolis of Denver

AGREEMENT AND WAIVER

Each year Camp Emmanuel offers young members of the Church a unique opportunity to retreat away from the pressures and struggles of everyday life. Encouraging participants to step away from daily habits and routines, the camp makes available a community in which participants can become immersed in an authentic Orthodox Christian atmosphere.

A major component in creating such an atmosphere is separating participants from outside influences and distractions. Of course this is a cooperative effort accomplished by campers, staff, clergy, and parents. Your participation in this effort is vital to the success and effectiveness of the camp program.

To this end, participants and parents are being asked now, during the registration process, to start preparing for a week away from “earthly cares,” focusing on Jesus Christ.

By initialing the points below and signing this Covenant, campers and parents show their support of the edifying environment that will be presented at Camp Emmanuel and they agree to contribute to that environment in the specified ways.

Please initial where indicated.

Camper Name: _____

Personal Conduct

All campers are expected to act in ways appropriate to an Orthodox Christian setting. While corrective or disciplinary action will be taken to resolve situations on site, the Camp Director reserves the right to dismiss campers for gross violations of camp rules. Campers will be sent home at the expense of their parents.

_____ **camper**

_____ **parent/guardian**

Mobile Technology

Use of mobile technology including mobile phones, personal gaming systems (PSP, Gameboy, etc), and personal audio systems (IPods, mp3 players, etc) remove participants from the focused atmosphere of the Camp Emmanuel community. For this reason, all mobile phones and gaming systems will be checked in to a designated staff member upon arrival at camp. As well, use of personal audio systems will be allowed only according to the rules set by the Program Director of the Camp.

_____ **camper**

_____ **parent/guardian**

Mobile Technology (parent/guardian)

I have reviewed and discussed with my child the mobile technology agreement above. I understand that being in contact with my child by phone, e-mail, or text messaging during camp removes them from the focused atmosphere of the Camp Emmanuel community. I also understand that speaking to a parent back home worsens cases of homesickness. For this reason, I agree to refrain from attempting to contact my child during the camp session, except in cases of emergency when I will make contact through the camp office. Likewise, should a serious need arise regarding my child, the camp will contact me immediately .

_____ **parent/guardian**

Continued...



Camp Emmanuel

Greek Orthodox Metropolis of Denver

AGREEMENT AND WAIVER (CONTINUED)

Dress Code

Camper Name: _____

While camping is by its nature informal, Christian modesty should be taken into account at all times during the week. Inappropriate clothing (i.e.: t-shirts with inappropriate logos, short-shorts, halter tops, exposed midriffs, "skimpy clothing," etc.) is not permitted. The Manzano Mountain Retreat has a pool and there will be time for swimming. Girls must wear one-piece swimsuits (bikinis and tankinis are not allowed). Parents agree to assist their child in packing appropriately for camp.

_____ camper

_____ parent/guardian

Prohibited Items

Possession of the following items is strictly prohibited at Camp Emmanuel: Firearms, Knives, Weapons, Fireworks, Stink Bombs, Drugs, Alcohol, Tobacco

_____ camper

_____ parent/guardian

Agreement

Together we have reviewed the items listed above and fully understand them. Further, our initials on each point and our signature below signify that we and agree to abide by and support them.

Camper Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(Both Parent/Guardian and Camper signatures are required.)

Waiver

I hereby give permission for my child to participate in all camp activities under the attached guidelines with the following exceptions: _____ Further, I give permission for my child to go on scheduled trips away from camp premises, whether by foot or by vehicle.

I understand that my child will be sleeping in a cabin with multiple beds, rooming with several campers of the same sex and near in age, and at least 2 adult staff members of the same sex.

I am aware that my child may be included appropriately in photographs of events and activities of Camp Emmanuel, and that these pictures may be posted on the Camp Emmanuel website.

