

Rolling Ridge

† Retreat and Conference Center

660 Great Pond Road, North Andover, Massachusetts 01845

978-682-8815

www.rollingridge.org

thestaff@rollingridge.org

Dear Camper and Parents:

Thank you for registering for the Elementary weekend or the Middle School Camp here at Rolling Ridge. We look forward to welcoming you here this summer. There are several forms that are needed to complete the registration process. Please complete the enclosed checklist and return all necessary forms downloaded from our web-site to Rolling Ridge **no later than June 15, 2010.**

Especially important are the health forms. Each participant must submit something from their physician indicating immunization dates and proof of a physical exam within the past 24 months. This information must be submitted on official stationery from your physician's office. The information can either be mailed or faxed to us at 978-681-1162. All health forms must be reviewed by our own medical staff and the North Andover Health Department prior to our licensing. That is the need for our deadlines. There will be no exceptions to the deadlines for health form receipt. **If the proper forms are not on file, your child will not be able to attend the program and your deposit will be forfeited.**

Registration for Middle School Camp will take place on Sunday afternoon beginning at 4:00 p.m, and Elementary Retreat registration on Friday at 4:00 p.m. In order to ensure a smooth registration process and adequate staffing, **please do not arrive prior to 4:00 p.m.** Each camper will need to sign in at the registration table and have a health screening by our nurse prior to being allowed to his or her room. Parents or another authorized adult will also need to sign their child into and out of the program. **A reminder: a photo id is required for all parents or other authorized adults picking up youth at the end of the program.** For questions about our Drop Off/Pick-up Policy, please see the enclosed form.

If you have any questions about the enclosed documents or our policies and procedures regarding the summer program please contact me at 978-682-8815 or by email at thestaff@rollingridge.org.

Remember all information must be returned no later than JUNE 15, 2010. Late Registrations will not be accepted, and your deposit will be forfeited.

Look forward to seeing you this summer!

Danny Smith
Office Manager

SUMMER PROGRAM FORM CHECKLIST

- Completed Health History Form – signed by Parent/Guardian
- Official Immunization Record and Proof of Physical from Child’s Physician
- Authorization to Administer Medication Forms for all prescription medications
- Signed “AUTHORIZATION TO ADMINISTER OVER THE COUNTER MEDICATIONS”
- Signed Parent Pick Up Policy
- Pledge Form signed by both child and parent
- Photo Release signed by parent / guardian
- I have read the information regarding Meningococcal Disease

Signature of Parent/Guardian

**ALL FORMS SHOULD BE RETURNED TO ROLLING RIDGE
BY June 15, 2010**

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2010 SUMMER PROGRAM REGISTRATION/APPLICATION

Child's Name _____ Age _____
Date of Birth _____ Grade completed _____
Parent/Guardian) _____
Address _____
City, State, Zip Code _____
Telephone _____ Email _____
Check: ___ Credit Card: ___ m/c ___ visa ___ discover ___ amex
Card number _____ exp. _____
Signature _____ amt: \$ _____
Church _____

- Elementary Weekend Retreat July 9-11, 2010
- Middle School Camp August 1-5, 2010

Send this form, along with your \$100 deposit to Rolling Ridge, 660 Great Pond Road, North Andover, MA 01845

REGISTRATION DEADLINE IS MAY 31, 2010



Health Form Instructions

In order to meet state and local requirements for our Summer Camp license the following procedures must be met for every camper attending our program.

- Each camper must have had a complete physical examination within the past 24 months. Evidence of such physical must be submitted by your child's doctor on their medical office stationery.

- Each camper must have the following immunizations:

MMR – 1st dose = 12 mos. or older

Measles – 2nd dose = grades K-12 or age equivalent

Polio – 3 doses IPV or OPV, or 4 doses mix IPV/OPV

Diphtheria and Tetanus Toxoids and Pertussis –

4 doses DTaP/DTP/DT or 3 doses of Td

Booster Dose of Td

Grades 7-10 need booster if more than 5 yrs. since last dose of DTaP/DTP/DT

Grades 11-12 need booster if more than 10 yrs since last dose of DTaP/DTP/DT/Td

Hepatitis B – 3 doses if born on or after 1/1/94

Evidence of immunization must be submitted by your child's physician on their medical office stationery.

