



Welcome to Hawk Circle Camp!

This letter outlines a few of our logistical concerns and general camp policies well before camp starts, so you can best plan and understand our program from this perspective. Enclosed you will find a letter to your son or daughter, medical forms and information, a simple questionnaire, an equipment list and travel information. If you are missing any of these you can just e-mail us and we'll get them right to you one right away!

Take care, have a safe spring and please call me if you have any questions!

Sincerely,
Ricardo Sierra, Director

Arrival & Departure: You should plan to *arrive between 2-3 pm on Sunday*, the first day of camp. *Pickup is at 10 am on Saturday.*

Food Policy: We provide all meals with a vegetarian option, but are not able to accommodate a full variety of special diets. If your camper is vegan, or on a raw foods diet or other restricted food plan due to allergies, we will send you with a sample menu so that you can provide your child's food substitutions. We will make sure that your child's special dietary needs are taken care of and that we take all precautions necessary in the case of severe allergies.

Contraband and banned items: In the spirit of preserving the wilderness philosophy, we request that all ipods, electronic games, cell phones (we do not have cell service here), candy, gum etc, be left at home. Any candy-type food that is sent to camp will be held until camp is over, or, if you are in a generous mood, may be shared with the rest of the group at an appropriate time. Also, we have the usual restrictions about smoking, alcohol and illegal drugs of any kind. Thank you for your cooperation.

Tuition and Paperwork Deadlines: *We require that the balance due is paid in full by May 15th and all medical forms be sent at least two weeks (14 days) before the first day of camp.* This will help our first day of camp to be free of the stress of payments and camper forms and be more of a chance to really greet you and your child, connect and enjoy the first day. Thank you for your understanding.

Refund Policy: Due to our small size we can be very affected by last minute cancellations that we cannot weather financially. Thus, we have a limited refund policy that is clearly spelled out on the camp application. If you have trouble meeting this payment schedule, please let us know immediately so we can make other arrangements and work something out. Thank you!

Transportation: We do offer transportation to and from the Albany bus, train or air- port. Pickup time is ideally on Sunday between 1-4 and drop off time is Saturday morning between 9-12. *There is a \$75 round trip fee for this service.*

Campers staying for consecutive camps:

Campers can be picked up in between camps or they may stay here. This time gives them a chance to relax, get some laundry done, and enjoy a bit of downtime. For campers that would prefer to stay here, **please send \$35 along with your tuition to cover supervision and meals.** (if you registered online, you already paid this fee.)

WILDERNESS SUMMER CAMPS

SCHOOL PROGRAMS

ADULT RETREATS

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HAWK CIRCLE WILDERNESS
EDUCATION IS A PROGRAM OF
THE EARTH MENTORING INSTITUTE,
INC. A 501 (C) 3 TAX EXEMPT
NOT-FOR-PROFIT ORGANIZATION

FEDERAL TAX-EXEMPT # 31182
FEDERAL ID # 16-1563526

Meningococcal Meningitis Fact Sheet Meningococcal Disease

Information for College Students and Parents of Children at Residential Schools and Overnight Camps

What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord).

Who gets Meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshman living in dormitories, there is an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the United States; between 5 and 15 college students die each year as result of infection.

Currently, no data are available regarding whether children at overnight camps or residential schools are at the same increased risk for disease. However, these children can be in settings similar to college freshman living in dormitories. Other persons at increased risk include household contacts of a person known to have had this disease, and people traveling to parts of the world where meningitis is prevalent.

How is the germ meningococcus spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

What are the Symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10-15% die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

How soon do the symptoms appear?

The symptoms may appear 2 to 10 days after the exposure, but usually within 5 days.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Is there a vaccine to prevent meningococcal meningitis?

Yes, a safe and effective vaccine is available. The vaccine is 85% to 100% effective in preventing four kinds of bacteria (sero groups A,C,Y,W-135) that cause about 70% of the disease in the United States. The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days. After vaccination, immunity develops within 7 to 10 days and remains effective for approximately 3 to 5 years. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.

How do I get more information about meningococcal disease and vaccination? Contact your family physician or your student health service. Additional information is also available on the web sites of the New York State Department of Health, www.health.state.ny.us; the Centers for Disease Control and Prevention www.cdc.gov/ncid/dbmd/diseaseinfo; and the American College Health Association, www.acha.org.

Meningococcal Vaccination Response Form

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for each camper.

Check one box and sign below.

My child has had the meningococcal meningitis immunization (Menomune™) within the past 10 years.

Date received: _____

(Note: The vaccine's protection lasts for approximately 3 to 5 years.
Revaccination may be considered within 3 to 5 years)

I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will not obtain immunization against meningococcal meningitis disease.

Parent/Guardian Signature

Date

Camper's Name: _____

Date of Birth: _____

Mailing Address: _____

Please sign and return this form along with the other camp forms. Thank you!

Medical Forms And Concerns

Please Read This Carefully! Thank You!

To help everything run smoothly and safely, the New York State Health Department has created a few regulations for summer camps that require us to have a couple more forms. *We require both colored forms in this packet to be completely and carefully filled out by you and sent to us at least two weeks (14 days) prior to the start of your child's camp.* We recommend taking care of this as early as possible to avoid lost paperwork, difficulties in scheduling a doctor's appointment, and any other last-minute problems.

Contents:

1. **Hawk Circle Camp Health Record**
2. **Camper Insurance Form**
3. **Camper Medications Form**
4. **Meningitis Info and Meningococcal Vaccination Response Form**

1. Your child must have a physical exam and the Hawk Circle **Camp Health Record** must be completed and signed by your Health Care Provider within one year of the camp's start date. If your child has any special medical conditions or concerns, food allergies, or dietary restrictions, we need to know in advance. Any last minute notifications may not be accommodated, as menu-planning and food purchasing will have already been accomplished.

If your child has not received immunization for spiritual or religious reasons, you must send us a written statement, signed by your Health Care Provider, claiming Religious Exemption. This is very important, as *without a complete immunization record or a signed statement of Religious Exemption, your child cannot attend camp.*

2. **Camper Medications Form** must be filled out and signed on the bottom by your Health Care Provider. This signature allows us to administer each of the standard over-the-counter medications listed, unless "No" is circled to prohibit a specific medicine. Please know that *we only give over-the-counter medications as a last resort*, at the careful discretion of our RN or Medical Director, according to package insert guidelines. Without approval we are not legally allowed to administer basic drugs such as Tums and Tylenol, and other more important medications like Benadryl (which can save lives in cases of severe allergic reactions).

VERY IMPORTANT: *Prescription medication must be in the original package with the prescription information visible.* Make sure that the information in the Prescription Medications part of the form matches that on the prescription package, and please **don't use daily/weekly divider containers**. If the original prescription information is missing, please obtain and send us another copy, signed by your Health Care Provider. If your child is not currently taking any prescription medications, make sure that your Health Care Provider makes note of that on the form. ***Make sure to have your Health Care Provider's signature at the bottom of the camper's medication form.*** Vitamins and Homeopathic medicines can be administered if medically necessary and only with a **separate, signed statement** from you specifying schedule and dosage.

3. Enclosed you will also find a packet pertaining to a new law regarding meningococcal meningitis. Please be aware that this is not a new disease, or even one that has become more severe. The forms are simply to help insure continued safety. One form is a fact sheet about the disease. The second form is a letter explaining the new law, the camp's responsibilities, and your responsibilities as parents. The third page is titled Meningococcal Vaccination Response Form. Please note that while you are not required to immunize your child, you are required to fill out the form. **This form does not require a doctor's signature.**

As always, if you have any further questions regarding these forms please feel free to contact us at anytime at (607) 264-3910, or email us at HawkCircleOffice@gmail.com.

Dear Parent:

I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis, and a new law in New York State. On July 22, 2003, the New York State Public Health Law (NYS PHL) was amended to include section 2167 requiring overnight children's camps to distribute information about meningococcal disease and vaccination to the parents or guardians of all campers. This law became effective on August 15, 2003. I encourage you to carefully review the Meningococcal Meningitis Fact Sheet on the other side of this page.

Hawk Circle Camp is required to maintain a record of the following for each camper:

- A response to receipt of meningococcal meningitis disease and vaccine information signed by the camper's parent or guardian

AND

- Information on the availability and cost of meningococcal meningitis vaccine (Menomune TM)

And either...

- A record of meningococcal meningitis immunization within the past 10 years

OR

- An acknowledgement of meningococcal meningitis disease risks and refusal of meningococcal meningitis immunization signed by the camper's parent or guardian.

Please complete the Meningococcal Vaccination Response Form and send it to us along with the other camp forms, two weeks prior to the start of your child's camp.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults 15-24 years of age have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives.

A vaccine is available and the cost of the vaccine can be obtained from your Health Care Provider and by visiting the manufacturer's web site at www.meningitisvaccine.com. Hawk Circle Camp does not have the facilities to offer the meningitis vaccine.

To learn more about meningitis and the vaccine, please feel free to contact your child's physician. You can also find information about the disease at the New York State Department of Health web site: www.health.state.ny.us and the web site of the Center for Disease Control and Prevention (CDC): www.cdc.gov/ncidod/dbmd/diseaseinfo.

HAWK CIRCLE CAMP HEALTH RECORD

Name: _____ Camp: _____ Date: _____

To Be Completed By the Health Care Provider

Height: _____ ft/ _____ in ENT: _____

Neuro-psych: _____ Weight: _____ lbs Lungs: _____

Extr: _____ Pulse: _____ Skin: _____

Abdomen: _____ Blood Pressure: _____ / _____

Spine: _____ Please check for Head Lice: _____

Heart: _____ Neck: _____

Recommendations or Restrictions: _____

Other Medical

Concerns: _____

All Known Allergies (Foods, Insects, Medications, etc.) and their symptoms: _____

_____ Immunization Record Please be sure to include Dates. This is very important!

Type	Date	Date	Date	Date	Date
------	------	------	------	------	------

DPT

Td/Dt/T

OPV

HIB

Hep.B

	Measles	Rubella	Mumps
History of Chicken Pox (Varicella)? (circle one) No / Yes			Date _____

Varicella _____

• Please Note: If your child has had Measles, Mumps or Rubella it must have been diagnosed by a physician; otherwise, the child is required to be immunized against these diseases.

• **This completed form SIGNED by your physician shall serve as the PHYSICIAN'S CERTIFICATE of such immunizations as required by Public Health Law Title VI- Section 2164.**

Health Care Provider's Name (please print): _____

Health Care Provider's Signature: _____

Address: _____ Phone: _____

Important! Parents Please Sign Below

My Child has my permission to engage in all activities at camp unless noted by the physician or by me. In the event of an emergency and I or my spouse or child's Physician cannot be reached, I give permission to the physician or hospital selected by the

Camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above, with the understanding that the family will be notified as soon as possible.

Parent's Signature: _____ Date: _____

Home Phone: _____ Work/Cell _____

Phone: _____

Mail forms to: P.O. Box 506, Cherry Valley, NY 13320 OR **email to** hawkcircleoffice@gmail.com

Camper Insurance Form

Please fill out the following information about your insurance coverage for our records which we might need in the event of an accident. Our medical insurance will pay the first \$150 of any accident and any amount which your personal insurance will not cover. If you have no insurance coverage, our policy will cover you for the full amount. Please sign below in this case. We will be happy to discuss any of this information with you personally should you have any questions. Thanks for your understanding and help. Our programs are fairly low risk and we make every effort to run them as safely as possible.

Student Name: _____ Student DOB: _____

Subscriber Name: _____ Subscriber's DOB: _____

Name of Insurance Company _____

Certificate #: _____ Group # (if applicable) _____ Effective Date: _____

Address of Insurance Company: _____ City: _____ State: _____ Zip: _____

If insured through employer, please fill out:

Subscriber Employer: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

IF YOU DO NOT HAVE INSURANCE COVERAGE PLEASE SIGN BELOW:

My son/daughter does not have any other insurance coverage.

Signed: _____ Date: _____ Print Name: _____

Camper Medications Form (Must be filled out by Health Care Provider)

Individualized Orders for: Name: _____ DOB: _____ Weight: _____

Please Note: Vitamins and Homeopathic medicines can be administered if medically necessary and only with a separate, signed statement from the camper's parents or legal guardians specifying schedule and dosage.

Over-The-Counter Medications:

The medications listed to the right are available in the infirmary and will be administered at the discretion of our RN or Medical Director. The Health Care Provider's signature at the bottom of this form indicates approval to administer these medications according to package insert guidelines, unless indicated otherwise by circling "No" in the Permission to Administer column.

Please add any other medications and orders in the extra spaces provided, including dosage and when they should be administered. *Health Care Provider must sign/stamp the bottom of this form!*

Drug Name	Permission to Administer	Comments
Benadryl	No	
Tylenol	No	
Ibuprofen	No	
Imodium AD	No	
Tums	No	
Arnica	No	

Prescription Drug Name	Route	Dosage	Schedule & Indications	Comments

Please list all medical allergies: _____

Camper's Health Care Provider Name: _____ Phone Number: _____

Address _____

Health Care Provider's Signature: _____ License # _____

PARENT QUESTIONNAIRE FOR HAWK CIRCLE CAMPER:

Thank you for filling out this questionnaire and returning it to us. This will help us to ensure your child will get the most out of our camp by giving us a family/scholastic background and some understanding of what is going on with him/her at this time. Your insights are extremely helpful and appreciated. All information contained within this letter is considered strictly confidential and will be viewed by senior staff persons only. Feel free to answer only what you feel comfortable with and know that this letter is not a prerequisite for attending any camp.

1. What are you hoping your child will get out of this experience at Hawk Circle?
2. How are things going in school? (Favorite subjects, etc.)
Any learning disabilities?
3. How are things at home? Any major changes happening?
4. What is the current "issue" your child is working on presently? (Independence, relationships/friendships, discipline, social things like that.)
5. What issues are you currently working on with him/her? (What are you working on helping him/her to become more proficient at, such as school work, making friends, cleaning, etc?)
6. Is your child currently, or has your child been, in the care of a mental health professional for any emotional or behavioral issue? For how long? What is the nature of his/her challenge?

Thanks for your time and energy in this effort. It is our goal to help each child to learn, excel and grow during our camps, and this makes it much easier. Please feel free to add on to this letter if you desire.



Something to consider doing while your child is away at camp is to write a letter to him/her describing your thoughts, hopes and feelings about him/her around the time of his/her birth, and to share your current hopes and dreams for the future of your family and relationship. This is something you can give your child after camp, and let him/her know that you've gone through a "Rite of Passage" too while he/she has been gone. You can also make a small gift as an offering to represent the changes you are honoring in your relationship. Think about it!

Please mail this back to us with the other camp forms. Thanks again... -Ricardo