

**VIKING REGIMENT
BAND CAMP – 2022**



**OVERNIGHT CAMP
PARENT GUIDE
2022**

Prepared in accordance to 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 Retreat Center. Let us 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 your child for an exciting, safe, fun and memorable experience. If you have any questions or concerns, please feel free to contact us.

BAND CAMP CONFIRMATION AND PAYMENT

By receiving this information, your child is a confirmed member of the 2022 Viking Regiment and enrolled in the Colombiere Band Camp. Enclosed, you will find a camp registration form. The cost of band camp is \$375. Balance is required no later than Sunday, July 31, 2022. The Marysville Band Boosters accepts checks, or money orders. Returned checks are subject to a \$25 fee.

PLEASE NOTE: YOU MUST FILL THIS FORM OUT REGARDLESS OF PAYMENT METHOD, INCLUDING TRANSFER OF FUNDS FROM 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. No cash refunds will be issued. However, if camp is in session, Colombiere still requires payment in full and refunds will not be issued.

BAND CAMPS HEALTH SERVICES

Our health service practices are shaped by regulations and/or guidelines from the State of Michigan, Department of Human Services, Camp Licensing Division and reviewed by a medical physician.

HEALTH FORMS

Each health form is reviewed by our Health Officer 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 camper. **Please complete your camper's health form thoroughly with vaccination properly filled out (or attach a printout from your physician) and return the form with a copy of medical insurance card at the luggage inspection meeting on Sunday, July 31, 2022.**

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. If there are questions or concerns about this policy, please contact Mr. Aaron Buckley, Camp Administrator as soon as possible. We reserve the right not to admit a person who poses a communicable illness threat.

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 student will be placed in a single occupancy room unless space and lack of double rooms is available.

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 our dorm environment.

Community living skills are new for many students. Your child may appreciate knowing that his/her room will be shared with one other individual (on occasion, 3 per room). If sharing a room is a new experience for your child, please discuss with your child about picking up personal items, respectful of roommate's space and items, respectful of noise level.

Healthcare Personnel Our Health Officer is a Registered Nurse. At minimum a person has been certified in First Aid Emergency Care, Professional Rescuer CPR/AED, and Blood Borne Pathogens.

Healthcare Facilities Clarkston Ambulatory Care Center (5885 M-15, Clarkston, 248-625-2273) is open 24 hours. If transportation is needed, it will be provided by individual chaperone cars or ambulatory 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 Officers 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 local community when need is beyond the scope of our care.

Treatment of Chronic Health Concerns

We expect children with chronic health concerns (i.e. asthma, allergies, diabetes) to be capable self-managers and to bring the supplies they need to manage their general oversight and partner with your student to follow 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 asthma, diabetes, and anaphylaxis.

Medication

All medication, with the exception of some inhalers and Epi-Pens is collected by the health officer at check in at Colombiere Retreat Center (*Health Center Room #200*)

Once at camp, all medication is required to be locked in the Health Center, with the exception of emergency medication. The Health Officer distributed 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 the medications in a zip lock bag with your child's full name and cell phone
- Each medication must come in its original and appropriately labeled bottle/container, including vitamins and other nutritional supplements.
- Do not mix medications.
- Do not presort medications into a daily medication box or container.
- Use the health form to record the medication and explain why your child is using the medication.
- Our health officer expects that medication indicated on the health form will arrive with your child. If a medication status changes, notify us in writing of that change.

PRESCRIPTION MEDICATION

- **Must come in a pharmacy container with a legible label in the student's name.**
- **Must be labeled with the student's name, the name of the medication and current instructions for administration.**

NOTE: Health Officers must follow labeled directions. IF there is a change to your child's medication, make sure the label correctly reflects that change, or please have your healthcare provider write a new prescription with the change of dosing and send that with your child. It must be signed and dated by the healthcare provider.

OVER-THE COUNTER MEDICATION

- Must come in its original container with a legible label.
- Must have the student's first and last name clearly written in indelible ink on the container but in a place which 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 providers instructions, signed and dated by him/her.

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, and/or upset stomach, and you have identified a treatment to which your child responds, please share that information with us by writing it on the health form. We may not be able to provide exactly the same treatment, but we will complement it as our practices allow.

INSULIN AND OTHER INJECTIONS

We expect those students who use injectables (eg. Insulin injections) are capable of doing their own injection. Our Health Officers are not permitted to administer injections. Refrigeration, a sharps container and alcohol preps are available. Please send all your student's medication and the necessary syringes with them to camp.

IMMUNIZATIONS

Immunizations, especially an up-to-date tetanus inoculation are important because your camper will be outdoors and in close proximity to other program participants. We recommend that students are immunized; however, our program also recognizes that some choose not to immunize their children for various reasons. Please attach appropriate documentation to your child's health form if this is your position. **Please make sure you also sign the appropriate area on health update form.*

HEALTH CHALLENGES OF MICHIGAN SUMMERS

As in any geographic area, program participants are exposed to risks associated with location. Our program has developed risk reduction strategies, and we rely on the help of parents and students so these strategies are as successful as possible. Even then, there are no guarantees of success. In order to help facilitate these challenges, please make sure your child understands the importance of using sunscreen several times throughout the day. Hydration, the staff provides water during all rehearsals. Please make sure your child has an insulated water bottle, clearly marked with their name to drink during each break. Mosquitos, can't be avoided in Michigan. If your child tends to attract mosquitos and has reactions, please make sure you send them with a mosquito repellent that you approve for use on your child and remind them to apply before field rehearsals, especially the evening rehearsal.

KEEPING KIDS HEALTHY

In an effort to keep kids, families, and staff healthy, Colombiere Retreat Center has implemented the following procedures to mitigate risks associated with COVID-19:

- Physical distancing wherever possible
- Cloth face coverings required while indoors, or participating in outdoor activities where 6' distancing may be impossible (excludes mealtime)
- Additional hand sanitizing stations around camp

CAMP BEHAVIOR REINFORCEMENT

The staff at the Viking Regiment Band Camp held at Colombiere Retreat Center will work very hard to practice positive reinforcement as the primary focus for the camper behavior. In addressing those campers that are finding it difficult to follow camp rules and policies, the following steps will be put in place:

Note: Actions deemed harmful to oneself, or another camper are subject to immediate dismissal

- Step 1: Chaperones will address behavior with the camper, helping the camper to understand the rules and take responsibility for changing the behavior.
- Step 2: Head Chaperone will meet with the camper to discuss and implement solutions
- Step 3: The camper will meet the Camp Director, Dennis Duso. Parental contact and clear objectives will be established.
- Step 4: The camper will be removed from camp without a refund. A Parent or Guardian will be asked to pick up the camper from the Viking Regiment Band Camp as soon as possible.

CAMP REPORTING/DEPARTURE DETAILS

SUNDAY, JULY 31, 2022 – 1:00 PM TO 3:00 PM

MAKE SURE YOU HAVE YOUR INSTRUMENTS WITH SUPPLIES (VALVE OIL, REEDS, NECK STRAP, FOLIO, LYRE, MARCHING SHOW MUSIC HANDED OUT END OF SCHOOL) BRING WATER BOTTLE AND PLEASE WEAR TENNIS SHOES!

LUGGAGE INSPECTION AND PAPERWORK TURN IN

ARRIVAL TIMES (7/31/2022 at MHS)

Band Member (Camper) and one parent (guardian) will arrive in 30-minute increments. Camp Chaperones will direct families to stop at multiple check-in stations.

SUNDAY 7/31/2022 ARRIVAL TIMES:

6:00 – 6:30 pm	Campers with last names beginning with A-F
6:30 – 7:00 pm	Campers with last names beginning with G-L
7:00 – 7:30 pm	Campers with last names beginning with M-R
7:30 – 8:00 pm	Campers with last names beginning with S-Z

MONDAY (8/01/2022) REPORTING TIME 7:30 AM (MHS WITH CARRY-ON TOILETRIES)

- Chaperones will meet their band members (camper) at Colombiere upon their arrival by chartered buses.
- They will personally escort them to their rooms and inspect rooms and verify all keys are in working order.
- Once each camper has their luggage in their rooms, chaperones will take their group of campers and review the emergency exit procedures.

DEPARTURE TIMES AND PROCEDURES (8/06/2022 AT COLOMBIERE RETREAT CENTER)

- Following the bands performance at 10:00 am, each student will report back to their chaperone (WITH PARENT (guardian) and will get their personal belongs and sign the release form from camp!
- **Picture identification is required to check out campers.** Please have available for verification.

CAMPER RELEASE FORM

Please understand that your child will not be accepted at camp without a completed and signed form. Please include all persons (INCLUDING YOURSELF) that you are authorizing to pick up your child from the Viking Regiment Band Camp at Colombiere Retreat Center at the end of the session or in case of an emergency arises where your child needs to leave camp. Photo ID is required for camper release.

MISCELLANEOUS INFORMATION

BAND T-SHIRTS AND SECTION T-SHIRTS

Band T-shirts and section shirts are pre-ordered and handed out prior to leaving Marysville. Band tee-shirts are required for the Saturday performance. Please make sure it is in the top of your luggage for inspection. Please do not wait until the last minute and realize you need a shirt! Please contact Stephanie Bellman if you need to purchase a VR tee-shirt.

Section tee-shirts were ordered and handled by each student section leader. Any questions, please contact section leader directly.

LOST AND FOUND

Although the Viking Regiment Camp and Colombiere Retreat Center assumes no responsibilities for lost articles, we make attempts to return all lost articles at the end of each camp day. At the conclusion of each camp week, items left behind will be placed in Lost and Found. Please make every effort to check the Lost and Found area before departing for home. If any items are not claimed within two weeks, they will be donated to charity.

2022 CAMP SPIRIT DAYS

Camp spirit days are entirely optional. If your child participates in Spirit Days, all clothing rules still apply, including proper foot wear, shorts appropriate length, no mid-drifts, tank tops must meet the 3-finger rule. You must be able to do all marching and maneuvering as well as playing your instruments while in your chosen attire.

- *Monday – Section T-Shirts*
- *Tuesday – Superhero Day*
- *Wednesday - USA Day*
- *Thursday - Hawaiian Day*
- *Friday - Western Day*
- *Saturday - Viking Regiment Tee-shirts with khaki shorts*

2022 EVENING LARGE GROUP ACTIVITIES (all students must participate)

Evening events are a way for all band members to get to know one other outside of their own section. This helps to foster friendships, trust, and a cohesive unity among all band members that carries over throughout their high school career in the MHS Viking Regiment.

- *Monday, Social Night – Free night to gather and talk with friends, organize and decorate rooms. (Pope Room)*
- *Tuesday, Board Game Night (Pope Room)*
- *Wednesday, Sophomore Buddies (Pope Room)*
- *Thursday, Talent campfire (indoors) for all students (auditorium)*
- *Friday, Board Game Night (Pope Room) (grades 10, 11)*
- *Friday, Senior Circle (Outside at the bonfire) Don't forget to bring a lawn chair, blanket and snacks for this event!*

ITEMS TO PACK FOR CAMP

SUPPLIES AND EQUIPMENT FOR REHEARSAL

- Instrument – make sure your instrument is in good working condition prior to leaving
- Music – bring ENTIRE SHOW MUSIC handed out
- Lyre
- Flip Folio
- Paper clips to hold the music in the folio
- Reeds, valve oil and extra supplies
- 5 markers labeled 1, 2, 3, 4, 5! This coaster style disc needs to be flat so that you can march on top of the marker without injury – no CD's!
- Pencil and highlighter – staff will expect you to have a pencil to write instructions during all rehearsals (including on the marching field)
- Insulated water bottle container (make sure your name is on your bottle)

APPROPRIATE ATTIRE FOR REHEARSALS

- tennis shoes (no flip flops or sandals)
- extra pair of tennis shoes in case your shoes get wet, muddy, etc.
- Tee-shirts and gym shorts (highly recommended – this aren't a fashion show!)
- Sunglasses
- Hat
- Sunscreen – sports spray bottle type recommended
- Lip balm with sun block protection
- All sleeveless shirts must meet the three-finger width rule for straps - No crop tops
- Shorts must be appropriate length and easy to march in
- If you choose to wear pants (Not recommended) they must sit on your waist! They can not touch the ground and must not interfere with marching technique.

DORM ROOM SUPPLIES

- Lanyard to attach room key to keep with you at all times (***Student will be responsible to pay the \$25 fee if key is lost***)
- Colombiere will provide linens (sheets)
- Colombiere will provide one pillow (YOU MAY BRING ONE ADDITIONAL PILLOW)
- Blanket (the upper-level rooms are air-conditioned and tend to get cool)
- Colombiere will provide two towels – bring any extra towels, washcloths, etc.
- Each room has a sink but you must provide your own soap/hand sanitizer, Kleenex
- Personal toiletries (body wash, shampoo, deodorant, toothpaste, tooth brush, etc.)
- One ice chest per room (coordinate with your roommate as to who will bring what items. Do not bring ice in your ice chest as it will be provided once you arrive at camp)
- Box fan – optional but recommended, especially for sophomores
- Febreze (this will help with odors that may build up over the week)
- Room decorations – students like to decorate their rooms and there is a contest judged by the chaperones. PLEASE NOTE: Colombiere does not allow duct tape. Please be advised that the custodial staff may remove any decorations that are inappropriate or not within guidelines for allowed items. Please bring BLUE PAINTER MASKING TAPE for your decorations.
- Appropriate pajamas and robe are needed for traveling to/from the shower area. MASKS MUST BE WORN WHILE TRAVELING IN HALLWAY. Shower flip-flops are optional.

FOOD AND SNACKS

- Pre-packaged food only that is in cellophane. You will get hungry in the evenings so you will want to bring snacks to last throughout the evening. ANY ITEMS NOT PRE-PACKED will be taken.
- Drinks – NO BOTTLED DRINKS OF ANY KIND may be brought to luggage inspection or camp. You may have canned drinks, juice boxes or Capri-sun. There are no exceptions to this policy!
- Money for Gatorade which will be sold for \$1.00 (optional) OR bring the packets to add to your water!
- Money (optional) Pizza will be available each evening. Please bring smaller bills.