- Each camper must have a completed Health History Form on file.
- Each camper must have an "Authorization to Administer Over the Counter Medications" form on file.
- Each camper taking prescription medication at camp must have a "Authorization to Administer Medication" form on file.
- **All health records must be submitted to Rolling Ridge no later than June 15, 2010 or your child will not be allowed to participate in camp. NO HEALTH FORMS WILL BE ACCEPTED AT REGISTRATION**

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HEALTH & CONSENT FORM (please print)

Event Name: _____ Dates attending: _____

Name _____ SS# _____

Birth Date ___/___/___ Gender: male ___ female ___ Age at camp _____

Height _____ Weight _____

Home Address _____
Street City State Zip

Parent/Guardian (or Spouse) Name _____

Home Phone (____) _____ Work Phone (____) _____

Home Address (if different than above) _____
Street City State Zip

Business Address _____
Street City State Zip

If not available in case of emergency, notify:

Name _____ Relationship to participant _____

Phone #(____) _____

Name _____ Relationship to participant _____

Phone #(____) _____

Is participant subject to any of the following:

Frequent Colds Asthma Frequent Sore Throat Swimmer's Ear Frequent Headaches
 Diabetes Bronchitis Stomach Upsets Kidney Trouble Dizziness during/after
 Convulsions Sleepwalking Bed wetting Sunburn exercise
 Constipation Sinusitis Hyperactive Homesickness Seizures
 (if female) abnormal menstrual history

Special Diet _____

Other _____

ALLERGIES: Bee Sting Food Medication Other _____

In the event of life threatening allergies, participants are expected to bring appropriate emergency kits.

Comments/Explanations _____

In signing this form, I hereby certify that the above information is correct, and I give permission for my child to be transported in privately owned vehicles for approved outings and/or emergencies and for the use of photographs including my child for Rolling Ridge publicity.

I understand that Rolling Ridge does not provide Accident and Sickness Insurance for participants, and I am responsible for providing coverage.

In the event of a medical emergency, I understand that every effort will be made to contact parents/guardian of participants. In the event that I cannot be reached, I hereby give permission to the medical personnel selected by Rolling Ridge to order x-rays, routine tests, and treatment (including hospitalization), to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

INSURANCE INFORMATION

Carrier or plan name _____

Name of insured _____

Insurance ID number _____

AUTHORIZATION TO ADMINISTER OVER THE COUNTER MEDICATION TO A CAMPER
(to be completed by parent/guardian)

Name of Camper _____

Age _____

Parent/Guardian Name _____

Home Phone _____

Business Phone _____

Cell Phone _____

Food/Drug Allergies _____

I hereby authorize ROLLING RIDGE to administer, to my child, _____ the following over the counter medications as needed based on the Health Care Policy of Rolling Ridge.

Milk of Magnesia

Ibuprofen

Acetaminophen

Antacids

Maalox

Pepto Bismol

Dimetapp

Benadryl

Benadryl Cream or Cortaid

Oral B

Pedialite

Gatorade

Kaopectate

Chloraseptic Solution

Throat Lozenges

Medication shall only be administered by the Health Care Supervisor in accordance with the "Standing Orders" as approved by the Health Care Consultant.

**The Health Supervisor shall be a person who is at least 18 years of age, specially trained in at least current Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.*

Parent/Guardian Signature

Date

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER
1 FORM PER MEDICATION
(TO BE COMPLETED BY PARENT/GUARDIAN)

NAME OF CAMPER: _____

AGE: _____

FOOD/DRUG ALLERGIES: _____

DIAGNOSIS (AT PARENTS DISCRETION):

PARENT/GUARDIAN NAME: _____

HOME TELEPHONE: _____

BUSINESS TELEPHONE: _____

CELL OR OTHER: _____

NAME OF LICENSED PRESCRIBER:

BUSINESS TELEPHONE: _____

EMERGENCY TELEPHONE: _____

NAME OF MEDICATION: _____

FREQUENCY: _____ DATE ORDERED: _____

EXPIRATION DATE OF MEDICATION RECEIVED:

DOSE GIVEN AT CAMP: _____ ROUTE OF ADMIN: _____

DURATION OF ORDER: _____ QUANTITY RECEIVED: _____

SPECIAL STORAGE REQUIREMENTS: _____

SPECIFIC DIRECTIONS (e.g., on empty stomach/with water):

SPECIFIC PRECAUTIONS: _____

POSSIBLE SIDE EFFECTS/ADVERSE REACTIONS:

(OVER)



PARENT PICK UP POLICY

In our ongoing efforts to ensure the safety of all children attending the summer programs at Rolling Ridge the following policy is in effect for release of all children from the program:

*Upon arrival all campers must be signed in by a parent/guardian. If a parent/guardian is unable to drop off their child at camp, **prior arrangements must be made with Rolling Ridge Staff.***

Children will only be released to a parent/guardian at the completion of the program week.

*If a parent/guardian is unable to pick up the child at the completion of the program prior arrangements must be made to release the child to another adult. **NO CHILD WILL BE RELEASED TO AN ADULT OTHER THAN THEIR PARENT/GUARDIAN WITHOUT PRIOR AUTHORIZATION.** The authorized adult will be required to show proper photo identification in order to have the child released to them.*

If there is a need to have a child released from the program prior to its completion, the parent/guardian must make arrangements for such release in writing (by fax or mail) by contacting the Rolling Ridge office at 978-682-8815 (Fax #978-681-1162). These arrangements should be made prior to parent/guardian arrival for such release at Rolling Ridge.

I acknowledge that I have read and understand the above **Parent Pick Up Policy**. I agree to abide by conditions set forth in such policy.

Parent Signature

Date



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PARTICIPANT'S PLEDGE

For the safety of all persons, Rolling Ridge cannot and will not tolerate any of the behaviors listed below:

- Smoking, drinking, use or possession of illegal substances.
- Leaving the sleeping area after lights out or leaving the program at any time, without the permission of the Program Director or Senior Counselors.
- Possession of any weapon or anything intending to be used as a weapon
- Any behavior that threatens the safety of yourself or anyone else.

The success and enjoyment of the program depends on the attitude and participation of each and everyone. *I agree to cooperate fully in the program and understand that behaviors listed above will result in my leaving early.*

SIGNATURE OF PARTICIPANT

Date

I understand and have advised my child (person for whom I am guardian or responsible) that the following will require him/her to leave prematurely. I agree to pick him/her up immediately if anything listed about should occur. I further understand there will be no refunds.

SIGNATURE OF PARENT/GUARDIAN

Date

Photography Release

I allow Rolling Ridge to take photographs of my child during their time at Rolling Ridge. These photographs may

be used for publicity purposes in all Rolling Ridge brochures, flyers and on the website.

SIGNATURE OF PARENT/GUARDIAN

Date

Meningococcal Disease and Camp Attendees: Commonly Asked Questions

April 2008

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the “meninges”) that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. In the US, about 1,000-3,000 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 11-19% may lose limbs, become deaf, have problems with their nervous system, become mentally retarded, or have seizures or strokes.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Who is at most risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common are at risk for meningococcal disease. Children and adults with damaged or removed spleens or an inherited immune disorder (called “terminal complement component deficiency”) are also at risk. People who live in settings such as college dormitories are also at greater risk of disease.

Are camp attendees at increased risk for meningococcal disease?

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

Is there a vaccine against meningococcal disease?

There are currently 2 vaccines available in the US that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Protection with the meningococcal polysaccharide vaccine lasts about 3 to 5 years. A meningococcal vaccine (conjugate vaccine), which was licensed in January 2005, is expected to help decrease disease transmission and to provide more long-term protection.

Should my child receive meningococcal vaccine?

Meningococcal vaccine is **not** recommended for attendance at camps. However, this vaccine is recommended for certain age groups; contact your child’s health care provider. In addition, parents of children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child’s healthcare provider.

How can I protect my child from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don’t have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or toll-free at (888) 658-2850 or on the MDPH website at <http://www.mass.gov/dph>.

Provided by the Massachusetts Department of Public Health in accordance with M.G.L. c.111, s.219.