



train youth
grow community
steward creation

910-247-0062
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Winnabow, NC 28479
fun@onelife.org

CREATION CAMP APPLICATION

Please print and mail or scan and email application to OneLife.

Camp Choice: _____
(Age Bracket and Date)

PARTICIPANT'S NAME: _____
Last First Mi.

Phone: _____

MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

Male Female Birth Date: _____ Age: _____ Grade this fall: _____

PARENT/LEGAL GUARDIAN INFORMATION:

Name: _____ Phone: _____

Place of Employment: _____

Email Address: _____

The following persons are authorized to pick up _____ (participant) from OneLife.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Release Authorization:

I am the applicant's legal guardian and by signing below, I give permission for the above people to pick up my child.

(Please note that we will not release the participant to anyone other than the Parent/Legal Guardian without this signed release authorization. No exceptions.

Parent's Signature and Date:

Photography Waiver:

Camp participants may be photographed or videoed for future promotional and/or informational materials regarding OneLife. Please sign below if you consent to your young adult being photographed and/or videoed. **PLEASE CONTACT OUR OFFICE TO BE ADDED TO THE "DO NOT PHOTOGRAPH" LIST IF YOU DO NOT WISH TO SIGN THIS WAIVER.**

Parent's Signature and Date: _____

PARTICIPANT CODE OF CONDUCT

Parents: The following are OneLife's behavior expectations for participants during Creation Camp. Please read through the Code of Conduct with your child before camp starts. Please check each one.

While participating at camp, I agree to:

Please check each in agreement.

- ___ Stay with my leader and group at all times
- ___ Be a responsible member of the community
- ___ Think in advance about the consequences of my actions
- ___ Be considerate & respectful of others' feelings & needs
- ___ Resolve differences in a respectful manner
- ___ Assure my own and others' safety
- ___ Protect the natural environment
- ___ Commit to honesty
- ___ Commit to fully participate
- ___ Follow all guidelines set by group leaders

Our Approach to Behavior Management will be:

1. Verbally warn the participant of behavior that is inappropriate.
2. Remove participant from group for a period of time with encouragement to improve.
3. Give dismissal warning if behavior does not improve.
4. Dismissal for the rest of camp.

Participant Signature: _____

Participant Name:

Work:	
Cell:	

Second parent/guardian to contact:	
Name:	
Relationship to Participant:	
Home:	
Work:	
Cell:	

Additional contacts in event parents cannot be reached:	
Name:	
Relationship to Participant:	
Home:	
Work:	
Cell:	

Is there anyone in particular to whom your child must <u>NOT</u> be released?	
Name:	
Relationship to Participant:	

ALLERGIES Please list all known allergies, including reaction and treatment to be given. We ask that those who knowingly have a severe allergic reaction please bring along their Epi-pens.

Type of Allergy	List All	Type of Reactions (swelling, rash, vomiting, headaches, behavior, etc.)
Medication (penicillin, sulfa, etc.)		
Food (peanut butter, cheese, milk, eggs, etc.)		
Environmental/Seasonal (stings, poison ivy, hay fever, etc.)		
Other		

IMMUNIZATION HISTORY

Please Check for Exemptions: Medical Religious/Philosophical

Please give ONLY the most recent dates. Last tetanus booster is very important.

Vaccine	Date	Vaccine	Date
DTP (DTPH/DTaP) Series		Polio OPV (IPV)	
DTP Booster (Tetanus Booster)		Polio Booster	
Pneumococcal		Varicella (initial if had chicken pox)	
Mumps, Measles, Rubella (MMR)		Hepatitis B series	

Have you been in countries other than the U.S. in the past year? Yes No

If yes, list the countries and your length of stay in them.

Country: _____ Dates : _____
 Country: _____ Dates : _____
 Country: _____ Dates : _____

Participant Name:

DIET and NUTRITION Please circle all that apply, and give any specifics that will help the staff provide the best possible nutritional support for your child.

Participant eats a normal diet
Vegetarian
Lactose Intolerant/dairy-free

Gluten Intolerant/wheat-free
Vegan
PKU

Other (*specify*):

MEDICAL HISTORY, SURGERY, and HOSPITALIZATION Please list all past medical problems and chronic health problems, including newborn conditions/illnesses and any medical problems that have been corrected. These are very important to the medical staff when treating participants. All information is kept strictly confidential and will only be shared on a need-to-know basis. (Ex: asthma, diabetes, ADHD)

Does the participant have a history of any of the following? Check all that apply:

Asthma
Bed wetting
Back or Joint (knees, ankles, etc) problems
Chronic Illness or Reoccurring Illness/Condition
Chest pain during or after exercise?
Diabetes
Dizziness/Passing Out (at any time, including during or after exercise)

Ear Infections
Head Injury/ Been Knocked
Unconscious
Heart problems and/or Murmurs
Low or High Blood Pressure
Hospitalizations and/or Surgery
Nightmares
Frequent Headaches
Migraines
Mononucleosis
Physical disabilities

Recent injuries , illness, or infectious disease
Seizures
Sleepwalking
Skin Problems (e.g., itching, rash, acne)
Specific Fears/Phobias
Wears Glasses, Contacts, etc
Other (*specify*):

Any restrictions on the participant's activity while at Creation Camp? If yes, please explain: No Yes

Please explain any checked items:

MENTAL & EMOTIONAL HEALTH Has the participant been diagnosed or treated for any of the following?
This is not to label the child, but to assist in helping them to have a great experience.

ADD
ADHD
Anxiety
Autism/Spectrum

Depression
Developmental disabilities
Eating disorder
Learning disability

OCD
ODD
PTSD
Other psychiatric diagnosis (*specify*):

Please explain any checked items:

Any home, family or other life experiences or circumstances that staff should know about? Please explain:

Any Other Medical Instructions/Procedures* (diabetic care, emergency instructions, etc.)

*All chronic medical conditions and any medical procedures that are needed during the participant's stay should be addressed with the OneLife staff before the start of camp.

ANYTHING ELSE? Is there anything else we should know about your child?

Participant Name:

MEDICATIONS List ALL medication the participant is bringing to OneLife, including vitamins, prescriptions and over-the-counter meds. Bring enough medication to last the entire time at OneLife. The First Aid Kit is stocked with over-the-counter meds for an as-needed basis. If your child takes an over-the-counter on a daily/regular basis (ie: Claritin for season allergies) please send those with your child. All medication must have:

- Original pharmacy or manufacturer containers
- Child's name (meds belonging to a sibling or other family member are not accepted)
- Current date (expired meds are not accepted)
- Written directions from pharmacy or physician (parent instructions for prescription medications are not accepted)

SELECT ONE:

This person takes NO medications on a routine basis.
 This person takes medication(s) as follows:

Name of medication	Reason for taking	Amount or dose given	When given	How it is given (with food, etc)	Self-Administration (circle)
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 4 p.m. <input type="checkbox"/> Dinner <input type="checkbox"/> 8 p.m.		YES NO
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 4 p.m. <input type="checkbox"/> Dinner <input type="checkbox"/> 8 p.m.		YES NO
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 4 p.m. <input type="checkbox"/> Dinner <input type="checkbox"/> 8 p.m.		YES NO
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 4 p.m. <input type="checkbox"/> Dinner <input type="checkbox"/> 8 p.m.		YES NO
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 4 p.m. <input type="checkbox"/> Dinner <input type="checkbox"/> 8 p.m.		YES NO

The following medications (or their generic equivalents) may be stocked in the Medical Lock Box and field first aid kit and administered as needed. Cross out any medications that the participant should not be given:

- | | | |
|-------------------------------|---|-----------------------|
| Acetaminophen [Tylenol] | Cough Drops/Throat Lozenges | Kaopectate |
| Aloe Vera | Epinephrine (Epi-pen for life threatening emergencies only) | Lice Shampoo |
| Altoids/peppermint | Excedrin | Lidocaine Jelly |
| Antibiotic Ointment | Gatorade | Loratadine (Claritin) |
| Athlete's Foot | Gold Bond Medicated Powder | Milk of Magnesia |
| Ointment/Powder | Herbal tea | Pepto Bismol |
| Baking Soda/Meat Tenderizer | Hydrocortisone | Robitussin |
| Benadryl | Ibuprofen [Advil] | Skin Moisturizer |
| Calamine or Caladryl Lotion | Insect Repellent | Sudafed |
| Chloraseptic Spray | with or without Deet | Sunscreen |
| Chlor-Trimeton | | Tums |
| Cholacal (activated charcoal) | | Visine Eye Drops |

