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the



2019 Camper Application Packet

Dear Parents:

Can you believe summer is almost here?! After this winter, I'm sure we're all excited for warm weather and some fun in the sun, which is exactly what Camp Kekoka is all about. Attached is the full 2019 camper application packet. Though it may look a little overwhelming, please keep in mind that we take the responsibility of keeping your child safe as a priority, so it's important we know as much about them as possible.

Below are some frequently asked questions:

1) Transportation to/from camp? This information is pending and may change as we finalize transportation details. Camp is located in Kilmarnock VA, about 3 hours south of Alexandria. ACPS provides a bus that leaves Alexandria at 12:00PM Sunday and returns on Friday at 2:00PM. The bus pickup/drop-off is 3540 Wheeler Avenue (the city pumps). There is no charge for transportation. Parents are also welcome to visit camp and pickup/drop-off their child if they prefer.

2) What is the cost? It costs \$530 per child to attend camp. This covers transportation, food, housing and all of the activities per child, per week. Financial aid is available for those who cannot afford the entire amount. We ask that parents pay as much of the \$530 as possible and we will cover the remaining. We do not ask for tax returns or paystubs; we work on the honesty policy. Please remember that we have a set amount that we can assist with, so the more you cover toward the \$530, the more we can apply to another child. We accept cash, checks and credit card payments. You can pay when you turn in the application or wait until the week your child is due to attend camp.

3) What is the application deadline? The application in its entirety should be completed and returned by May 31st, though if spots remain afterward, we will continue to take applications. We have approximately 150 open spots this year, so it's important that applications are returned promptly so that a child doesn't miss out. The application can be scanned and emailed (preferred) or picked up at the school or child's home.

4) How old do you have to be to attend? 9-15yo. We also have a Counselor-in-Training program for 15-16yo teenagers, that includes all of the fun camp activities but includes a leadership component.

5) What type of activities does camp include? We own 96 acres of beachfront property in Kilmarnock, VA, which allows us to have all types of fun stuff. We have two boats, which take campers out knee-boarding and fishing. You can also go wind-surfing, sailing and kayaking along the beach. We have an outdoor pool, archery area, basketball court and volleyball net. We also have a large recreation center that has several ping pong, pool and air hockey tables.

6) What are the sleeping arrangements? Your child will stay in a cabin with 9 other kids of the same gender, around the same age, with 2 highly-trained counselors.

7) Is the health packet required? Yes, please take a moment to complete the health portion of the application packet in its entirety. It's very important we know as much about your child as possible, especially if they have allergies, require medication or have nutritional restrictions. You do NOT need to take your child to the doctor for a signature nor is a physical required; you can do everything yourself!

We look forward to seeing your child this summer!

Sergeant Marcus Downey
Marcus.Downey@AlexandriaVA.gov
571-221-4828

What to bring to camp

Bedding: Campers will stay in cottages with single size bunk beds

- Single sheets and a blanket (or sleeping bag)
- 1-blanket or sleeping bag
- 1-pillow and pillowcase
- Towels/wash cloths

Clothing for 6 days to include:

- Sweatshirt / Sweater (just in case we have a chilly night)
- Shirts
- Shorts
- Underclothing
- 2-Swimsuits
- Old clothes
- Long pants
- Tennis or closed toed shoes

Additional Suggestions:

- Sunglasses / Cap
- Water Bottle
- Laundry bag
- Toiletry articles
- Stationery/stamps (if they want to write a letter home)
- Small flashlight
- Sunscreen (SPF 30 or higher)
- Bug Repellant

Optional Items

- Talent show items
- Rainy day games, cards
- Small clip on fan
- Disposable Camera
- Books, comics or magazines
- Ipod / MP3 player with head phones (to be used during rest period only).
- Jellyfish pants (neoprene/nylon pants; inexpensive wind pants with elastic around the ankles)

Alexandria Police Youth Camp Fund:

The Alexandria Police Officers who provide both partial and full scholarships for Alexandria kids who want to attend camp but cannot afford it. This money comes from grant monies as well as donations.

In order to receive the grant money the following information is **required** from each participant.

Race	
	Asian/Pacific Islander
	African American/Black
	Alaskan Native
	Hispanic
	Native American
	Other
	Unspecified
	Caucasian/White

Income Range	
	\$21,999 & below
	\$22,000-26,999
	\$27,000-32,999
	\$33,000-39,999
	\$40,000-47,999
	\$48,000-56,999
	\$57,000-66,999
	\$67,000-79,999

**The cost to attend camp is \$530 per week.
Please mark what you can pay toward that amount.**

\$530 _____ \$400 _____ \$300 _____ \$200 _____
 \$100 _____ \$50 _____ \$25 _____

2019 Session Dates		Place (1) beside your first choice and (2) beside your second choice.	
Session 1: June 23 – June 28		Session 4: July 14 – July 19	
Session 2: June 30 – July 5		Session 5: July 21 – July 26	
Session 3: July 7 – July 12		Session 6: July 28 – August 2	
		Session 7: August 2 – August 9	

Please read and complete the following:

I hereby request that my child be accepted to attend YMCA Camp Kekōka. I understand and am aware that my child will be participating in many physical activities and that the potential for accidents does exist. In consideration of acceptance to Camp Kekōka:

- I indemnify and hold harmless Camp Kekōka, The Peninsula Metropolitan YMCA and/or its staff from any and all liability, claims, damage, injury or illness sustained by my child, and
- I grant permission for Camp Kekōka to provide or obtain medical attention for my child in the event of sickness or injury, and I understand accident insurance is not included in the camp fee. Should a camper require special medical treatment, prescriptions, or hospital care during the camp session, parent(s)/guardian(s) shall bear the expenses.
- I agree that Camp Kekōka may photograph and/or video tape my child for use in promotional materials.
- I understand that as a registered Camp participant, my child may be leaving Camp Kekōka property in YMCA vehicles to area destinations for specialized programs.
- I understand that my child may be participating in the following activities: archery; skateboarding; rollerblading; basketball; flag football; arts & crafts; motor boating; swimming; sailing; kayaking; field sports; soccer; softball; volleyball; paddle boats; and environmental challenge.

Applicants who cannot be accepted due to a full session are notified and advised to select another session or join a waiting list. Cancellations do occur, and waiting list campers advance in the order applications are received. To help you prepare more effectively for your child's camp experience you can down load a parent guide from www.peninsulaymca.org under the registration tab.

Admission as a Camp Kekōka camper carries many privileges and responsibilities. We expect campers to participate in the total life of camp-- to work, play, worship and live together. We do not allow the use of tobacco, alcohol, illegal drugs, or weapons (other than equipment provided for camp activities under staff supervision).

Application signifies understanding and acceptance of these responsibilities-- violators will be dismissed without a refund. In addition, should a behavior or discipline problem affect our work with other campers or their enjoyment of Camp Kekōka, we reserve the right to dismiss those campers responsible, without refund and the parent understands they will be required to pick up their child from camp.

Signature: _____ Date: _____



All You Need To Know About My Camper

Dear Parent(s),

This is a camper confidential form. The purpose for this form is to familiarize staff with the camper and their needs before they arrive at Camp Kekoka. The counselors review this form and then it is placed back in the camper's file.

Camper's name and age: _____

Session Date camper will be attending _____

Is the camper coming to camp for the first time? _____

What are some adjectives that describe your camper?

Circle the appropriate words that describe your camper or add your own: my camper is excited, nervous, caring, trusting, enthusiastic, energetic, shy, responsible, positive, etc.

Goals that you have for your camper:

Expectation for camper's counselors:

I really would like to see my camper:

Any other information that the counselors need to know about your camper (bed wetting, allergies, medication, special needs, etc.)

Additional Comments:

Thank you for filling in this information; it is very helpful to our counselors so they can better serve your child.

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Mail this form to the address below by _____ (date)
 Camp Kekoka
 P.O. Box 580
 Kilmarnock, VA 22482

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

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

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

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

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 camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. *(Please describe below.)*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

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 camper 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 for both routine health care and 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 camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name _____
 First _____ Middle _____ Last _____
 (For Camp Use) Cabin or Group _____
 (For Camp Use) Session Code(s): _____

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
 First Middle Last

Birth Date: _____
 Month/Day/Year

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

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

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper 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 Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper 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. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper 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: _____		

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 | Guafenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper 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 camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
4. 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, noting the number of the questions. The camp may contact you for additional information.

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 camper's health that you think important or that may affect the camper'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 camper arrives at camp. Keep a copy for your records.

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

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

Individual Health Record (For Camp Use Only)

Initial Screening **Date/Time:** _____ **Initials:** _____

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

- A. Any signs/symptoms of illness or injury upon arrival?..... No Yes as noted below
- B. History of exposure to communicable disease?..... No Yes as noted below
- C. Additions or corrections to information on this health history?..... No Yes as noted below
- D. Medication given to health-care staff?..... No Yes as noted below
- E. Any signs/symptoms of head lice?..... No Yes as noted below

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

Exit Note: Check one of the following:

- Left camp this day with no reported illness or injury symptoms.
- Left camp this day with the following problem/concern:

This person was told about the problem and instructed about follow-up as noted above: _____
Date/Time: _____ Initials: _____

**CAMPER HEALTH-CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2**

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by _____ (date)

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

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

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimate)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (*list*):

To medications: (*list*):

To the environment (*insect stings, hay fever, etc.—list*):

Other allergies: (*list*):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (*describe below*)

The camper is undergoing treatment at this time for the following conditions: (*describe below*) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (*name, dose, frequency—describe below*)

Other treatments/therapies to be continued at camp: (*describe below*) None needed.

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

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

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____