In recognition of possible dangers to my child, I hereby knowingly and voluntarily waive any right or cause of action of any kind against the members, directors, agents, employees, and/or volunteers of the Greek Orthodox Archdiocese of America, the Greek Orthodox Metropolis of Denver, and my local parish for any personal injury that may occur at or during Camp Emmanuel. Nor shall they be liable for any personal injury to my child occurring during the transportation to and from Camp Emmanuel.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name: _____



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CAMPER HEALTH RECORD FORM

Original must be mailed. Please keep a copy for your records.

Office use only

Cabin Name _____

Name _____

Notes _____

Pages 1– 3 are to be completed by parent/guardian. The form in its entirety must be reviewed, completed, and signed by the health care provider. This form is used to help camp medical staff in determining appropriate care. This information is confidential and will be shared only on a “need to know” basis with Camp Staff.

Emergency Contact Information

Camper Name _____

Home Address _____ Phone _____
Last First Middle

Birth Date _____ Age _____ Gender _____
Street City State Zip Area Code/Phone

Parent/Guardian Name _____ Phone _____

Home Address _____ Mobile _____
Street Area Code/Phone

Work Phone _____
City State Zip Area Code/Phone

Other Parent/Guardian Name _____ Phone _____

Home Address _____ Mobile _____
(If different from above) Street Area Code/Phone

Work Phone _____
City State Zip Area Code/Phone

If parent and other parent/guardian are not available in an emergency, please notify:

Name _____ Relationship _____

Address _____ Phone _____

Immunization History (Provide the month and year for each immunization. Starred (*) MUST be current.

Copies from health-care providers are acceptable (please attach to this form).

Diphtheria, tetanus, pertussis* _____	Hepatitis B _____
Tetanus booster* _____	Hepatitis A _____
Mumps, measles, rubella* _____	Varicella (chicken pox) _____
Polio* _____	Menigococcal meningitis _____
Haemophilus infleuzae type B _____	Tuberculosis (tb) test _____
Pneumococcal _____	

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of parent/guardian: _____ **Date:** _____

CAMPER HEALTH RECORD FORM

Insurance Information

Does the participant have family medical/hospital insurance? Yes No

Carrier _____ Policy or Group # _____ Insurance Company Phone # _____

Name of Policy Holder _____ Relation to Participant _____

SS # of Policy Holder or Insurance ID Number _____

A copy of the Insurance Card
must be stapled here.

Front of Card

A copy of the Insurance Card
must be stapled here.

Back of Card

IMPORTANT— PLEASE READ CAREFULLY AND SIGN

Parent or Guardian Consent: This health history is correct and complete to my knowledge. The person described has permission to participate in all camp activities except as noted. I give permission to photocopy this form. I hereby give permission to the camp to obtain relevant health care, administer prescribed medications, and seek emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission for the camp to arrange related transportation for my child. The purpose of onsite camp medical staff is solely for administering medications and performing triage and minor first-aid. In the event that I cannot be reached in an emergency, I hereby give permission to the health care provider selected by the camp to secure and administer treatment, including hospitalization.

Parents/guardians are responsible for ALL medical bills incurred while at camp (doctor visits, emergency room visits, and prescriptions). All attempts will be made to contact parent/guardian before taking the camper for "off camp medical care." A description of care received will be given to the parent.

Signature of Custodial Parent/Guardian: _____

Witness: _____ **Date:** _____

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

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD) Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns? Yes No
4. 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, noting the number of the questions. The camp may contact you for additional information.

CAMPER HEALTH RECORD FORM

GENERAL HEALTH HISTORY Participant has or has had any of the following: *(Please check if YES.)*

- | | |
|---|--|
| 1. Recent injury, illness, infection _____ | 13. Joint problems _____ |
| 2. Chronic illness/condition _____ | 14. Back problems _____ |
| 3. Surgery _____ | 15. Skin problems (i.e. rash, acne) _____ |
| 4. Frequent headaches/migraines _____ | 16. Mononucleosis in the last 6 months _____ |
| 5. Recent head injury _____ | 17. Asthma _____ |
| 6. Heart murmur _____ | 18. Diarrhea/constipation _____ |
| 7. Diabetes _____ | 19. Sleepwalking _____ |
| 8. Glasses, contacts _____ | 20. Orthodontic appliances _____ |
| 9. Frequent ear infections _____ | 21. Significant emotional difficulties _____ |
| 10. Passed out during or after exercise _____ | 22. Bed-wetting _____ |
| 11. Dizzy during or after exercise _____ | 23. Eating disorder _____ |
| 12. High blood pressure _____ | 24. Other _____ |

Please explain any "yes" answers:

IF FEMALE *(Please answer YES or NO.)*

Has this person menstruated? _____ If not, has she been educated about it? _____ Is her menstrual history normal? _____

ALLERGIES *(list all known)* Describe the reaction and management of the reaction.

Medication Allergies (list) _____

Food Allergies (list) - (i.e. Nuts, lactose intolerance, shellfish, etc.) _____

Other Allergies (list) - (i.e. insect stings, hay fever, asthma, animal, plant, etc.) _____

MEDICATIONS BEING TAKEN Please list all prescription and non-prescription medications taken on regularly. Please keep in original bottles labeled with health care provider's name, phone number, dosage and instructions. **Place all medicines in one plastic Ziploc bag and label with the camper's name.**

Please attach additional pages for more medications. Make sure to notify the medical staff when you arrive at camp if additional medications have been added after the health form was filled out.

- 1) Med _____ Dosage _____ Specific times per day _____
Reason for taking _____
- 2) Med _____ Dosage _____ Specific times per day _____
Reason for taking _____
- 3) Med _____ Dosage _____ Specific times per day _____
Reason for taking _____

The following non-prescription medications may be given to my child, if needed: *(Please circle YES or NO)*

Tylenol/acetaminophen	YES	NO	Decongestant	YES	NO
Advil/ibuprofen	YES	NO	Benadryl	YES	NO
Cough syrup, lozenges, throat spray	YES	NO	External ointments, sprays, lotions	YES	NO
Antacid	YES	NO	Pepto Bismol	YES	NO
Imodium	YES	NO	Other medications per discretion of camp medical staff	YES	NO

CAMPER HEALTH RECORD FORM

TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER

I examined this individual on _____ *(Exam must be performed within 12 months of camp attendance.)*

BP _____ Weight _____ Height _____

RECOMENDATIONS AND RESTRICTIONS Explain what limitations are necessary.

Dietary (i.e. vegetarian): no restriction restriction: _____

Physical Activity: no restriction restriction: _____

Swimming/Diving: no restriction restriction: _____
(Is capable of swimming the deep end of the pool?) yes no uncertain *(Certified lifeguard will evaluate.)*

Other restrictions:

Signature of Licensed Health Care Provider _____

Name (printed) _____ Title _____

Address _____

Phone _____ Date _____

CAMP SCREENING/TREATMENT RECORD (CAMP USE ONLY)

Needs Identified/Actions Taken/Medications Administered (date, time, and initial all entries):

Additional Provider Notes:

Provider Signature: _____ Date: _____



Incident Report Form

Greek Orthodox Metropolis of Denver

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Date of Incident: _____ Time Incident Occurred: _____ a.m/p.m.

Name of Persons Involved: _____

Address: _____

Phone Number(s): _____

Date of Birth: _____ Circle One: Male Female

Home Parish: _____

List Names and Phone Numbers of Witnesses: _____

Give a detailed account of the incident. Use additional sheets as necessary:

Names of any persons injured during the incident/accident: _____

Describe the Injury: _____

Did the injury require physician/hospital visit? (Circle One) Yes No

If yes, name the physician and hospital: _____

Hospital Address: _____

Physician Name and Phone Number: _____

Signature of Person Involved: _____

Date

Name of Person Completing Form: _____

Contact Information: _____

Signature of Person Completing the Form: _____

Date

Complete and return this form to the attention of the Director of Youth and Young Adult Ministries at the address above, marked "confidential" within 24 hours of the incident.