Participant Name:

Participants are authorized to self medicate/self-carry if the authorization (below) has been signed AND the

medication is not a controlled substance. Elementary participants are NOT allowed to self-medicate any type medication that is taken by mouth, with the exception of inhalers.

Self Administration/Self-Carry Authorization: I authorize and recommend self-medication and/or self-carry by my child for their prescribed and over-the-counter medications (with the exception of controlled substances). I also affirm that he/she has been instructed in the proper self-administration and/or self-carry of the prescribed medication by his/her health care provider. I shall indemnify and hold harmless OneLife and all employees and volunteers of OneLife against any claims that may arise relating to my child's self-administration and/or self-carry of prescribed medications and over-the-counter medications.

→Parent Signature: _____ Date: _____

(optional) MEDICAL EXAMINATION We recommend, but do not require, that participants have a medical exam & physician's authorization within the last 24 months prior to camp. A copy of a school/sports physical exam is also acceptable.

Physician's statement - I find the participant to be in good health and able to take part in outdoor activities at OneLife with the following exceptions:

Physician's signature: _____ Date of exam: _____

Print Name: _____ Phone: (_____) _____

OneLife Medication Guidelines -- Please Read Carefully

A written order by a doctor and the consent of a parent/guardian is required for ANY medical procedure (with the exception of first aid). This includes diabetes care, wound care, and any specialized medical care.

1. ALL medications must be hand delivered by a parent/guardian or responsible adult to the OneLife staff or nurse during check-in. DO NOT PACK MEDICATIONS in the participant's luggage. This includes ALL participants who Self-Administer and/or Self-Carry medications. The OneLife nurse must verify all orders, signatures and forms BEFORE participants are allowed to carry and self-administer their medications.

2. All controlled substances **MUST** be kept in the OneLife Field Lock Box. Participants are NOT allowed to keep controlled substances.

3. The first dose of any **NEW** medication should **NOT** be given at OneLife.

4. **ALL** participants with a prescription (Rx) medication **MUST** have a current pharmacy prescription label attached to the original container. When a participant has a sample from a doctor, the doctor **MUST** write a prescription label by hand and attach to the sample medication. Any prescription label that states, "**Use as Directed**" is not acceptable per state guidelines. Directions **MUST** be specified.

5. Re-packaging of medications is not acceptable (such as placing in a pill box or other container). Nurses are only authorized to administer medications directly from the original container or prescription bottle. This is the law.

6. ALL prescription (Rx) medications must:

- be in the original container with a current pharmacy prescription label attached ("Use as Directed" is not acceptable)
- have the correct participant's name on the prescription label
- have a valid date of expiration – Expired medications will NOT be accepted or administered
- not be mixed with any other medications (unless indicated on the label)

7. **ALL non-prescription (OTC)** medications (including vitamins) must:

- be new and unopened/sealed in the original container
- have no other medications mixed inside the container
- have a valid date of expiration - Expired medications will NOT be accepted or administered
- have the participant's name clearly marked on the bottle

Participant Name:

8. **ALL** participants with **INHALERS** must have a copy of the prescription label attached to the inhaler (or have a copy of the Rx label with the inhaler or original Rx labeled box). The pharmacy can print a duplicate label and can apply it to the inhaler. This is especially helpful for participants who carry their inhalers and self-medicate.

9. **ALL** participants with **EPI-PENS, TWINJECTS**, and other pre-filled single use epinephrine auto injectors must have a copy of the original pharmacy prescription label attached to the cartridge holder or be contained in the original Rx labeled box. **“Use as Directed”** is not acceptable per state guidelines. Directions **MUST** be specified.

I have read the OneLife Medication Guidelines and understand what is required.

Parent's Signature and Date

Participant Name: