



Colorado State University  
Extension

April 4, 2013

Dear Parents and Guardians:

We are very excited that your teen will be joining us for the Colorado State University's Rocky Mountain Adventure Camp sponsored by the Military, Family & Youth Extension Program Grant at CSU Pingree Park. The remote and pristine setting of the camp, nestled in a beautiful high altitude, secluded mountain valley will be a wonderful opportunity for your youth to experience a true adventure! Your teen will have the opportunity to be immersed in the natural beauty and wonder of the Rocky Mountains including world class hiking, a world class ropes challenge course, and an awesome white-water rafting trip.

Opportunities will be provided for campers to develop decision-making skills, cooperation and leadership as they are presented with increasingly challenging tasks. Your teen will learn the importance of communication, teamwork and trust, but most of all camp will be FUN for your teen. Our camps include activities addressing the identification and utilization of individual strengths and Mindfulness-based practice. Mindfulness refers to the ability to pay attention and concentrate on present moment experiences, non-judgmentally. For campers, practicing Mindfulness will help develop resilience, coping skills, and interpersonal skills like self-confidence, empathy, compassion, and cooperation. The Department of Defense is currently using Mindfulness training with soldiers and veterans to promote well-being, reduce stress, and increase attention/focus.

Colorado State University Extension Staff has worked hard to develop a wide range of activities, addressing different levels of fitness ability and interests.

Our staff looks forward to meeting your military teen. Please contact me if you have any questions.

Happy camping,

Shauna Vail Woods

Operation: Military Kids Program Director

Colorado State University Extension

970.988.6104

shauna.woods@colostate.edu

www.operationmilitary.kids.org

"...serving military families in our own backyard..."

Office Use Only: Youth Name: \_\_\_\_\_ Camp Session: \_\_\_\_\_

**Colorado Military, Family & Youth Extension Program  
CSU Rocky Mountain Adventure Camp  
for Military Youth at Pingree Park, CO  
Summer 2013 Youth Application**

*<http://www.active.com/military-camp/golden-co/rocky-mountain-adventure-camp-colorado-state-university-military-youth>*

**Application Checklist**

Forms must be completed correctly. Packets that are sent to us missing forms will impact your youth's ability to attend camp.

- Go online to register
- Print out this packet.
- Complete all sections of this packet.
- Submit this packet at least 2 weeks prior to the start date of your youth's camp.
- Scan this completed packet and email to [militarypingree@gmail.com](mailto:militarypingree@gmail.com). Or, mail in the registration packet to the address listed below. If you have multiple youth that you want to send to camp, **you must complete a separate registration packet for each youth.**

Mailing Address:

Shauna Woods

Colorado State University Extension

15200 W. 6<sup>th</sup> Ave

Golden, Colorado 80401

Questions, please contact Shauna Woods at [shauna.woods@colostate.edu](mailto:shauna.woods@colostate.edu) or [militarypingree@gmail.com](mailto:militarypingree@gmail.com).

List of forms in this packet:

- ✓ **Medical Information Form**
- ✓ **Drop Locations and Times**
- ✓ **Code of Conduct for Youth Information**
- ✓ **Liability and Photo Release Rocky Mountain Adventure Camp**
- ✓ **White Water Rafting Assumption of Risk Form**

**Parent/Guardian Information**

1. There is no cell phone or internet coverage at Pingree Park. Electricity is available in all dorms.
2. Youth need **LUNCH** and **snacks** on the first day of camp to eat on the bus from CSU campus in Fort Collins to Pingree Park. Their first meal is at 5:00 pm.
3. Your youth must be between the ages of 14 years-18 years old and in High School while at camp.
4. This camp was made possible for you by the partnership and funding of Purdue University, the Department of Defense, Colorado State University Extension, and Pingree Park Staff.

## 2012 RMAC Clothing/Packing List

Use this list as you pack. Check off each item as you pack it and bring the list with you to camp! When you pack to come home, you will know exactly what you brought. You are responsible for your own things. Label all of your items with your name.

Extreme Weather: Pingree Park is located at the 10,000 ft. elevation range in the Colorado Rocky Mountains, therefore we often experience much cooler weather than is forecast for Fort Collins. Weather changes rapidly in the mountains – be prepared. Warm clothing is required for outside activities at temperatures as low as 40 degrees.

### GENERAL:

- 2-3 pairs shorts (at least one of them “quick dry”)
- 1-2 pair of long pants
- 4 t-shirts
- 2 long sleeved shirts for cool days
- 1 fleece jacket, heavy sweater or winter jacket
- 4 pairs socks
- 4 pairs of underwear
- 1 pairs wool socks
- Pajamas
- Rain jacket (REQUIRED)**
- Swimming suit
- 1 brimmed cap or hat
- 1 winter hat

### SHOES:

- 1-2 pairs of tennis/ gym shoes; open toes shoed discouraged

### Optional:

- Old shoes that can get wet
- 1 pair hiking boots – broken-in prior to camp

### BEDDING AND LINEN:

- 1 sleeping bag
- 1 twin sheet to cover mattress
- 1 pillow
- 1 pillow case
- 1 towel
- 1 washcloth

### OTHER ITEMS

- Flashlight or headlamp with extra batteries
- Sunglasses
- Snacks
- Personal backpack or “daypack”
- Camera
- Deodorant
- Soap, shampoo and conditioner
- Toothbrush/ toothpaste
- Hairbrush/ comb
- Sun block/ sunscreen
- Bug spray
- Water bottle

### ADDITIONAL ITEMS, IF NEEDED:

- Personal sanitary supplies
- Medication, all medication must be checked in with staff

### OPTIONAL ITEMS:

- Reading material
- Craft items (beads/ string, coloring, etc...)
- Musical instrument
- Inexpensive watch
- Playing cards

### FOOD:

- Lunch/snacks for bus ride to camp on first day
- Snacks

**1. Bus Stop Locations and Times**

Please mark to the location where your camper will be picked up for the trip to Pingree Park. You will be contacted with the times for drop off and pick up.

\_\_\_\_\_ Fort Carson, Colorado Springs; Gate 1

\_\_\_\_\_ Air Force Academy, Colorado Springs South Gate

\_\_\_\_\_ Buckley AFB, Aurora Sixth Avenue Gate

\_\_\_\_\_ CSU Campus-University Square Parking Lot 1311 S. College Avenue, Fort Collins; west corner of S. College Avenue and W. Lake Street. Please note: Out-of-State Campers - please make own arrangements to arrive at this location at this time.

**2. Out-of-State Camper Information (Everyone outside of Colorado needs to complete this section)**

What state is your camper arriving from: \_\_\_\_\_

How is your camper getting to Colorado (circle one): Flying    Driving    Other: \_\_\_\_\_

*\*Please understand that children falling under the status of “unaccompanied minor” may not fly to camp. For the majority of airlines, this means that children under the age of 14 years. If your child falls into this category, a guardian must fly with the camper or drive the camper to Colorado.*

*\*If you are coming in from another state, you **may** be given a stipend to help with your expenses. You are responsible for transportation to/from the airport. Youth must be able to **fly alone** making connections and ground transportation. If you are flying into DIA, you will need to book a round trip shuttle in advance of your trip from DIA to Colorado State University (Fort Collins, CO). Please email shauna.woods@colostate.edu to discuss logistics.*

*\*Remember that your youth will need to check luggage on the plane due to the necessary items needed for camp. Please factor this into your expense and time at the airport.*

**3. What do you want the counselor to know about your child in advance to make the best of their stay at camp?**

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**COLORADO STATE UNIVERSITY EXTENSION**

**PHOTOGRAPHY CONSENT FORM RELEASE and CODE OF CONDUCT FOR MINOR CHILDREN (Under 18)**

I, (print name) \_\_\_\_\_, parent or official guardian of (child's name) \_\_\_\_\_ hereby grant permission to Colorado State University

Extension and its employees or representatives, to take and use:

(check all that apply:)

\_\_\_ photographs, \_\_\_ digital images

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
Date

**Acceptance/Agreement on Code of Conduct for Participation in RMAC 2013**

Camper Name (print) \_\_\_\_\_

Name of Parent/Guardian (print) \_\_\_\_\_

Camper(s) are expected to abide by the stated rules for 4-H activities and events including, but not limited to:

- Conduct themselves in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship and act as a positive role model;
- Adhere to program rules, curfews, dress codes, policies and guidelines;
- Abstain from illegal and inflammatory behaviors;
- Fully participate in scheduled activities;
- Respect other's property and privacy;
- Respect for wildlife including small animals, birds and flora at Pingree Park;
- Refrain from physical or verbal abuse that constitutes bullying behavior;
- Apply rules of safety to individuals, groups and property; and
- Accept personal responsibility for behavior.
- Overly affectionate and physical behavior is not allowed.
- Use or possession of illegal drugs, alcohol or tobacco will not be tolerated.
- **Appropriate dress must cover chests, bellies, and backsides.**
- Clothes are free from violent or drug-related material, or anything that alludes to violations of the RMAC Code of Conduct.
- Shorts must be mid-thigh length. No pants or shorts that expose undergarments.
- All items designated as **underwear** are kept under cover.
- No halter-tops, tube tops, or top that expose undergarments.
- No see-through garments or muscle shirts.
- Shoes must be worn at all times for safety and deemed appropriate for climate and terrain.
- Conduct not in keeping with high RMAC standards will not be tolerated. Violation of items listed above will result in consequences to the participant. Consequences may include removal, at the individual's own expense and without refund, from participation in this event; restitution or repayment of damages; sanctions on participation in future RMAC events; forfeiture of financial support for this event; etc. Age and presence of an adult or other perceived status is not grounds for behavior outside of established guidelines. We understand the reason for this agreement is to ensure the safety of the RMAC campers and to ensure conduct and behavior that will result in each camper receiving the full benefit of enjoyment and educational experience from this event. It is not intended to place undue restrictions upon campers.

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER**

**COLORADO STATE UNIVERSITY – CSU ROCKY MOUNTAIN ADVENTURE CAMP AT PINGREE PARK**

**PLEASE READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE COLORADO STATE UNIVERSITY, ITS GOVERNING BOARD, AND THE STATE OF COLORADO FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW AT THE PINGREE PARK CAMPUS, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY WHICH MAY ARISE FROM SUCH ACTIVITIES EVEN IF THEY RESULT FROM NEGLIGENCE.**

In consideration of my being permitted by Colorado State University to participate in the CSU Rocky Mountain Adventure Camp (CSU RMAC) at the Pingree Park Campus, Colorado State University, Fort Collins, CO.

I, \_\_\_\_\_ (printed name), the undersigned participant, exercising my own free choice to participate voluntarily in CSU RMAC and its associated activities, and promising to take due care during such participation, hereby release and discharge, indemnify and hold harmless The Board of Governors of the Colorado State University System and Colorado State University, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, (all of such persons and entities are identified below as "Released Parties") against all claims, demands, causes of action whatsoever either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at CSU RMAC.

I acknowledge that I have been informed of major hazards and risks including but not limited to: sprains, strains, dislocations, amputations, cuts, bruises, breaks, teeth (loosened/broken/knocked out), head injuries, paralysis, exposure to outdoor elements resulting in injury, risks associated with hiking and outdoor recreation activities, death, and other risks normally associated with my participation in CSU RMAC and its associated activities. I understand, accept, and assume those hazards and risks, and waive all claims against The Board of Governors of the Colorado State University System and Colorado State University, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in normal or unusual acts associated with the above-named activities.

Furthermore, I am aware that the Pingree Park Campus is located at an elevation of 9,000 Ft. (2750 M) and understand the potential hazards of inclement weather and physical stress on cardiopulmonary function, including tachycardia (rapid heart rate) and possible sudden cardiac arrest. I am also aware that the Pingree Park Ropes Course in which I intend to participate as part of the CSU RMAC may include other occurrences beyond human control, creating hazards which could place me in perilous situations. Although rare, these hazards can include cable and rope burns, sprained joints, muscle pulls, twisted knees, back strains, shoulder and finger dislocations, neck injuries, skin abrasions, broken fingernails, sunburn and splinters, psychological trauma, as well as other hazards and perils not specifically named herein.

I understand that by signing this release I have given up all future liability claims by me against the Released Parties. I also understand that even if this release were not signed, my assertion of such claims would have to be based on legally recognized wrongful acts or omissions of the Released Parties and that they are in no way insurers of my safety. I also understand that because the University and its governing board are state institutions, several limitations and exclusions exist with respect to liability of the Released Parties. Therefore, I have determined whether I have adequate separate personal insurance to cover all harm that I may suffer due to participation in this activity and I have obtained all insurance protection that I want.

**PARTICIPANT'S FULL NAME:** \_\_\_\_\_ **DATE OF BIRTH (MO/DAY/YR):** \_\_\_\_\_

**I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE TERMS THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2013.**

\_\_\_\_\_  
Signature of Participant whose printed name appears above.

**If participant is under the age of 18, his or her parent or legal guardian must also sign:**

I, (printed name) \_\_\_\_\_, am the parent of legal guardian of the participant who has signed above. I have read and I understand the provisions of this document, and acting on behalf of the participant, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Release from Responsibility, Assumption of Risk, and Waiver as authorized pursuant to C.R.S. section 13-22-107.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Please Fill Out  
Time  
Taste Blast FD Date

**WHITE WATER RAFTING ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT**

**PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.**

The person who is participating in white water rafting with J.P. Legel, Inc. d/b/a A Wanderlust Adventure shall be referred to hereinafter as "PARTICIPANT". "THE UNDERSIGNED" means only the PARTICIPANT when the PARTICIPANT is age 18 or older OR it means both the PARTICIPANT and the PARTICIPANT's parent or legal guardian when the PARTICIPANT is under the age of 18. THE UNDERSIGNED agree and understand that participation in white water rafting (hereinafter the "ACTIVITY") can be **HAZARDOUS AND INVOLVES THE RISK OF PHYSICAL INJURY OR DEATH.**

THE UNDERSIGNED agrees and understands that there are risks associated with strenuous physical exertion and with participating in the ACTIVITY and that falls, **INJURIES AND/OR DEATH** may result from engaging in the ACTIVITY. THE UNDERSIGNED agrees and understands that risks include, but are not limited to: changing weather conditions, water conditions, hidden underwater obstacles, changing and unpredictable currents, drowning, exposure, overturning, transportation to and from the river, carrying rafts and other equipment, the condition of the PARTICIPANT, dehydration, and high elevation [if applicable]. RECOGNIZING THE RISKS, PARTICIPANT VOLUNTARILY CHOOSES TO TAKE PART IN THE ACTIVITY.

In consideration of allowing the PARTICIPANT to participate in the ACTIVITY, THE UNDERSIGNED hereby agrees to **ASSUME ALL RISKS** associated with the PARTICIPANT's participation in the ACTIVITY. Additionally, THE UNDERSIGNED agrees to **HOLD HARMLESS, RELEASE, DEFEND AND INDEMNIFY** J.P. LEGEL, INC. d/b/a A WANDERLUST ADVENTURE, its affiliated organization and companies, the United States, and their respective insurance carriers, agents, employees, representatives, assignees, officers, directors, and shareholders (each hereinafter a "RELEASED PARTY") **FROM ANY AND ALL LIABILITY** and/or claims for injury or death to persons or damage to property arising from the PARTICIPANT's participation in the ACTIVITY, **including those injuries and damages caused by any RELEASED PARTY's alleged or actual NEGLIGENCE OR BREACH OF any express or implied WARRANTY.** By execution of this release, THE UNDERSIGNED **AGREES TO DEFEND AND INDEMNIFY** each RELEASED PARTY for any and all claims of THE UNDERSIGNED and/or a third party arising from the PARTICIPANT's participation in the ACTIVITY.

THE UNDERSIGNED recognize that helmets and life jackets are required and PARTICIPANT agrees to wear a helmet and life jacket at all times while participating in the ACTIVITY. The PARTICIPANT **AGREES** to the use of any and all photographs and videos which may be taken of them while on the premise of A Wanderlust Adventure, including all raft trips, by A Wanderlust Adventure, for any purpose whatsoever, without compensation to them. All images shall constitute A Wanderlust Adventure property.

THE UNDERSIGNED represents that the PARTICIPANT is in good health and there are no special problems associated with his/her care. THE UNDERSIGNED authorizes any RELEASED PARTY and/or their authorized personnel to call for medical care for the PARTICIPANT or to transport the PARTICIPANT to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed. THE UNDERSIGNED agrees that upon PARTICIPANT's transport to any such medical facility or hospital that the RELEASED PARTY shall have no further responsibility for PARTICIPANT. Further, THE UNDERSIGNED **agrees to pay all costs** associated with such medical care and related transportation provided for PARTICIPANT and shall indemnify and hold harmless the RELEASED PARTY for any costs incurred therein, or any claims originating therefrom. In consideration for allowing PARTICIPANT to participate in the ACTIVITY, THE UNDERSIGNED **AGREES** that **ANY AND ALL** claims for injury and/or death arising from the PARTICIPANT's participation in the ACTIVITY shall be **GOVERNED BY COLORADO LAW** and **EXCLUSIVE JURISDICTION** of any claim shall be in the **DISTRICT COURT residing where the alleged incident occurred or in the FEDERAL COURT FOR THE STATE OF COLORADO.**

This release shall be binding to the fullest extent permitted by law. If any part of this release is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties. If applicable, the undersigned parent or legal guardian acknowledges that he/she is also signing this release on behalf of a minor PARTICIPANT and that the minor PARTICIPANT shall be bound by all the terms of this release. Additionally, by signing this release as the parent or legal guardian of a minor PARTICIPANT, the parent or legal guardian understands that he/she is waiving certain rights on behalf of the minor that the minor PARTICIPANT otherwise may have.

This release shall be binding upon the assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives of THE UNDERSIGNED.

By signing this agreement without a parent or guardian's signature, the PARTICIPANT represents that they are at least 18 years of age, or, if signing as the parent or guardian of a minor PARTICIPANT, you represent that you are the **legal** parent or guardian of the minor PARTICIPANT.

**I HAVE CAREFULLY READ THE FOREGOING LIABILITY RELEASE, UNDERSTAND ITS CONTENTS, AND AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS THAT I OTHERWISE MAY HAVE.**

\_\_\_\_\_  
Printed Name of PARTICIPANT

\_\_\_\_\_  
Signature of PARTICIPANT

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian #1

\_\_\_\_\_  
Signature of Parent/Legal Guardian #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
NAME/RELATION

\_\_\_\_\_  
TELEPHONE

## RMAC Youth Medical Form, Immunization Record and Emergency Form

**Please attach a copy of Youth's Certificate Immunizations recorded on a Colorado (or your state if from out of state) Department of Health Certificate of Immunization and attach to this form.**

The Camp must obtain a statement of the youth's current health status which indicates the youth's abilities and/or limitations to participate in the regularly scheduled youth care program. Youth must have had a physical examination within the preceding 24 months by a licensed physician or a licensed nurse practitioner. The event has the right to refuse admission of a youth who does not have examination verification.

Youth's Name: \_\_\_\_\_ Height (feet/inches) \_\_\_\_\_ Weight (lbs) \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber name and address: \_\_\_\_\_

Please rate your youth's personal fitness level:

(low) 1      2      3      4      5      6      7      8      9      10 (high)

Youth hike in outdoor weather conditions at altitudes as high as 11,000 feet. Are there any physical limitations or any additional information about your youth's health that are important for the supervisor to know? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If Yes, please explain:

Surgery/Accidents/Illnesses/Chronic Health Problems: \_\_\_\_\_

Describe any physical condition/disabilities requiring the camp's special attention: \_\_\_\_\_

Please mention any activities that your youth should **not** participate in and/or any potential problems your youth might encounter at high altitude and/or with strenuous exercise.

**Authorization to participate or exclude participation in event activities:** I give permission for my youth to participate in all event activities with the following exceptions: \_\_\_\_\_

**Authorization for medical care:** I hereby give my permission to camp officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my youth, \_\_\_\_\_ (camper name), should an emergency arise. It is understood that camp officials will make a conscientious effort to locate the emergency contacts listed on this document before any action will be taken. If it is not possible to locate emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment. I also give my permission for the camp staff to give general first aid to my child.

Parent's or guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Describe any special dietary needs your youth must follow (put N/A if not applicable). The cafeteria provides a healthy variety of foods but cannot provide specific to each individual. Those needing special diets should arrange to bring your own food: \_\_\_\_\_

Does your youth have allergies? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, what: \_\_\_\_\_

Does your youth have asthma? \_\_\_\_\_ No \_\_\_\_\_ Yes f yes, complete the Asthma Care Plan at the end of this packet. If no, do not complete the Asthma Care Plan.

**PRESCRIPTION AND NON-PRESCRIPTION MEDICATION IN THE CAMP SETTING**

**\*IF YOUR CHILD DOES NOT REQUIRE MEDICATION, PLEASE WRITE "NONE" OR "N/A" IN THE BLANKS**

Written permission for camp supervisor to dispense medication: **If it becomes necessary for a student to take** any form of medicine (including over-the-counter medications) the following form must be completed and signed.

The parent/guardian of \_\_\_\_\_ ask that the day camp staff give perscription  
(Camper name)

medication at to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

- The RMAC program agrees to administer medication prescribed by a staff member.
- It is the parent/guardian's responsibility to furnish the medication.
- The parent ensures that expired or unused medication are picked-up at the end of the camp week.

**Prescription medications:** must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage and date medicine is to be stopped, and a licensed health care provider's name. Pharmacy name and number is also to be included on the label.

**Over the counter medications:** must be labeled with child's name. Dosage must match the signed health care provider's authorization, and medicine must be packaged in original container.

**By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the camp staff delegated to administer medication.**

\_\_\_\_\_  
**Parent/Legal Guardian's Name (PRINT)**

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

**Work phone:** \_\_\_\_\_

**Home/cell phone:** \_\_\_\_\_

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**Authorization to Administer Medication in Camp**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

May be repeated every \_\_\_\_\_ hours Purpose of Medication: \_\_\_\_\_

Adverse or Side Effects: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

May be repeated every \_\_\_\_\_ hours Purpose of Medication: \_\_\_\_\_

Adverse or Side Effects: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

May be repeated every \_\_\_\_\_ hours Purpose of Medication: \_\_\_\_\_

Adverse or Side Effects: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## ASTHMA CARE PLAN FOR ROCKY MT ADVENTURE CAMP (complete if your child has asthma)

Name:	Birth date:
Parent/Guardian:	Cell Phone:

Triggers:  Weather (cold air, wind)  Illness  Exercise  Smoke  Dog/Cat  Dust  Mold  Pollen  
 Other: \_\_\_\_\_

**GREEN ZONE:      PRETREATMENT STEPS FOR EXERCISE** (Health provider please complete section)

Give 2 puffs of rescue med (*name*) \_\_\_\_\_ 15 minutes before activity exercise/sports,  
 Explanation: \_\_\_\_\_  
 Repeat in 4 hours if needed for additional or ongoing physical activity

**YELLOW ZONE:    SICK – UNCONTROLLED ASTHMA** (Health provider complete dosing for rescue medication)

IF YOU SEE THIS:	DO THIS:
<ul style="list-style-type: none"> <li>Difficulty breathing</li> <li>Wheezing</li> <li>Frequent cough</li> <li>Complains of chest tightness</li> <li>Unable to tolerate regular activities but still talking in complete sentences</li> <li>Other:</li> </ul>	Stop physical activity Give rescue med ( <i>name</i> ): _____ <input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs <input type="checkbox"/> Via spacer <input type="checkbox"/> other: _____ If no improvement in 10-15 minutes, repeat use of rescue med: <input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs <input type="checkbox"/> Via spacer <input type="checkbox"/> other: _____ If student's symptoms do not improve or worsen, call 911 Stay with student and maintain sitting position Call parents/guardians and camp nurse Student may resume normal activities once feeling better

**RED ZONE:            EMERGENCY SITUATION** (Health provider complete dosing for rescue medication)

IF YOU SEE THIS:	DO THIS IMMEDIATELY:
<ul style="list-style-type: none"> <li>Coughs constantly</li> <li>Struggles or gasps for breath</li> <li>Trouble talking (can speak only 3-5 words)</li> <li>Skin of chest and/or neck pull in with breathing</li> <li>Lips or fingernails are gray or blue</li> <li>↓ Level of consciousness</li> </ul>	<ul style="list-style-type: none"> <li>Give rescue med (<i>name</i>): _____  <input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs <input type="checkbox"/> Via spacer <input type="checkbox"/> Other: _____</li> <li>Repeat rescue med if student not improving in 10-15 minutes  <input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs <input type="checkbox"/> Via spacer <input type="checkbox"/> Other: _____</li> <li>Call 911    Inform attendant the reason for the call is asthma</li> <li>Call parents/guardians and camp nurse</li> <li>Encourage student to take slower deeper breaths</li> <li>Stay with student and remain calm</li> <li><i>Camp personnel should not drive student to hospital</i></li> </ul>

**INSTRUCTIONS for RESCUE INHALER USE: (HEALTH PROVIDER: PLEASE CHECK APPROPRIATE BOX(ES))**

- Student understands the proper use of his/her asthma medications, and in my opinion, can carry and use his/her inhaler at camp independently
- Student is to notify his/her designated school health officials after using inhaler
- Student needs supervision or assistance to use his/her inhaler. If not self-carry, the inhaler is located: \_\_\_\_\_
- Student has life threatening allergy, the epipen is located: \_\_\_\_\_

**HEALTH CARE PROVIDER SIGNATURE      PLEASE PRINT PROVIDER'S NAME      DATE**  
 I give permission for Pingree Staff to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the Camp with prescribed medication and delivery/monitoring devices. I approve this Asthma Care Plan for my child.

<b>PARENT SIGNATURE</b>	<b>DATE</b>
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\_\_\_\_\_  504 Plan or IEP

Camp Nurse Signature      DATE