



Authorization For Campers and Staff Under The Age of 18
Effective September 2003/Revisions Included

THE FOLLOWING AUTHORIZATIONS AND RELEASE AGREEMENT MUST BE SIGNED BY THE LEGAL PARENT/GUARDIAN AND DULY NOTARIZED FOR APPLICANT TO ATTEND CAMP.

This form may be photocopied for use out of camp business office.

PARENTAL:

As the legal/guardian of _____, he/she has my permission to participate in all prescribed camp activities, except those noted by me or the examining physician. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by Camp Bon Coeur, Inc. to hospitalize, secure proper treatment, and to order an injection, anesthesia or surgery for my child.

MEDICATIONS:

I hereby authorize the Camp Nurses to administer daily, home medications, over the counter medications, as prescribed and/or as needed.

PUBLICITY:

I hereby authorize the use of the name, address and photographs taken of applicant stated herein by persons selected by the Camp Director for use in Camp Bon Coeur, Inc advertisements and/or publicity, including general portions of the web-site and the CBC on-line photo-gallery.

INSURANCE:

I hereby acknowledge that the Accident and Sickness Insurance maintained by Camp Bon Coeur, Inc. specifically excludes claims resulting from pre-existing health conditions that are defined as ant pre-existing condition for which an uninsured person receives medical treatment, medicine, or advice from a physician in the twelve- (12) months prior to the effective date of coverage. Therefore, it is the responsibility of the parent/guardian of the applicant named herein to secure coverage for the pre-existing condition.

RELIGIOUS SERVICE:

I hereby authorize applicant stated herein to attend a Christian church service at the camp facility.

____ I authorize applicant to attend. ____ I do not authorize applicant to attend.

THE HEART:

I hereby authorize the applicant stated herein to participate in a question and answer forum program called "The Heart." This program headed by Camp Bon Coeur's head nurse is a program in which campers will be able to share their feelings and support with each other by voluntarily asking questions regarding their own heart.

HOLD HARMLESS RELEASE AGREEMENT:

The undersigned as Parent or Legal Guardian of _____, an applicant to attend the camping session of Camp Bon Coeur, Inc. and in consideration of such attendance, do hereby acknowledge that I am aware of the policies and authorizations of Camp Bon Coeur, Inc. and understand same. Further, I hereby release Camp Bon Coeur, Inc., its administrators, director, officers, employees and agents from any and all claims or cause of action arising out of the attendance at said camp by the applicant as well as any accidents or injuries occurring during said session. I further agree to indemnify and hold harmless the said Camp Bon Coeur, Inc. from any and all such claims and causes actions.

I agree with the above sections and sign my permission as parent/legal guardian of _____.

Signature of Legal Parent/Guardian Date Driver's License Number

In the presence of:

WITNESS ADDRESS CITY STATE ZIP

IN WITNESS WHEREOF, I _____ HAVE HEREUNTO

SET _____ AND(S) AND SEAL.

THIS _____ DAY OF _____ IN THE YEAR _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES

Camper Release Form

This form must be **FULLY** completed by the Legal Parents/Guardian and returned to the camp office. The information on this form must correspond with the Legal Parent/Guardian's or Substitute's pictured identification on valid driver's license.

Campers Name _____

Address _____

City/State/Zip Code _____

Phone Number _____

Legal Parent/Guardian: If the legal parent has remarried, it is only necessary to give the appropriate information and signature for the Legal Parent and Step Father/Mother.

Mother _____ **DL Number** _____

Father _____ **DL Number** _____

Step Father/Mother _____ **DL Number** _____

In case of an emergency or if I am not able to transport the applicant stated herein, I authorize Camp Bon Coeur, Inc. to release applicant to the following people.

1st Substitute

2nd Substitute

Name _____

Address _____

Phone _____

Relationship _____

DL Number _____

Signatures of legal Parent/Guardians.
Two signatures are required.

Date

Mother _____

Father _____

Step Parent _____



Medical Authorization Form
Summer Camp 2017

I, the undersigned, and parent/legal guardian of _____, hereby authorize Camp Bon Coeur, Inc. and/or its Administrative or Nursing Staff (collectively, the "Camp"), to authorize and obtain, from any healthcare provider the Camp deems appropriate, any and all medical treatment for _____ which the Camp, in its discretion, deems necessary and appropriate. This includes, but is not limited to, hospital admissions, exams, testing and other procedures deemed necessary by such healthcare provider(s). I also give permission for all medical records and medical tests or lab results to be released to the Camp.

This authorization shall remain in effect from June 17th, 2017 to June 23rd, 2017, provided that if my child is hospitalized on June 23rd, 2017, this authorization shall continue until such hospitalization has ended and the child has been discharged into my care.

