

Viking Regiment Band Camp
at
Colombiere Conference and Retreat Center
July 31st - August 5th, 2023



Overnight Camp Parent Guide

Prepared in accordance with the State of Michigan Department of Licensing and
Regulatory Affairs - Bureau of Community and Health Services.

Dear Parent/Guardian,

Thank you for enrolling your child in the Viking Regiment Band Camp held at the Colombiere Conference and Retreat Center. Let me assure you that we will do everything possible to make your child's experience at camp a positive one. This guide will help you prepare them for an exciting, safe, fun, and memorable experience. If you have any questions, feel free to contact me.

Band Camp Confirmation and Payment

By receiving this information, your child is both a confirmed member of the 2023 Viking Regiment and enrolled in the Colombiere Band Camp. Enclosed you will find a camp registration form.

THE COST OF BAND CAMP IS \$400.

The balance is due no later than Sunday, July 30th. The Marysville Band Boosters accept only checks, money orders, or transfers from the student account. Returned checks are subject to a \$25 fee. *Please note: You must fill out this form regardless of payment method, including transfer of funds from an individual account.*

Refund Policy

If your child has a medical emergency and is unable to attend camp, their money will be credited to their individual account to offset future band expenses. Otherwise, no refunds will be issued.

Program

Our program has a busy schedule filled with activity. Students are in dorm-style rooms in groups of two. Bathrooms and showers are located in a common area. Privacy doors are on both bathroom and shower stalls. No students will be placed in a single occupancy room unless all other rooms are at full occupancy.

Our program expects that campers can meet their own personal needs, can move independently from place to place, and are capable of community living in a dorm environment.

Community living skills are new for many students. If sharing a room is a new experience for your child, please discuss with them concepts such as picking up personal items, being respectful of a roommate's space and belongings, and appropriate noise level.

Due to the communal nature of the living conditions at Colombiere and the frequent physical exertion necessary to fully participate in camp activities, **ALL STUDENTS ARE REQUIRED TO SHOWER AT LEAST ONCE A DAY.**

Camp Behavior Reinforcement

The chaperones and staff of Marysville Band Camp held at Colombiere Conference and Retreat Center will work diligently to practice positive reinforcement as the primary focus for camper behavior. In addressing those campers that are finding it difficult to follow camp rules and policies, the following actions will be taken:

1. Chaperones and staff will address behavior with the camper, helping them to understand the rules and take responsibility for changing their behavior.
2. The Head Chaperone will meet with the camper to discuss and implement solutions to correcting the behavior.
3. The camper will meet with Mr. Buckley. Parental contact and clear objectives will be established.
4. The camper will be removed from the camp without a refund. A parent/guardian will be required to retrieve the camper from the Colombiere Conference and Retreat Center within a reasonable time.

Any actions deemed to be intentionally harmful to oneself or others will be subject to immediate dismissal.

Camp Reporting/Departure Details

- **Sunday, July 30th**

- **Pre-Camp Rehearsal at MHS Band Room & Practice Field (1pm-3pm)**

- Bring all materials listed in the subsequent section titled *Rehearsal Equipment and Supplies*. We will be outside, so please wear sunscreen and appropriate clothing.

- **Luggage Inspection and Registration at MHS (Please use Events Entrance)**

- The camper and one parent/guardian will arrive in 30-minute increments and be directed to file paperwork at multiple check-in stations.
 - 6:00 - 6:30pm - Last names A - F
 - 6:30 - 7:00pm - Last names G - L
 - 7:00 - 7:30pm - Last names M - R
 - 7:30 - 8:00pm - Last names S - Z

- **Monday, July 31st**

- Report Time - 7:30 am at MHS Band Room - **Bus Departs at 8:00am - SHARP**
 - Chaperones will meet their camper at Colombiere upon arrival.
 - Chaperones will personally escort campers to their rooms for an initial inspection and to verify keys are in working order.
 - Once campers have stored their belongings, they will review emergency exit procedures with their chaperone.

- **Saturday, August 5th**

- **PERFORMANCE TIME - 10:00 AM**

- Following the 10:00am performance, each camper will report back to their chaperone (with the adult they are being released to) to retrieve their personal belongings and begin the camper release process.
 - The adult that your child is being released to must present a **PHOTO ID**. Please understand that this is a requirement of our state licensing.

Camper Release Form

Please understand that your child will not be accepted to camp without a completed and signed form. Please include all persons (including yourself) that you are authorizing to pick up your child from the Colombiere Conference and Retreat Center at the conclusion of Marysville Band Camp. This is also needed in the event of any emergency where your child needs to be picked up from camp. **A Photo ID is required for camper release.**

Miscellaneous Information

- **Uniform Items**

- **Section T-Shirts**

- These items are ordered and handled by the student section leader(s). Any questions regarding these items should be directed to those students.

- **Performance Attire**

- **NEW THIS YEAR** - 2023 Show Shirt - (To be distributed at camp)
 - Khaki shorts (Of an appropriate length)
 - White ankle socks
 - **NEW THIS YEAR** - Black Dinkles

- **Lost and Found**

- Although Marysville Bands and Colombiere Conference and Retreat Center assume no responsibility for lost items, we will make every effort to return all lost articles at the end of the camp session. Please check the Lost and Found area before departing on Saturday morning. Any remaining items will be returned to the MHS band room and will remain there until the end of the first week of school.

- **Spirit Days**

- Over the summer, students will receive a Remind message from the drum majors regarding the themes for each spirit day. All spirit day attire must allow for free movement and full participation in all band camp activities.

- **Forced Fun - Evening Activities**

- Evening events are a way for all band members to get to know one another outside of their own section, grade level, friend group, etc... This helps to foster friendships, trust, and cohesive unity among all band members which is a crucial part of developing our band family.

- ***Monday - Social Night***
 - A night for students to gather and bond with friends. Time is also given for students to decorate their rooms.
- ***Tuesday - Sophomore Buddies***
 - A night to introduce our brand-new members to the entirety of the Viking Regiment.
- ***Wednesday - Flash Light Rehearsal***
 - A new activity this year. Students will participate in a limited-duration night rehearsal where each instrument section will watch a run-through from the top of the hill. Paying close attention to the pictures created by our drill.
- ***Thursday - Campfire***
 - A special night of skits and bits, organized by the members of the senior class.
- ***Friday - Game Night (10th & 11th Grade) or Senior Circle (12th Grade)***
 - A night for underclassmen students to gather and bond with friends and begin the process of cleaning up their rooms.
 - Seniors will join Mr. Buckley for a special band tradition around the Colombiere fire pit.
- **Rehearsal Equipment and Supplies**
 - Instrument - Make sure your instrument is in good working condition prior to leaving!
 - Music- Bring the entire show music (handed out during school).
 - Lyre
 - Flip Folio
 - Paperclips - To hold the music in place in the folio
 - Miscellaneous instrument-specific items - reeds, valve oil, neckstrap, etc...
 - 5 Coordinate Markers - Labeled 1 through 5, this coaster-style disc needs to be flat so you can march on top of the marker without injury. No CDs!
 - Pencil and highlighter- staff will expect you to have a pencil (to write instructions on your music) at all times. (It is recommended that students have a selection of different colored highlighters)
 - Insulated water bottle. Water and ice will be available for every rehearsal. Please have your name on the bottle! No CamelPaks or backpack-style water containers.
 - **NEW THIS YEAR** - every student needs to bring a battery-operated flashlight with them to camp. This flashlight should fit comfortably in one hand. No lanterns, torches, lighters, etc...

- **Attire**

- 2 Pairs of tennis shoes - The second pair is in case of wet field conditions. Absolutely no flip-flops or sandals on the field.
- T-shirt
 - No crop tops or sports bras without proper covering.
 - No spaghetti straps- straps must be at least three finger widths wide!
- Athletic shorts
 - Shorts must be of appropriate length!
 - If you choose to wear pants they must be on the waist-not touching THE GROUND. Absolutely no interference with marching technique!
- Hat
- Sunglasses
- Sunscreen
- Lip balm with sunblock protection
- YOU MUST PROTECT YOURSELF FROM THE SUN! If you get sunburned early in the week, it is going to be a very long and painful band camp week. You must understand 80% of the rehearsal are outside on the practice field. My advice would be to bring your water bottle, sunscreen, hat, and lip balm to all rehearsals!

- **Dorm Supplies**

- Colombiere Provides
 - Room Key
 - One set of sheets per bed.
 - One pillow per bed.
 - Two bath towels per room.
- You provide
 - Lanyard to attach room key to and keep with you at all times! \$25.00 fee for lost keys.
 - Blanket
 - Extra towels, washcloths, etc...
 - Soap/hand sanitizer - Each room is furnished with a sink.
 - Personal toiletries - Bring your own body wash, shampoo, deodorant, toothpaste, toothbrush, etc
 - Appropriate pajamas/robe - needed for traveling to/from the shower area. This facility doesn't have showers and toilets in each dorm room. Students will have to walk through hallways to use the facilities. You must be covered appropriately! You may also want to bring flip-flops or shower shoes.

- Optional But Highly Recommended
 - One insulated cooler per room. Coordinate with your roommate as to who will bring what items! Chaperones will provide ice.
 - Box fan-Optional, but highly recommended
 - Febreeze-This will help with any odors that may build up over the week.
 - Decorations-Students may decorate their rooms. NO DUCT TAPE. Blue Painters' masking tape is okay. Please be advised bottled the custodial staff may remove any decorations that are inappropriate, or that are inappropriately attached.
- Senior Circle - Lawn chair, flashlight, extra snacks!
- **Food and Snacks**
 - Prepackaged food. Only food that is packaged in cellophane! You will get hungry at night - bring snacks that will last throughout the week. Any items that are not prepackaged will be confiscated.
 - Drinks - No bottled drinks of any kind. You may bring canned drinks, juice boxes, and Capri-sun. Absolutely no exceptions to this!
 - Bring money for bottled water, Gatorade, and Propel if you want to avoid the hassle of hauling your own to camp. The Band Boosters will sell water and other bottled drinks at a minimal cost every day.
 - Money - chaperones will take orders for pizza each evening. The price will be approximately \$8 - 10 per pizza.
- **Prohibited Items**
 - Illegal substances - i.e. drugs, alcohol, tobacco, etc...
 - Electronics including TV, computer monitors, laptops, tablets, video game consoles, etc...
 - Food preparation appliances - i.e. (mini)fridges, grills, toasters, air fryers, etc...
 - Pets
 - Anything related to hazing/property destruction
 - Water balloons and/or water guns
 - Silly String
 - Fireworks, sparklers, smoke bombs, etc.

Band Camp Health Services

Our health service practices are shaped by regulations and/or guidelines from the State of Michigan Department of Licensing and Regulatory Affairs - Bureau of Community and Health Services and are reviewed by a medical physician.

Health Forms

Each health form is reviewed by our Health Office prior to and during your child's stay. If at any time we have a question, we will contact you for clarification. We rely on the information you provide to care for your child. **Please complete your child's health form thoroughly with vaccination properly filled out (or attach a printout from your physician) and return it with a copy of a medical insurance card at the luggage inspection on Sunday, July 30th.**

About Camp and Your Child's Health

We expect that your child will be healthy upon arrival and ready to fully participate in the summer camp experience. We reserve the right to not admit a person who poses a threat due to communicable illness. Any questions or concerns about this policy will be addressed by Mr. Buckley.

Healthcare Personnel

Our Health Officer is a registered nurse. At a minimum, this person has been certified in First Aid Emergency Care, Professional Rescuer CPR/AED, and Blood Borne Pathogens.

Healthcare Facilities

Clarkston Ambulatory Care Center at 5885 M-15 is open 24 hours. (248-625-2273) If transportation is needed, it will be provided by chaperone car or ambulance if medically necessary. CVS Pharmacy (7091 Dixie Hwy) and Walgreens (7110 Dixie Hwy) are the nearest pharmacies.

Scope of Service

The scope of service provided by our Health Officer is limited to care of routine illness and injury; we do not have physicians in residence. We stock a limited amount of over-the-counter medications which are dispensed as directed in our protocols. Your child will be referred to the above healthcare center when the need is beyond the scope of our care.

Treatment of Chronic Health Concerns

We expect students with chronic health concerns (i.e. asthma, allergies, diabetes, etc...) to be capable self-managers and to bring the supplies they need to manage their condition. Our Health Officer will provide general oversight and partner with your student to follow any individual treatment plans.

Asthma, Diabetes, Anaphylaxis Forms

Use the appropriate form to tell us about your child's treatment plan. Special forms have been developed for the above conditions.

Medication

All medications are collected by the Health Officer upon check-in at the Colombiere Conference and Retreat Center and will be securely stored in the Health Center - Room #200. (With the exception of Epipens and some inhalers) The Health Officer distributes daily medication at routine times and maintains office hours during which medication is available.

If you are sending medication with your child:

- Send enough for your child's entire stay.
- Place medications in a Ziploc bag with your child's full name and cell phone number.
- Each medication must come in its original and appropriately labeled container. This includes vitamins and other nutritional supplements.
 - **Prescription Medication**
 - Must come in a pharmacy container with a legible label indicating the student's name.
 - Must indicate the current instructions for administration. *(Our Health Officer must follow labeled directions. If there has been a change to your child's medication, make sure the label correctly reflects that change. Alternatively, your healthcare provider may write a new prescription with a change of dosing instructions. This must be included with the accompanying health forms.*
 - **Over-the-Counter Medication**
 - Must come in its original container with a legible label.
 - Must have the student's first and last name clearly and indelibly written on the container in a way that does not obscure label information.
 - Must be appropriate to the age of the child with the proper dosing information. If different, please send your healthcare provider's instructions with a signature and date.
- Do not mix medications.
- Do not pre-sort medications into a daily medication container.
- Use the health form to record the medication and explain its purpose.
- Our Health Officer expects that the medications indicated on the health form will arrive with your child. If a medication status changes, please notify us of that change in writing.

Methods for Treating Common Problems

We are sensitive to the fact that there are different ways to treat common health problems. If your child is susceptible to sore throats, headaches, or an upset stomach, and you have identified a treatment to which your child responds; please share that information with us by including it on the health form. We will make a good-faith effort to provide a similar manner of treatment.

Insulin and Other Injections

We expect those students who use injectable medications to be capable of administering their own injections. Our Health Officer is not permitted to administer injections. Refrigeration, a sharps container, and alcohol preps are available. Please send your student's medication and necessary syringes with them to camp.

Immunizations

Immunizations, especially an up-to-date tetanus inoculation, is important because your camper will be outdoors and in close proximity to other program participants. We recommend that students are immunized; however, we recognize that some choose not to immunize their children. Please make sure to provide the appropriate documentation and sign the appropriate area on the student health form.

Health Challenges of Michigan Summers

As in any geographic area, program participants are exposed to risks associated with the location. Our program has developed risk reduction strategies and we rely on the help of parents/guardians and students so these strategies can be as successful as possible. Even then, there are no guarantees of success. In order to help abate some of these challenges, please make sure your child understands the importance of (re)applying sunscreen throughout the day. Water is provided at all rehearsals. Please make sure your child has an insulated water bottle clearly labeled with their name, that they take to each rehearsal. Mosquitos are another unavoidable component of outside activities. Please send your child with a repellent you approve of them using, and remind them to apply before field rehearsals.

Final Reminders

In addition to these policies and procedures, ALL Marysville Public Schools policies also apply. Appropriate action will be taken and proper authorities will be notified. Remember to conduct yourselves in a positive manner, you represent the Viking Regiment.

I look forward to seeing your bright and shining faces on Sunday, July 30th at 1:00pm.

Play with Power, March with Pride!

-Mr. Buckley



Viking Regiment Band Camp at Colombiere Registration Payment

Student Name: _____ Grade Level (Fall 2023): _____

Parent/Guardian Name: _____

Address: _____

City/Twp: _____ Zip: _____

Parent/Guardian Email _____

Parent/Guardian Phone _____

Band Camp Fee - \$400

Office Use Only

Method of Payment:

Transfer from Student Account: \$ _____

Money Order Payment: \$ _____

Check Payment \$ _____

Check # _____

Name on Checking Account: _____

MARYSVILLE BAND CAMP

Camper Record - Rule 117

Camper Information

Camper's Name: _____

Nickname(s): _____ Age: _____ Birthdate: _____

Address: _____ City/Twp: _____ Zip: _____

Student Phone Number: _____

Student Email: _____

.....

Parent/Guardian Information

Parent/Guardian Name: _____

Address: _____ City/Twp: _____ Zip: _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____

.....

Emergency Contact Information

Name: _____

Relationship: _____ Phone Number: _____

Name: _____

Relationship: _____ Phone Number: _____

Name: _____

Relationship: _____ Phone Number: _____

MARYSVILLE BAND CAMP

Camper Authorization Form - Rule 117(2)

Authorizations:

I give my permission for _____ (Student's Name) to attend and participate in the **Marysville Band Camp** to be held from July 31, 2023 - August 5, 2023 at the Colombiere Conference and Retreat Center in Clarkston, Michigan.

My child has permission to engage in all prescribed camp activities, except as noted by me or an examining physician.

In case of injury, the parent/guardian or the emergency contact will be called immediately for their decision on medical treatment.

If the parent/guardian or the emergency contact is not available, we will use our best judgment as to what course of action to pursue and will continue to attempt contact. The camp or our organization will not be responsible for any costs incurred as a result of illness or injury. Parents/guardians should notify the camp if this camper is exposed to any communicable diseases during the three weeks prior to camp attendance.

I understand my child will be sent home if their behavior jeopardizes the other participants, jeopardizes the integrity of the program, or is not viewed as appropriate in anyway by the camp leadership.

If my child must return home due to illness or behavior, I will incur the cost of transporting them home or I will arrange transportation for my child within a realistic time specified by the camp leadership.

I also give my permission for my child to be photographed or videotaped and allow our group to release said pictures for publicity purposes.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Relationship to Camper: _____ Date: _____

MARYSVILLE BAND CAMP

Camper Release Authorization Form - Rule 117(3)

Marysville Band Camp

The State of Michigan requires that we have a plan to assure campers only leave camp with authorized persons.

Camper's Name: _____

Only the following persons, other than me, are authorized to pick up the above-named camper at the complete of the camp session.

Please Print Names:

- _____ Relationship to Camper: _____
- _____ Relationship to Camper: _____
- _____ Relationship to Camper: _____

Are there any persons who are **not authorized** to pick up your camper?

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Relationship to Camper: _____

THIS SECTION TO BE COMPLETED WHEN CAMPER LEAVES CAMP.

Authorized Person Printed Name: _____

Authorized Person Signature: _____

Relationship to Camper: _____

Date of Checkout: _____

Key Returned: Yes / No

8.2009

Waiver and Release of Claims

I understand that it is my responsibility to give all medication directly to district staff with full instructions in unopened individual dosage containers, unopened non-prescription medication containers, or in original prescription bottles. I further understand that, in the case of a program filed trip, it is my responsibility to provide a satisfactory storage container. *i.e.*, a portable cooler for insulin.

In all cases, medication dispensing can only be changed or modified by completing another *Waiver and Release* form and *Request to Administer Medication* form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor student, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the appropriate school office, in writing, if there are any changes in the dispensing of medication.