PROHIBITED ITEMS AT CAMP

- **WEAPONS OF ANY KIND**, including, but not limited to, guns/firearms, knives, and archery equipment are strictly prohibited. We are a drug and alcohol-free environment. If found, students will be asked to leave camp immediately and **authorities will be notified.**
- Fireworks, sparklers, smoke bombs, etc.
- TV, computer monitors
- Laptop computers, I-pad, chrome books, etc.
- Computer games or computer game accessories
- George foreman grills
- Toasters or appliances of any kind
- Duct tape or saran wrap
- Pets, fish turtles, etc.
- Water balloons and/or water guns
- Shaving cream
- Silly string

FINAL REMINDERS

In addition to these policies and procedures, ALL Marysville Public School policies also apply. Appropriate action will be taken and proper authorities will be notified. Please REMEMBER TO CONDUCT YOURSELVES IN A POSITIVE WAY AS YOU REPRESENT THE MARYSVILLE VIKING REGIMENT. *“Play With Power, March With Pride!”*



OVERNIGHT BAND CAMP REGISTRATION PAYMENT 2022

STUDENT NAME _____ GRADE (22/23) _____

PARENT (GUARDIAN) NAME _____

Address _____ City _____ Zip _____

PARENT (GUARDIAN) E-MAIL _____

PARENT (GUARDIAN) Phone _____ Alt Phone _____

STUDENT BAND CAMP FEE - \$375

OFFICE USE ONLY

METHOD OF PAYMENT:

Transfer Amount from student account \$ _____

Money Order Payment \$ _____

Check Payment \$ _____

Check # _____ **Name on checking Account** _____

MARYSVILLE HIGH SCHOOL BAND CAMP

Camper Record (Rule 117)

Name _____

Nickname _____ Age _____ Birthday _____

Address _____

_____ City _____ State _____ Zip _____

Telephone _____ Email: _____

If under 18:

Parents/Guardian _____

Address _____

Telephone (Day) _____ Phone (Night) _____

Cell _____ Beeper _____

Other _____ Other _____

In case of emergency contact:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Health insurance information:

Insurance Company _____

Policy Holder's Name _____

Policy Group Number _____

Family Physician _____ Telephone _____

If under 18:

Only release this camper to the following adults:

Parental or guardian permission is required:

I give my permission for _____ to attend and participate in the **Marysville High School Band Camp** to be held from August 1, 2022 - August 6, 2022 at Colombiere Conference and Retreat Center, Clarkston, Michigan.

Please list special needs, limitations, adaptation: (write additional comments on back)

Please list any special behavioral considerations and how they are handled:

Parent / Guardian Relationship

Camper Records RULE 117 (2)

Parent OR Guardian Authorization Form

IMPORTANT

Parent or Guardian THIS FORM MUST BE SIGNED

AUTHORIZATIONS:

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

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

If parents or the emergency contact person 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 should notify camp if this camper is exposed to any communicable disease 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 group 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 group 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.

In the event that I am not able to pick up my child, she (he) may be released only to the following people:

_____	_____
_____	_____

Signed: _____ **Relationship:** _____ **Date:** _____

**CAMPER RELEASE FORM
MARYSVILLE HIGH SCHOOL BAND CAMP**

This form must be completed, signed, and turned in at check-in on Sunday, July 31, 2022

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

CAMPER'S NAME: _____

Only the following people, other than me, are authorized to pick up the above-named camper and the completion of the camp session.

PLEASE PRINT NAMES:

1. _____ Relationship to Camper: _____

2. _____ Relationship to Camper: _____

3. _____ Relationship to Camper: _____

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

Signature of Parent/Guardian: _____

Print Name of Parent/Guardian: _____

Relationship to Camper: _____

THIS SECTION TO BE COMPLETED WHEN CAMPER LEAVES CAMP

Date of Check-out: _____

Signature of Authorized Person: _____

Relationship to Camper: _____

Key Returned: _____

MARYSVILLE HIGH SCHOOL BAND CAMP – 2022

STUDENT HEALTH HISTORY FORM

(please print clearly)

Student Name: _____

First

Middle

Last

Male Female

Birth Date _____
Month/Day/Year

Age on arrival at camp: _____

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: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
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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) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Calamine lotion | Antibiotic cream |
| Laxatives for constipation (Ex-Lax) | 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:

- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
- Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
- During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
- 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

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.

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: Colombiere 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.

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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.

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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:

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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.

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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:

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Parent/Guardian Name

Relationship to Child

Phone Number

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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 HISTORY

Does 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: _____