Parent/Legal Guardian Signature _____

Date _____



**Social Media and Email Permission Form
Summer Camp 2017**

Camp Bon Coeur has my permission to display my child and family's photo(s) in the picture gallery of the Camp Bon Coeur Facebook Page and website.

Child's Name _____ Date of Birth _____

Parent's Signature _____ Today's Date _____

I agree to allow Camp Bon Coeur to give my child and family's email address to other campers.

Parent's Signature _____ Today's Date _____

Child's Name _____ Date of Birth _____

Email Address _____



Medical Forms – Health and Personal History

Directions for Medical Forms

The following medical forms must be completed for all campers and by the individuals indicated. Please read the following directions carefully. All forms received by Camp Bon Coeur will be checked for completeness. If any information is missing, the form(s) will be returned to you. This may be a factor in the applicant's admittance to camp. These forms must be filled out within 6 months of encampment.

December 17th, 2016 is the first date for which these forms can be completed.

Health and Personal History-

This section must be completed by a legal parent or guardian of all applicants or staff members who are under the age of 18. Staff members who are 18 years of age or older must complete this form.

Please include a copy of your child's Immunization Record.

Camper packets are not considered complete until all paperwork is returned to the camp office and has been reviewed and approved by the Medical Review Committee.

Please note: Campers who do not turn in their completed medical forms on or before **May 19th, 2017** will not be considered for camp.

Health and Personal History

Last Name	First	Nickname	Date of Birth	Age
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Does the applicant now have or has the applicant ever had...

1.	Allergies	Yes	No
a.	Medication Allergies (Please list all meds that your child may be allergic to.)		
b.	Food Allergies (Please list all foods that your child may be allergic to.)		
c.	Insect Sting Allergies		
d.	Pollen/Hay Fever Allergies		
e.	Animal Dander Allergies		
2.	Chronic/Recurrent Illnesses other than Heart Condition (Please List)		
3.	Bleeding disorder or easy bruising If yes, is he or she on Coumadin? Yes No		
4.	Asthma or Shortness of Breath		
5.	Seizures		
6.	Fainting Episodes or Dizzy Spells		
7.	Stroke/Paralysis		
8.	Hypertension (High Blood Pressure)		
9.	Diabetes		
10.	Migraine Headaches		
11.	Strep Throat		
12.	Ear/Sinus Infections		
13.	Pneumonia		
14.	Skin Problems		
15.	Hepatitis		
16.	Immunosuppression or Immunocompromised (Can get Infections Easily)		
17.	Bowel or Bladder Problems		
18.	Orthopedic Problems		
19.	Learning Difficulties		
20.	Attention Deficit Disorder/Hyperactivity		
21.	Emotional or Behavioral Problems		
22.	Feeding – Eating Disorders, Alternate Routes, Alternate Needs		
23.	Sleepwalking		
24.	Bedwetting		
25.	For Females-Irregular menstrual periods of severe cramps Age at onset of menses: _____		

Please explain in detail any “yes” answers, noting the number of questions and dates of occurrence.

Health and Personal History

Has the applicant ever had chicken pox? Yes No

If yes, at what age? _____

If no, has the applicant ever received a varicella (chicken pox) vaccine? Yes No

Does the applicant have... Yes No

1.	Any special dietary needs or restrictions	
2.	Glasses, contacts or protective eye wear	
3.	Dental Equipment (Bridges, Braces, Retainers)	
4.	Braces, Splints or other Orthopedic devices	
5.	Other special needs, ie. Oxygen (If yes, what concentration/flow and how often, please explain.) CBC can only provide Oxygen in case of Emergency	
6.	Any activity restrictions Does the applicant participate in PE classes at school? If yes, _____ standard PE or _____ adaptive PE classes.	

Please give details for any "Yes" answers.

Please list all OTCs and vitamins that your child takes.

Name	Dose	How Often	Preferred Times	Reason

What type(s) of medical insurance coverage does your child have? Please indicate:

INSURANCE PROVIDER NAME: _____

PRIMARY POLICY HOLDER'S NAME: _____

POLICY/GROUP NO.: _____

Please attach a copy (front and back) of the applicant's insurance or Medicaid card to this form.

I have, to the best of my ability, accurately provided the information requested on pages 2-3.

Signature of Legal Parent Guardian

Date

Driver's Licenses No./State



Medical Examination Form

Directions for Medical Forms

The following medical forms must be completed for all campers by the individuals indicated. Please read the following directions carefully. All forms received by Camp Bon Coeur will be checked for completeness. If any information is missing, the form(s) will be returned to you. This may be a factor in the applicant's admittance to camp. These forms must be filled out within 6 months of encampment.

December 17th, 2016 is the first date for which these forms can be completed.

Medical Examination Forms-

This section must be completed by a licensed physician or nurse practitioner within 6 months of encampment. It should be filled out at the time of the examination. We must have the original signature on file. You may fax the forms upon completion of the exam however we will need the original forms with signature prior to camp.