I understand that I have the primary responsibility for administering medication to my student. I further understand that if it is necessary for my student to take medication during Marysville Public Schools District school hours, I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side-effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

Injections:

I hereby request the school personnel, or its agents, assist in the monitoring procedure for my child as prescribed by the doctor. I understand that:

- (1) there is no liability on the part of the school district, its personnel, or agents, for civil damages as a result of assisting with this procedure when the person acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances;
- (2) all supplies, such as a glucose monitor, must be provided by the parent/guardian; ***In addition, in consideration of the safety of school employees who are giving injections, parents must provide the school with needle stick prevention devices, such as self-blunting needles, hinged needle guards, needle shields, or dial packs. Appropriate use of needle stick prevention devices can significantly reduce the incidence of injuries.***
- (3) emergency medication, such as glucose source/insulin, must be provided by the parent/guardian;
- (4) any monitoring equipment and/or emergency medications must be picked up, by an adult, within one week following the close of the current school year.
- (5) ***in the event of accidental employee exposure during the injection, I agree to have my child tested within twenty-four hours for blood borne pathogens and to release test results to the building principal. The District will pay testing costs that are above and beyond the parent's/guardian's insurance coverage.***

I hereby authorize the exchange of medical information regarding my child's treatment plan between the physician and school health personnel of the Marysville Public Schools District.

In consideration of the Marysville Public Schools District administering medication to my student, I do hereby fully release or discharge the Marysville Public Schools District, and its officers, agents, and employees from any and all claims from injuries, damages and losses I or my child may have (or accrue to me and my student), and arising out of, connected with, incidental to, or in any way associated with the administering/dispensing of medication.

Signature of Parent or Guardian

Date

Request to Administer Medication Form

This form must be completed by parent/guardian and kept in the office. All medication must be brought to the school by parent/guardian.

Student: _____
Last First M.I.

School: _____ Grade: _____ D.O.B.: _____

Medication Information Allergies (if any): _____

Name of Medication: _____

Dosage: _____ Frequency: _____

Time given: _____ Duration: _____

Prescription: _____ Non-prescription: _____

Instructions: _____

☐ **Self-administer and/or self-possess (Only if permitted by school policy)**

NOTE: By checking the above box, I represent that the student is capable and responsible to self-possess and/or self-administer this medication.

Physician Information

Attending Physician: _____ Phone: _____

Address: _____ City/Zip: _____

PHYSICIAN SIGNATURE: _____
DATE

Additional Instructions: _____

I hereby request that my child receive his/her medication at school. I understand that the medication will be administered in accordance with the above instructions. I have read and agree to the **Conditions of Approval** as stated in this Elementary Parent/Student Handbook.

Parent/Guardian Signature (Student signature if 18 years of age or older) Date: _____

Principal Signature Date: _____

CONDITIONS OF APPROVAL

- Parents have the overall responsibility to ensure that student medication is properly delivered and administered. Parents/Guardians are expected to:
 1. Complete, verify accuracy and return to the office the ***Request to Administer Medication*** form before any medication is brought to school and at least annually.
 2. Ensure adequate medication is available and current. This includes monitoring expiration dates; obtaining medication renewals and refills; and splitting any pills so the prescribed dosage is available for administration.
 3. Inform the office in writing of any change in the student's health affecting the administration of medication, and/or any changes in medication or the administration thereof, including the termination or discontinuance of the medication.
 4. Provide the District in writing with all relevant physician and/or administration instructions.
 5. Monitor that the student complies with appropriate administration requirements, including the manner and time for dispensation of the medication.
 6. Unless authorization for self-possession/self-administration or other arrangements have been pre-approved by the Principal, deliver student medication to the office and pick up any expired medication or medication unused at the end of the school year, (The student may personally deliver the medication only if over 18 years of age or older; provides advance notification to the office that the student will be bringing medication to school; and delivers the medication to the office immediately upon arrival to school with the medication)
 7. Assist in the development of a self-possession/self-administration plan with the principal, as appropriate.

Special conditions for self-possession/self-administration;

1. The student is responsible for the physical possession of the medication. Except during proper administration, the medication must be maintained in a container appropriately prepared and labeled by the prescribing physician, pharmacy or pharmaceutical company from which the medication was procured.
2. The school does not monitor or maintain administration records for the self-possession/self-administration of medication. The parent/guardian/student is expected to follow and monitor appropriate administration requirements.
3. The school principal may revoke approval to self-possess/self-administer medication at any time, upon providing notification to the student's parent/guardian or to the student if 18 years of age or older.

Disciplinary Action:

Possessing or taking medication in school without approval; sharing medication with or distributing medication to another student; or failure to follow these rules and procedures will result in disciplinary action, up to and including expulsion from school.

Parent/Guardian Initials: _____

Student Initials: _____

Date: _____

* Students who are 18 years of age or older or an emancipated minor have the responsibility of the parent/guardian under these *Conditions of Approval*.

