



DEAF/KODA PROGRAM FORMS CHECKLIST

Please find the forms at www.campmark7.org under the specific program.

**This is subject to change.*

Forms due by May 1st

Done by parents/guardians:

	General Camper Form
	Copy of front/back of the child's insurance card (please do this separately for each camper/siblings)
	Copy of Immunization Records. <i>Please attach a photocopy of your child's immunization records to this form.</i> The NYS Dept. of Health requires a complete record of all immunizations received prior to attending CM7. We require dates of the following immunizations: COVID, Tetanus, DPT, Polio, Measles, Mumps, Haemophilus Influenza type A and type B, Hepatitis B, Rubella, and a vaccine or the date of the following diseases: Chicken Pox and German Measles.
	NYSDOH Meningococcal Disease & Form - required by New York State: Meningitis Vaccination Form. This must be filled out by parent/guardian even if your child is not old enough.
	Permissions
	Code of Conduct: Campers should read this with their parents to ensure the safety for all.
	Transportation Form (ONLINE): https://tinyurl.com/CM7travel This must be filled out online to coordinate the safety of all campers. For all arrivals/departures from/to Syracuse Airport or Utica train/bus Station, please ensure that campers: Arrivals between 10 AM-4 PM & departures between 9 AM-12 PM.

	Medical Form: This must be filled out by and signed by a physician. If your child has already had a physical less than a year ago from the start date of the program, you need to ask your child's physician to fill this form out. Medical form must be done within 12 months from the camp program starting date. ** PLEASE MAKE SURE IT IS ALL SIGNED AND DATED! **
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Full payment due by June 1st for all children programs

Monthly payment plans are accepted as long as it is paid in full by the due date for the program.

Additional information:

- All this is subject to change. Stay connected with CM7 for latest updates!
- **Children's Camps in NY:** Required by the New York State Department of Health to send this to our campers <https://www.health.ny.gov/publications/3601.pdf>
- Camp Newsletter emailed to parents/guardians prior to start of camp
- **Important Dates** to know:
 - **Registration/Arrival Day:** Sunday 1-4 PM (no early arrivals allowed)
 - **Parents Night:** TBA
 - **Departure Day:** Campers and parents must depart by 12 PM

Please fill out and scan the forms.
Email the forms to registrar@campmark7.org.

Please email each camper (sibling) separately
and identify the name of camper in email.

PLEASE WRITE CLEARLY AND FILL EVERYTHING OUT! Incomplete forms will not be accepted.

NAME: _____
SESSION: KC KY KT DEAF
YEAR: _____

Name: _____ **Date of Birth:** _____ **Check one:** Male ___ Female ___

Check one: Deaf ___ Hard of Hearing ___ Uses cochlear implant(s) ___ Hearing ___

Address/City/State/Zip Code: _____

#1 Parent/Guardian Name: _____ **Text #:** _____

Phone: _____ **Work Phone:** _____

#2 Parent/Guardian Name: _____ **Text #:** _____

Phone: _____ **Work Phone:** _____

REQUIRED: Emergency Contact Information: (only if both parent/guardian is unavailable)

Name: _____ **Relationship:** _____

Phone: _____ **Text #:** _____

Primary Physician Information:

Physician's Name: _____ **Phone:** _____ **Fax:** _____

Medical Insurance: *Please submit a copy of your insurance card (front & back).*

Primary Insured: _____ **Insurance Company:** _____

Group ID: _____ **Policy Number:** _____

Insurance Company phone number: _____

Dietary Restrictions: *Please be specific.* _____ **None**

Indicate any dietary restrictions your child has (ex. vegetarian, lactose-intolerant, etc.).

Allergies: *(please indicate any allergies your child has)* _____ **None**

Is the individual currently taking any prescribed medication? Yes ___ No ___

All medications must be brought in original vials with doctor's instructions on it.

Medication will be given as instructed on bottle or with physician note, not per parental instruction.

Immunization Records: *Please submit a copy of your child's immunization records.*

The NYS Dept. of Health requires a complete record of all immunizations received prior to attending CM7. We require dates of the following immunizations: **COVID, Tetanus, DPT, Polio, Measles, Mumps, Haemophilus Influenza type A and type B, Hepatitis B, Rubella**, and a vaccine or the date of the following diseases: **chicken pox and german measles.**

PARENTS: DID YOU LEAVE ANYTHING BLANK? GO BACK AND FILL IT OUT!
DON'T FORGET TO ATTACH MEDICAL INSURANCE CARD (FRONT & BACK) & IMMUNIZATION RECORDS!

MEDICAL FORM

FILLED OUT BY PHYSICIAN ONLY

CAMP MARK SEVEN

144 MOHAWK HOTEL RD · OLD FORGE · NY · 13420



Name: _____ Male Female

First Middle Last

Birth Date _____ Hearing Deaf Hard of Hearing Has Cochlear Implant(s)

Month/Date/Year

DATE OF EXAMINATION: _____

MEDICAL HISTORY

GENERAL	ALLERGIES	DISEASES	OTHER
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Usher's Syndrome
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Poison Ivy, etc.	<input type="checkbox"/> Measles	<input type="checkbox"/> Paralysis
<input type="checkbox"/> Convulsion/Seizures	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> German Measles	<input type="checkbox"/> Fears
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Mumps	<input type="checkbox"/> Operations
<input type="checkbox"/> Behavior/Emotional Disorders	<input type="checkbox"/> Food:	<input type="checkbox"/> Asthma	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Medicine:	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Learning Disabilities
<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Bedwetting
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Autism

PLEASE PROVIDE DETAILS TO QUESTIONS ASKED BELOW:

Operations or serious injuries (dates?) _____

Chronic or recurring illnesses? _____

Describe any items marked above: _____

STANDING ORDERS

These medications, stocked in the Infirmary, are used to help manage common illnesses or injury concerns and dispensed as directed via medical protocols signed by the Camp's medical staff. **Medical personnel: Cross out these items camper should not be given.**

- | | |
|---------------------------|-------------------------|
| A & D ointment | Hibiclens |
| Acetaminophen | Hydrocortisone Cream |
| Afterbite Lotion | Hydrogen Peroxide |
| Aloe | Ibuprofen |
| Anti-diarrhea medication | Ivy Dry |
| Antifungal Ointment | Kaopectate |
| Auro dri | Lopermide |
| Bacitracin ointment/spray | Lozenges/Cetacine Spray |
| Camphophenique | Milk of Magnesia |
| Caladryl Lotion | MuscleRub |
| Cough Syrup (Robitussin) | Neosporin Ointment |
| Claritin | Nix |
| Cepecal | Pepto-Bismol |
| Cream Antiseptic Spray | Pseudoephredine |
| Diphenhydramine | Rubbing alcohol |
| Emetrol | Solercaine |
| Eye Wash | Tinactin |
| Eye Drops | Tums |
| GasX | Triple Antibiotic |
| Guaifenesin | Zyrtec |

PHYSICAL EXAMINATION

Height:	Weight:	Blood Pressure:
Pulse:	Respiration:	Head:
Eyes:	Glasses:	Ears:
Nose & Mouth:	Throat:	Chest:
Lungs:	Heart:	Teeth:
Abdomen:	Hernias:	Musculoskeletal:
Extremities:	Skin:	Lymphatic:
Neurological:	Development:	Other:

GIRLS ONLY: Has she menstruated? Yes No

IMPRESSION:

MISCELLANEOUS

DIET & NUTRITION: Eats a regular diet Has a medically prescribed meal or dietary restrictions: (describe below or attach note)

MEDICATIONS: No daily medications Will take the following prescribed medication(s) while at camp: (name, dose, frequency – describe below or attach note)

OTHER TREATMENTS/THERAPIES TO BE CONTINUED AT CAMP: (describe below or attach note)

Do you feel that the camper will require limitations or restrictions to activity at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (attach additional information if needed)

It is my opinion that the camper is physically and emotionally fit to participate in an active program (except as noted above.) Date: _____

Licensed Provider Print Name: _____ Signature: _____ Title: _____

Office Address: _____

Telephone: _____



CAMP MARK SEVEN
144 Mohawk Hotel Road ~ Old Forge, NY 13420

OVERNIGHT CHILDREN'S CAMP PARENT/GUARDIAN LETTER

Dear Parent/Guardian:

I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningococcal meningitis. New York State Public Health Law (NYS PHL) §2167 and Subpart 7-2 of the State Sanitary Code requires overnight children's camps to distribute information about meningococcal disease and vaccination to all campers who attend camp for 7 or more consecutive nights.

Meningococcal disease is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. Meningococcal disease can cause serious illness such as infection of the lining of the brain and spinal column (meningitis) or blood infections (sepsis). The disease strikes quickly and can lead to severe and permanent disabilities, such as hearing loss, brain damage, seizures, and limb amputation, in as many as one in five of those infected. Ten to 15 percent of those who get meningococcal disease will die.

Meningococcal disease can be easily spread from person-to-person by coughing, sharing beverages or eating utensils, kissing, or spending time in close contact with someone who is sick or who carries the bacteria. People can spread the bacteria that cause meningococcal disease even before they know they are sick.

Anyone can get meningococcal disease, but certain people are at increased risk including teens and young adults 16 – 23 years old and those with certain medical conditions that affect the immune system.

The single best way to prevent meningococcal disease is to be vaccinated. The meningococcal ACWY (MenACWY) vaccine protects against four major strains of bacteria which cause meningococcal disease in the United States. The Centers for Disease Control and Prevention (CDC) recommends a single dose of MenACWY vaccine at age 11 through 12 years with a booster dose given at age 16 years. Children are not routinely recommended to receive MenACWY vaccine prior to the recommended ages, unless they have certain underlying medical conditions which increase their risk of disease. The meningococcal B (MenB) vaccine protects against a fifth strain of meningococcal bacteria which causes meningococcal disease. Young adults aged 16 through 23 years may be vaccinated with MenB vaccine and should discuss the MenB vaccine with a healthcare provider.

I encourage you to carefully review the attached Meningococcal Disease Fact Sheet. It is also available on the New York State Department of Health website at: <http://www.health.ny.gov/publications/2168.pdf>.

Information about the availability and cost of meningococcal vaccine can be obtained from your healthcare provider or your local health department.

Camp Mark 7 required to maintain a record for each camper, signed by the camper's parent or guardian, which documents the following:

- Receipt and review of meningococcal disease and vaccine information; AND EITHER
- Certification that the camper has been immunized against meningococcal meningitis within the past 10 years; OR
- An understanding of meningococcal disease risks and benefits of vaccination at the recommended ages and the decision not to obtain immunization against meningococcal meningitis at this time.

Please complete the enclosed Meningococcal Meningitis Vaccination Response Form and send it to registrar@campmark7.org.

To learn more about meningococcal meningitis and the vaccine, please feel free to consult your child's physician. You can also find information about the disease at the website of the Centers for Disease Control and Prevention: www.cdc.gov/vaccines/vpd-vac/mening/default.htm.

Sincerely,

Isabella Sterly
Camp Mark 7 Director



CAMP MARK SEVEN
144 Mohawk Hotel Road ~ Old Forge, NY 13420

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that a parent or guardian of campers who attend an overnight children's camp for seven (7) or more consecutive nights, complete and return the following form to the camp.

The Centers for Disease Control and Prevention recommends two doses of MenACWY vaccine (Brand names: Menactra, Menveo) for all healthy adolescents 11 through 18 years of age: the first dose is given at 11 or 12 years of age, with a booster dose at 16 years of age. Children and adolescents with certain medical conditions may need to begin the MenACWY series at a younger age and/or receive additional doses. Consult with your child's healthcare provider regarding any medical conditions they may have.

If the first dose is given between 13 and 15 years of age, the booster should be given between 16 and 18 years of age. If the first dose is given after the 16th birthday, a booster is not needed.

Young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series (Brand names: Trumenba, Bexsero). Parents/guardians should discuss the Meningococcal B vaccine with a healthcare provider.

Check one box and sign below.

- I have received and reviewed the information regarding meningococcal meningitis. My child has received meningococcal immunization (Menactra or Menveo) within the past 10 years.

Date received: _____

OR

I have received and reviewed the information regarding meningococcal meningitis. I understand the risks of meningococcal meningitis and the benefits of immunization at the recommended ages.

- I have decided that **my child**, who is **younger than 11 years of age**, will **not** obtain immunization against meningococcal disease at this time; or
- I have decided that **my child**, who is **11 years of age or older**, will **not** obtain immunization against meningococcal disease at this time.

Signed: _____
(Parent / Guardian)

Date: _____

Camper's Name: _____ Date of Birth: _____

Mailing Address: _____

Parent/Guardian's E-mail Address (optional): _____

PERMISSIONS



Camper Name (print only): _____

Program (circle one): Deaf Camp KODA Children KODA Youth KODA Teen

Parent or Guardian Name (print only): _____

REQUIRED:

OFF-SITE SWIMMING: Camp Mark 7 campers will take off-site trips that include swimming during each session. New York State (NYS) requires us to inform you that your child may go on a day trip or overnight trip that will involve swimming in a lake or stream that has not been inspected by the NYS Health Department. The location may be remote or inaccessible to allow for prompt transfer to an emergency medical health care facility.

Each of these swimming areas is chosen and inspected by our trip leaders and lifeguards. These swimming areas meet written safety specifications for water clarity, current, bottom slope and natural hazards. Each off-site swim area will be supervised by a lifeguard and will follow the traditional safety rules and additional rules that are required by the natural settings of the swimming areas. Most of the off-site swim is done at locations that we have used for many years. Your declaration will be kept for up to nine months for inspection by the NYS Health Department.

Wilderness Swimming Declaration

I/we understand that my child may be swimming in areas that have not been inspected by the NYS Health Department, but have been approved for swimming by the lifeguards and trip leaders who work for CM7.

Parent/Guardian Signature: _____ Date: _____

HEALTH HISTORY: To the best of my knowledge, my child's health history is correct. My child may engage in all camp activities (except where noted by the licensed health provider or me). In the event of minor discomforts and/or illness, I authorize CM7 to provide medications to my children following the specific orders and guidelines of the camp's licensed health provider. In case of an emergency, I authorize the Camp Director/Camp Licensed Health Provider to act for me/my child according to the best judgment where medical or surgical treatment is required. I accept responsibility for all medical bills resulting from any illness or injury that is not covered by our insurance.

Parent/Guardian Signature: _____ Date: _____

LOST/STOLEN ITEMS: I understand that CM7 is not responsible for any lost or stolen items. Please make sure all personal items have your child's name on it.

Parent/Guardian Signature: _____ Date: _____

OPTIONAL:

PHOTO/VIDEO: I understand that that at various times throughout the camping session, Camp Mark 7 photographers and videographers will be taking photographs and videos of ongoing events and activities and my child will likely be included in these photographs and videos. I hereby consent to such filming and I authorize CM7 to take and reproduce and disseminate photos and/or videos of my child for its own purposes. I further understand that these photographic and video graphic materials are solely owned by Camp Mark 7 and will be used for its various purposes, including, but not limited to use for promotional or informational purposes and in media such as the CM7 website, CM7's social media, CM7's newsletters, CM7's brochures, CM7 and related Facebook pages, YouTube videos, and/or CM7 DVDs and that all decisions regarding such use and such media are at the sole discretion of Camp Mark 7. However, no such materials will be sold to others for commercial purposes.

Parent/Guardian Signature: _____ Date: _____



Code of Conduct

This form must be signed by the first day of the program.

Parent/Guardian Expectations

Below is the Camp Mark 7 Code of Conduct Camper Behavior Agreement for you and your camper to read and sign. The following is an explanation of our expectations of you as the parent/guardian.

Campers that do not comply with the Behavior Agreement will be sent home. They will not receive a refund. Upon a violation of the Behavior Contract, the Program Director will call the parent/guardian(s) listed on the contract. The parent/guardian will be informed of the violation at camp and will be asked to pick up the camper. If the parent/guardian cannot come to Camp Mark 7, it remains the parent/guardian's responsibility to make alternative arrangements for someone else to pick up the camper, as soon as possible. In those instances, the parent/guardian must also contact the Program Director to inform her of who will be picking up the camper.

If the parent/guardian is unable to arrange pick up, the Program Director will contact the emergency contact person listed on the camper's medical form to make arrangements. If the Program Director cannot locate the emergency contact person or the emergency contact person also is unable to pick up the camper, the parent/guardian will be contacted again to make other arrangements.

Camper Behavior Agreement

I understand that my attitude and behavior are critical to my personal success as well to the success of camp this summer. Therefore, for the welfare of the camp, I agree to abide by the following:

1. I will try to be sensitive to the needs of each camper by performing assigned duties, including but not limited to: bedroom cleanup, all-camp cleanup, dining hall cleaning, participating in all-camp activities, etc.
2. I will respect the places and people with whom I come in contact.
3. I understand that the use of alcohol, tobacco, profane and/or threatening language, or drugs will not be tolerated, and that usage during camp will result in expulsion from my camp program.
4. I will be responsible for my personal belongings and equipment and will not hold Camp Mark 7 or any other outsider responsible for the lost or damage due to my negligence or neglect.
5. I will treat equipment by Camp Mark 7 or any other person with care.
6. I will use safety equipment furnished by Camp Mark 7 for my own safety.
7. I will treat other campers and staff with respect and courtesy.

I understand that if I do not abide by the guidelines listed above, the Camp and/or Program Director will notify my parents/guardians, and I will be sent home. I also understand that if I am sent home early due to misconduct, I will not receive a refund.

CAMPER PRINT NAME: _____ DATE: _____

CAMPER SIGNATURE: _____

I have read, understand, and agree with the above responsibilities of my child. I have read, understand, and agree to fulfill my responsibilities as a parent/guardian.

PARENT/GUARDIAN PRINT NAME: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____



Ready to email the forms?

Be sure you have EVERYTHING filled out:

- Camper Form
- Meningococcal Form
- Medical Form (did doctor check off everything especially on the bottom??)
- Permissions
- Code of Conduct

Did you add:

- Copy of insurance card (front and back)?
- Copy of Immunizations?

Email these to: Registrar@campmark7.org

Then... fill out the transportation form online: <https://tinyurl.com/CM7travel>