Camper packets are not considered complete until all paperwork is returned to the camp office and has been reviewed and approved by the Medical Review Committee.

Please note: Campers who do not turn in their completed medical forms on or before **May 19th, 2017** will not be considered for camp.

Medical Examination Form

Review of Systems (Please check all that apply)

System	Yes	No
Hearing/Vision Problems		
Stroke/Weakness		
Seizures		
Syncope		
Migraine Headaches		
ADD/ADHD		
Cyanosis		
Asthma/RAD		
Respiratory Infections		
Sinus Problems/Otitis		
Nose Bleeds		
Coagulopathy		
Anemia		
Asplenia		
Chest Pain/Angina		

System	Yes	No
Arrhythmias		
Palpitations		
Hypertension		
Edema		
Kidney/Bladder Problems		
Diabetes/Endocrine Problems		
Skin Problems/Rashes		
Musculoskeletal Disease/Injury		
Upper G.I. Problems		
Diarrhea/Constipation		
Hepatitis		
Mononucleosis		
Strep Infections		
Emotional/Behavioral Problems		
Other		

Please give details for any "Yes" answers.

Physical Examination

Pulse _____ Resp. _____ Blood Pressure _____ Pulse Ox _____

General _____

Head _____

Eyes _____

Ears _____

Are P.E. tubes present? _____

Nose _____

Throat _____

Chest _____

CV _____

Abdominal _____

M/S _____

Neurological _____

Developmental _____

Lab Data: Date _____ Hct _____ Hgb _____ Other _____

I have, to the best of my ability, provided the information on this form accurately.

MD/NP Signature _____

Date _____



Cardiology Information Form

Directions for Medical Forms

The following medical forms must be completed for all campers and staff by the individuals indicated. Please read the following directions carefully. All forms received by Camp Bon Coeur will be checked for completeness. If any information is missing, the form(s) will be returned to you. This may be a factor in the applicant's admittance to camp. These forms must be filled out within 6 months of encampment.

December 17th, 2016 is the first date for which these forms can be completed.

Cardiology Information Forms-

These forms should be completed by the applicant's pediatric cardiologist. This information is extremely important in determining the camper's suitability for participation in camp activities. Please include a copy of the most recent clinic letter, and if possible, a diagram of the child's heart for teaching purposes. You may fax the forms upon completion of the exam however we will need the original forms with signature prior to camp.

Camper packets are not considered complete until all paperwork is returned to the camp office and has been reviewed and approved by the Medical Review Committee.

Please note: Campers who do not turn in their completed medical forms on or before **May 19th, 2016** will not be considered for camp.

Cardiology Information Form

Note: The Cardiology Information Forms must be completed and signed by a Pediatric Cardiologist.

Patient Name

Cardiac Diagnoses

Past Surgical/Interventional Procedures

Date	Procedure	Institution

Is further intervention/surgery anticipated? If so, what type of procedure and when?

Pacemaker/ICD

Make/Model _____ Implant Date _____

Mode _____ Lower Rate _____ Upper Rate _____ Last Evaluation _____

Indication for Pacing _____ Underlying Rhythm _____

Site of Generator _____

Name/Phone Number of Professional or Company Rep _____

Medications – Please list all current medications. A current list of meds may be requested by the camp 2 weeks prior to camp.

Name	Dose	Route	Frequency	Times	Indication

Are there any OTC medications that this patient **should not** take? Yes _____ No _____

If Yes, please list medication and reason

Cardiology Information Form

Recommended SBE Prophylaxis

None ___ Standard Amoxicillin Regimen ___ Erythromycin ___ Other (describe) _____

If patient is on Coumadin...

Most recent INR: _____ Date: _____ How often checked: _____

Cyanosis

Is the patient cyanotic? Yes ___ No ___ Last Pulse Ox Reading _____

Acceptable Pulse Ox Range while at rest _____ and while at activities _____

Cardiac Transplantation

Has the patient had a cardiac transplant? Yes ___ No ___

If yes, please include the name, address and phone number of the Transplant Coordinator.

Note... In our Heart Program, a pediatric cardiologist or cardiology nurse practitioner teaches the campers about their hearts. Please include any other information that you think may be important or helpful for the camp physicians and nurses in the education or care of this applicant:

Please attach of copy of the patient's last clinic progress note with this form. Thank you.

I have, to the best of my ability, provided the information on this form accurately.

Pediatric Cardiologist Signature

Date

Activity Participation Form

Note: The Activity Participation Form must be completed and signed by a Pediatric Cardiologist or Cardiology Nurse. Camp Bon Coeur encourages participation in all activities. However, if a camper becomes fatigued, he/she will be allowed to rest as needed. Keep in mind that CBC is located in Louisiana and is 37 feet above sea level.