MARYSVILLE HIGH SCHOOL BAND CAMP – 2022

STUDENT HEALTH HISTORY FORM

(please print clearly)

Student Name: _____

First

Middle

Last

☐ Male ☐ Female

Birth Date _____

Age on arrival at camp: _____

Month/Day/Year

Student Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Student: _____ Preferred Phones: (____) (____)
 Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) (____)
 Email: _____

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) (____)

Allergies: ☐ No known allergies. ☐ This camper is allergic to: ☐ Food ☐ Medicine ☐ The environment (insect stings, hay fever, etc.) ☐ Other
 (Please describe below what the camper is allergic to, and the reaction seen.)

Diet, Nutrition: ☐ This student eats a regular diet. ☐ This camper eats a regular vegetarian diet. ☐ This student is lactose intolerant. ☐ This student is gluten intolerant.
☐ Other, please explain in space.

Restrictions: This student has the following health restrictions (written doctor note must be attached)

Medical Insurance Information

This camper is covered by family medical/hospital insurance ☐ Yes ☐ No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the student to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with nurses, chaperone, and kitchen staff.

Signature of Custodial
 Parent/Guardian _____

Date: _____

Relationship
 to Student: _____

STUDENT HEALTH HISTORY FORM

Student Name: _____

First Middle Last

Birth Date: _____
Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (*) immunizations must include date. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus Influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ ☐ Negative ☐ Positive

If your student 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 Custodial Parent/Guardian: _____ Date: _____ Relationship to Student: _____

Medication: ☐ This student will not take any daily medications while attending camp.
☐ This student will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Medication must be in original pharmacy containers with labels which show the student's name and how the medication should be given. Provide enough of each medication to last the entire time the student will be at camp.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

Acetaminophen (Tylenol)
Phenylephrine decongestant (Sudafed PE)
Antihistamine/allergy medicine
Diphenhydramine antihistamine/allergy medicine (Benadryl)
Sore throat spray
Calamine lotion
Laxatives for constipation (Ex-Lax)

Ibuprofen (Advil, Motrin)
Pseudoephedrine decongestant (Sudafed)
Guaifenesin cough syrup (Robitussin)
Dextromethorphan cough syrup (Robitussin DM)
Generic cough drops
Antibiotic cream
Aloe
Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

STUDENT HEALTH HISTORY FORM

Student Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | | | |
|--|--|--|--|
| 1. Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?... .. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?... .. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?... .. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

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

Has the student:

- | | |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?... .. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?... .. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life? | <input type="checkbox"/> Yes <input type="checkbox"/> 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

Health-Care Providers:

Name of camper's primary doctor(s): _____

Phone: (____) _____

Name of dentist(s): _____

Phone: (____) _____

Name of orthodontist(s): _____

Phone: (____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the student's health that you think important or that may affect the student's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the student arrives at camp.

STUDENT HEALTH HISTORY FORM

Student Name: _____
First Middle Last
Birth Date: _____
Month/Day/Year

Individual Health Record (For Camp Use Only)

Initial Screening

Date/Time: _____

Initials: _____

☐ Screening has been conducted according to camp protocol and significant findings noted as follows:

A. Any signs/symptoms of illness or injury upon arrival?..... ☐ No ☐ Yes as noted below

B. History of exposure to communicable disease?..... ☐ No ☐ Yes as noted below

C. Additions or corrections to information on this health history?..... ☐ No ☐ Yes as noted below

D. Medication given to health-care staff?..... ☐ No ☐ Yes as noted below

Provider notes: (date/time/initial all entries) _____

Exit Note: 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 told about the problem and instructed about follow-up as noted above: _____

Date/Time: _____ Initials: _____

HEALTH HISTORY RECORD

Michigan Department of Licensing and Regulatory Affairs

Dear Authorized Person:

The following information is requested so that the camp can better meet the physical, intellectual, and emotional needs of the camper or minor staff. Fill out the information requested. (Use back of form if additional space is required.) "Authorized person" means a parent, guardian, or adult camper's designee.

Minor Child's Name (Last)		First		Middle	Sex	Date of Birth
Address (Number and Street)			City		Zip	Telephone (Home)
Authorized Person's Name (Last)		First		Middle	Telephone (Work)	
Address (Number and Street)			City		Zip	Telephone (Emergency)

Is the minor child having any of the problems listed below?	Yes	No			Yes	No
1. Hay fever, asthma, or wheezing	<input type="checkbox"/>	<input type="checkbox"/>	7.	Trouble with passing urine or bowel movements	<input type="checkbox"/>	<input type="checkbox"/>
2. Eczema or frequent skin rashes	<input type="checkbox"/>	<input type="checkbox"/>	8.	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
3. Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	9.	Speech problems	<input type="checkbox"/>	<input type="checkbox"/>
4. Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	10.	Menstrual Problems	<input type="checkbox"/>	<input type="checkbox"/>
5. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	11.	Dental problems	<input type="checkbox"/>	<input type="checkbox"/>
6. Frequent colds, sore, throats, ear aches (4 or more per Year)	<input type="checkbox"/>	<input type="checkbox"/>	12.	Other	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any problem areas identified above including any current infectious diseases:

If female has she been told about menstruation (answer if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No	Has she menstruated (answer if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Operations or Injuries

Explain Any Special Health, Behavioral or Emotional Consideration(s)

Medication Needed or Used (Including Psychiatric)			Currently Being Given	
Name	Frequency	Dosage	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Special conditions to be watched for such as ALLERGY (Reactions to food, Penicillin, or other drugs), Bedwetting, Fainting, Sleep Walking, etc.

Immunizations: Are the minor child (age 5 and older) immunizations up to date? ☐ Yes ☐ No

For children under age five attending camp attach a certificate of immunization record and status of the minor child's immunizations or provide a written religious or other exemption waiver signed by a physician.

Should the camper's activity be restricted because of any physical limitation or illness? ☐ No ☐ Yes If yes, explain degree of restriction:

<input type="checkbox"/> Medical Emergency Care Authorization: I hereby give permission to the children's camp to secure emergency medical and surgical treatment and to provide routine, nonsurgical medical care, for the minor child named above, while attending camp. By signing below, I authorize care.	<input type="checkbox"/> For Religious Exemption: I object to consent to receipt of emergency medical or surgical treatment, by signing below I attest that my child is in good health, and I assume the health responsibility for my child.
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I certify that this information is true to the best of my knowledge.	Authorized Person's Signature	Date
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LARA is an equal opportunity employer/program.	Authority: PA 368 of 1978, PA 116 of 1973
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CHILD'S NAME: _____ ATTENDING: Viking Regiment Band Camp at Colombiere Retreat Center

DIABETES FORM

Please attach this completed form to your child's health form.

Your child will be responsible for managing their diabetes while at camp. Please note that we do not have diabetes educators or specialists on site.

DIABETES EXPECTATIONS

Viking Regiment Band Camp mainly takes place outdoors and your child will be more physically active than they are at home. The closest medical facility is Clarkston Ambulatory Care Center (5885 M-15) Clarkston, (248-625-2273) is open 24 hours. If transportation is needed, a camp counselor and/or nurse will transport in private vehicle.

It is our expectation that your child is capable of self-managing their diabetes: comfortable with counting carbs, recognizing if they are high or low, injecting insulin, etc. Children with insulin pumps are expected to be familiar with their pump and be able to manage pump malfunctions, changing sites and replacing tubing. Your child will carry their supplies and snacks with them while at camp. Extra supplies and snacks can be stored at our Health Center.

DIABETES INFORMATION

When does your child check their blood sugar level?

What is your child's typical range for blood sugar readings?

When does your child inject insulin? Please include what type of insulin is used and how many units.

How often does your child have a HIGH blood sugar reaction?

Please list what signs or symptoms your child presents with when their blood sugar is **HIGH** as well as how it is managed:

How often does your child have a LOW blood sugar reaction?

Please list what signs or symptoms your child presents with when their blood sugar is **LOW** as well as how it is managed:

Has your child ever had a severe low blood sugar reaction (seizures, loss of consciousness, etc.)? ☐ Yes* ☐ No
*If yes, please give details:

DIABETES MEDICATIONS

Please list all routine and emergency diabetes medications your child will be bringing to camp in the MEDICATION INFORMATION section of your child's health form. A refrigerator and sharps container are available at our Health Center.

COMMUNICATION AND TREATMENT PROTOCOL

Parent/Guardian Name	Relationship to Child	Phone Number
At what point should we notify you (parent/guardian) about your child's blood sugar level?		
At what point should your child be taken to a physician or hospital?		
Please give any other information you would like our staff to know about your child's diabetes management plan. Attach additional information as needed.		

Parent/Guardian Signature: _____ Date: _____

CHILD'S NAME: _____

Attending Marysville High School Band Camp

☐ Summer Camp: Colomblere Conference & Retreat Center

August 1-6, 2022

ASTHMA FORM**Please attach this completed form to your child's health form.**

We want your child to receive appropriate care and support for their asthma while attending our camp.

ASTHMA EXPECTATIONS

The Marysville High School Band Camp primarily takes place in the outdoors. Your child will be exposed to trees, grass, dust, pollens, molds, insects and other environmental factors.

It is our expectation that your child is capable of self-managing their asthma: knowing when to amend their activity level, when to use their rescue inhaler and when to seek help. We expect your child to carry their as needed rescue inhaler (Ventolin, Albuterol, Pro Air, etc.) on their person, while at camp. All other asthma medications will be stored and administered at our Health Center.

ASTHMA TRIGGERS

Please list what triggers your child's asthma. Any details that would be helpful for our staff to know are appreciated.

ASTHMA MEDICATIONS

Please list all routine and emergency asthma medication your child will bring to camp in the MEDICATION INFORMATION section of your child's health form. Send all medication in its original prescription container and label with your child's full name.

PEAK FLOW METER

Does your child use a peak flow meter? ☐ Yes* ☐ No *If yes, please give details below.

When does your child take peak flow readings? ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other

Green Range (personal best):

Yellow Range (cautionary):

Red Range (dangerous):

Treatment/Action Plan for Yellow and Red Ranges:

NEBULIZER

Does your child use a nebulizer? ☐ Yes*, routinely ☐ Yes*, only if needed ☐ No

Please send your child's medication and nebulizer tubing. We expect your child to know when they're in need of a nebulizer treatment.

COMMUNICATION AND TREATMENT PROTOCOL

For early asthma distress:

Child will self-administer their personal inhaler.
If unavailable, staff will administer 1-2 puffs of camp's albuterol inhaler.

For acute asthma attack:

Administer child's medication, personal inhaler and/or nebulizer.
If unavailable, staff will administer 1-2 puffs of camp's albuterol inhaler and/or 1-2 vials albuterol sulfate via camp's nebulizer.
If they do not improve with treatment, contact EMS and parent/guardians.

To follow a different protocol, have your physician write the protocol and sign below. Attach additional information as needed.

Physician Signature: _____

Date: _____

Please provide any other information you would like us to know about your child's asthma care:

Parent/Guardian Name

Relationship to Child

Phone Number

Parent/Guardian Signature: _____ Date: _____

CHILD'S NAME: _____

ATTENDING: Marysville High School Band Camp

□ Summer Camp: Colombiere Conference & Retreat Center August 1-6, 2022

ANAPHYLAXIS FORM**Please attach this completed form to your child's health form.**

We want your child to receive appropriate care and support for their allergies while attending our programs.
Please contact our Health Officer, Jennifer Fletcher with any questions or concerns.

ANAPHYLAXIS EXPECTATIONS

The Marysville High School Band Camp primarily takes place in the outdoors. Your child will be exposed to trees, insects and other environmental factors. The facility kitchen staff is notified of food allergens prior to camp. Alternate meal items are provided for those who listed allergens.

It is our expectation that your child is capable of self-managing their allergies: knowing which allergens to avoid, recognizing when they are experiencing an anaphylactic reaction and knowing to tell an adult immediately for help. We expect your child to know how and when to use their emergency epinephrine injector and that they will carry at least one device on their person, while at camp.

ALLERGENS

Please list what allergens cause an anaphylactic reaction for your child:

ANAPHYLAXIS SIGNS AND SYMPTOMS

Please check which signs and symptoms apply to your child's anaphylaxis response:

It is assumed that the severity of these signs and symptoms can change quickly and potentially progress to a life-threatening situation.

- | | |
|--|---|
| <input type="checkbox"/> Itching of the lips, tongue, mouth and/or face | <input type="checkbox"/> Hives, an itchy rash |
| <input type="checkbox"/> Swelling of the lips, tongue, mouth and/or face | <input type="checkbox"/> Nausea, abdominal cramping, vomiting and/or diarrhea |
| <input type="checkbox"/> Itching and/or tightness in the throat | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Hoarseness | <input type="checkbox"/> Thread-y pulse and/or increased heart rate |
| <input type="checkbox"/> Hacking cough, repetitive cough and/or wheezing | <input type="checkbox"/> Fainting and/or loss of consciousness |

ANAPHYLAXIS HISTORYDoes your child also have asthma? ☐ Yes* ☐ No *If yes, please fill out an Asthma Form

Has your child ever self-administered their emergency epinephrine injector? ☐ Yes ☐ No* ☐ My child does not have an epinephrine injector.

*Our staff is trained to assist in the administration of an emergency epinephrine injector, if needed.

When did your child last experience an anaphylactic reaction? Please describe what happened and what treatment they received:

ALLERGY MEDICATION

Please list all routine and emergency allergy medication your child will bring to camp in the MEDICATION INFORMATION section of your child's health form. Send all medication in its original prescription container and label with your child's full name.

COMMUNICATION AND TREATMENT PROTOCOL

If exposure is suspected, but no signs or symptoms of anaphylaxis are present:

- Remove individual from allergen if possible.
- Monitor individual and take no further action unless signs/symptoms appear.

If exposure is suspected and signs or symptoms of anaphylaxis are present:

- Remove individual from allergen if possible.
- Assuming a patent airway, give 50mg (20mL) liquid diphenhydramine by mouth.
- Administer 0.3cc epinephrine; repeat dose as needed.
- Contact EMS and inform them it is an anaphylaxis situation

To follow a different protocol, have your physician write the protocol and sign below. Attach additional information as needed.

Physician Signature: _____

Date: _____

Please provide any other information you would like us to know about your child's allergic reactions:

Parent/Guardian Name

Relationship to Child

Phone Number

Parent/Guardian Signature: _____ Date: _____