Please check the appropriate level below which best describes the activity level for this camper.

Full Active Participation Camper is able to engage in non-competitive, non-contact games requiring moderate exercise, which may involve running short distances.

Partial Active Participation Camper is able to engage in limited activities requiring minimal physical effort and may require occasional rest periods.

Limited Active Participation Camper is able to engage in sedentary activities only requiring no physical effort and must rest frequently. Camper can, however, benefit from attendance at Camp Bon Coeur.

No Active Participation Camper is physically, emotionally, or mentally unstable and should not attend camp at this time.

Is the applicant able to participate in...

Instructional and recreational swimming?	Yes	No
Jumping (feet first) into the swimming pool?	Yes	No
Bowling?	Yes	No
Horseback riding (no cantering/galloping)?	Yes	No
Archery?	Yes	No
Gym recreational activities- ball and floor games in air conditioning?	Yes	No
Team relay activities (light running)?	Yes	No
Aerobic activities (low intensity/low impact)?	Yes	No
Walking up and down a flight of stairs several times a day?	Yes	No
Walking on the nature trail (approx. ¼ mile)?	Yes	No
Is the applicant able to walk 150 yards without extreme fatigue?	Yes	No
Activities outside in extreme heat and humidity?	Yes	No

Please give details for any "No" answers.

I have, to the best of my ability, provided the information on this form accurately.

Pediatric Cardiologist Signature

Date

Please mail original forms to...

Camp Bon Coeur
405 W. Main St.
Lafayette, LA 70501



*Uncommon hearts.
Common ground.*

**Summer Camp
CAMPER INTERVIEW**

Camper's Name: _____ Age: _____

How many years have you been coming to camp? _____

Why do you want to come to camp next summer?

How has camp made a difference in your life?

What is your favorite camp memory?

What is your favorite camp food?

If you talk to a parent who wants to send their child to camp what would you tell them?

What is your favorite TV show? _____

What is one thing that you could not live without? _____

What is the best thing about you? _____

What is your LEAST favorite food? _____

Name one book that think everyone should read? _____

What is your favorite movie? _____

If you could meet someone, living or dead, who would that be? _____

What do you want to be when you grow up? _____



*Uncommon hearts.
Common ground.*

Anti-Bullying Policy

Defining Bullying

Bullying is a form of emotional or physical abuse that is...

1. **Deliberate**...a bully's intention is to hurt someone.
2. **Repeated**...a bully often targets the same victim again and again.
3. **Power Imbalanced**...a bully chooses victims he or she perceives as vulnerable.

Bullying manifests in many different ways and may involve...

1. **Physical Bullying**...poking, pushing, hitting, kicking
2. **Verbal Bullying**...yelling, teasing, insulting, threatening
3. **Indirect Bullying**...ignoring, excluding, spreading rumors, lying

At Camp Bon Coeur, bullying is inexcusable, and we have a firm policy against all types of bullying.

Our Camp philosophy is based on our mission statement which ensures that every camper has the opportunity to grow physically, intellectually, emotionally and socially while learning lifelong coping skills. We work together as a team to ensure that campers gain self-confidence, make new friends, and go home with great memories.

Unfortunately, persons who are bullied may not have the same potential to get the most out of their camp experience. Our leadership addresses all incidents of bullying seriously and trains staff to promote communication with their staff and their campers so both staff and campers will be comfortable alerting us to any problems during their camp experience and between camp seasons. Every person has the right to expect to have the best possible experience at camp, and by working together as a team to identify and manage bullying, we can help ensure that all campers and staff have a great summer at Camp Bon Coeur.

Anti-Bullying Contract

Camper and Parent/Guardian Agreement

Everyone has the right to feel physically and emotionally safe at Camp Bon Coeur. I will do everything I can personally to create and preserve a physically and emotionally safe environment. As a member of the Camp Bon Coeur community, I will strive to treat everyone with respect regardless of any differences.

Camper Responsibility:

I commit that I will not bully my fellow campers. When I witness bullying I will report it to a Camp Bon Coeur Staff Member.

Camper Signature

Date

Parent/Guardian Responsibility:

I commit to encouraging my child to always respect others. I have instructed my child not to bully. I have advised my child to report any bullying to the Camp Bon Coeur Staff.

Parent/Guardian Signature

Date

Bullying Consequences

We are instituting a 3-Strike Rule as punishment for bullying at camp. No warnings will be given; this policy and contract act as the warning. The consequences are as follows...

1st Offense...Camper will miss an Evening Activity

2nd Offense...Camper will miss a Daily Activity and an Evening Activity

3rd Offense...Camper will be sent home at the expense of the Parent/Guardian.

Camper Signature

Parent/Guardian Signature

5. How does your child get along with his or her peers at home and at school?

6. Are there any other special comments or concerns that will help us make your child's summer great?

Additional Comments: