



114A W. Lime Avenue | Monrovia, CA 91016

Summer 2019

Dear Camp Gan Shalom family,

We are so thrilled you are planning on sending your child(ren) to Camp Gan Shalom this summer. They are in for an incredible experience. We are busy counting the days until Camp Gan Shalom begins. The final touches on the schedules and activities are being put in place.

Enclosed with this letter are a few forms we need you to complete and **return to us no later than Tuesday, June 4**. These forms are 1) the ACA Medical Form, 2) our Field Trip and Medical Release form, 3) an extended care permission slip, and 4) a Camp Gan Shalom Camper Code of Conduct form. Please, fill out ALL forms, including the extended care form even if you don't think that you will need it. (This way, if anything comes up and you need to drop a child off early, or pick them up late, we will be able to accommodate you.)

I have also included the Camp Gan Shalom Parent Handbook that has important information about camp. In the next week or so, we will email you a flyer letting you know about the two parent orientations we have planned prior to camp.

We look forward to having your child attend camp this summer. Please feel free to contact me with any questions you might have about the camp. I can be reached at 626.445.0810 or by email at ganshalom@jewishsgpv.org.

Sincerely,

Aaren Heller
Director of Camp Gan Shalom



CAMP GAN SHALOM

Permission to Administer Medication and Treatment

Name of Camper: _____

I give permission to the Director of Gan Shalom and/or designated staff member to administer medication to my child. I understand that **only medication I provide for my child will be administered by the Camp Gan Shalom staff.**

In the event I cannot be reached in an emergency, it is my intention that the Director and/or designated staff member be treated as acting in loco parentis for my child _____. I consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of a licensed hospital, whether such examination, diagnosis or treatment is rendered at the office of said physician or at such hospital. It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of our above named agent(s) to give specific consent to any and all such examinations, diagnoses, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California. This authorization shall remain in effect from June 17, 2019 to August 2, 2019. This completed form may be scanned/photocopied for trips out of camp.

Parent/Legal Guardian signature: _____ Date: _____

Medication to be administered at camp (i.e. Tylenol, Advil, etc.): _____

Please list any allergies, medical conditions, special restrictions or concerns that may impact your child's camp experience: _____

Field Trip Permission Slip

I give my child _____ permission to ride in the chartered bus, attend and participate in the full range of supervised field trip activities with Camp Gan Shalom.

Parent/Legal Guardian signature: _____ Date: _____



Camp Gan Shalom's Immunization Policy

Name of Camper: _____

Given the overriding Jewish value of *Pikuach Nefesh* (saving a life) and with a focus on maintaining health and protecting the camp community as a whole, **all campers and staff attending Camp Gan Shalom must have immunizations as outlined below.**

Therefore, all campers and staff are required to have age-appropriate vaccines recommended by the California Department of Public Health, American Academy of Pediatrics (AAP), and the Center for Disease Control (CDC). The updated state vaccination recommendations for K-12 students are as follows:

Required Vaccines (from the California Department of Public Health):

- diphtheria, tetanus, and pertussis (DTaP, DT, DTP, Tdap)
- polio (IPV)
- measles, mumps, rubella (MMR)
- hepatitis B (HepB)
- varicella (chickenpox)

The number, timing, and spacing of the required vaccine doses is set by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP). To be considered valid, a dose of vaccine must meet both the minimum age and minimum intervals as defined by ACIP. You can view the current ACIP vaccine schedule for persons 0 - 18 yrs. of age at www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf.

Exceptions

The Jewish Federation of the Greater San Gabriel and Pomona Valleys recognizes that individuals, who have had a documented allergy or severe adverse reaction to a particular vaccine, will not be able to receive further doses of that individual vaccine. In addition, individuals with certain medical conditions will not be able to receive certain vaccines.

If your child cannot get vaccines because of medical reasons, you must submit a properly completed and signed official Medical Exemption to Required Immunizations to the Jewish Federation of the Greater San Gabriel and Pomona Valleys with your child's Camp Gan Shalom camper forms. This form must be completed and signed by your child's medical doctor.

If you have any questions about our Immunization Policy, please contact Camp Gan Shalom Director, Aaren Heller, at ganshalom@jewishsgpv.org.

I have read through and agree to abide by Camp Gan Shalom's Immunization Policy.

Parent/Legal Guardian signature: _____ Date: _____



CAMP GAN SHALOM

EXTENDED CARE APPLICATION

The extended care program at Camp Gan Shalom is a flexible pick-up and drop-off care program to meet the needs of our campers and their families. Early drop-off is from 7:30 am – 9:00 am. Late pick-up is from 3:45pm – 6:00pm. This program consists of staff supervised activity including quiet games, crafts and down-time fun.

Extended Care Program Costs:

\$12.00 per day for any camper that stays for After-camp care

or

\$50 per week for any camper that stays for After-camp care

Billing for After-camp care is issued and payable at the end of each week in which it was used.

Grace Period:

There will be a **15-minute grace** period ***after*** camp.

You will be charged extended care fees for any time ***beyond*** the grace period after-camp.

(There is no charge for early drop off care)

*Please complete the information below and return this form to our office.
If you have any questions please feel free to call us at 626.445.0810.*

Camper's Name: _____

Parents' Names: _____

Phone: _____

Camp Session(s):

Week 1 (June 17 – 21)

Week 2 (June 24 – 28)

Week 3 (July 1-5)

Week 4 (July 8 – 12*)

Week 5 (July 15 – 19)

Week 6 (July 22– 26)

Week 7 (July 29 – August 2*)

* **Please note:** Afternoon extended care is **NOT** offered on either Friday, July 12 or Friday, August 2.

Name(s) of others who have permission to pick up your child(ren): _____



CAMP GAN SHALOM

Camper Code of Conduct

Instructions: Please read over this Camper Code of Conduct with your child.

Name of Camper: _____

Camp Gan Shalom is dedicated to providing its campers with an outstanding summer camp experience. To achieve this goal, campers are expected to behave appropriately and promote a safe, fun and healthy environment through productive participation.

Camp Gan Shalom campers are expected to:

- Respect their fellow campers Show respect to other participants, and treat them, as they would like to be treated.
- Listen to, follow, and respect all Camp Gan Shalom staff and their instructions.
- Respect the rights and beliefs of others, and treat others with courtesy and consideration.
- Communicate in an appropriate manner. This includes not using foul language or gestures, harsh words or tone of voice.
- Conduct themselves responsibly and understand that horseplay, teasing or other unkind behavior towards other campers or staff is not allowed.
- Refrain from deliberately causing bodily harm to other participants or staff. This includes, but is not limited to: hitting, biting, kicking, pushing, spitting, and slapping. I understand that these are not acceptable and will not be tolerated.
- Use program equipment, supplies, and facilities properly.
- Respect the property of others.
- Be fully responsible for my actions and understand that irresponsible behavior will result in disciplinary action.

In the event of serious violations of this Code of Conduct, the following steps will be followed; while keeping in mind the individual circumstances of each camper:

- I. Camp staff will speak to camper,
If this does not affect a change in behavior...
- II. Parents will be contacted.
Should additional measures be needed...
- III. A behavior contract will be implemented
If the terms of the contract are not met...
- IV. Camper will be dismissed from camp.

I have read through and discussed the Camp Gan Shalom Camper Code of Conduct with my child and we both fully understand the camp's expectations for all of its campers.

Parent/Legal Guardian signature: _____ Date: _____

CAMPER HEALTH HISTORY FORM1

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

american **CAMP** association®

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

Jewish Federation of the Greater San Gabriel & Pomona Valleys
114A W. Lime Avenue
Monrovia, CA 91016
626.445.0810
www.jewishsgpv.org

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: (____) (____)
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: (____) (____)
Email: _____

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

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

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 is lactose intolerant. ☐ This camper is gluten intolerant.
☐ Other, **please explain in space.**

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.

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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 include date to meet ACA Standard. 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: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
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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: _____		
			<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)
Phenylephrine decongestant (Sudafed PE)
Antihistamine/allergy medicine
Diphenhydramine antihistamine/allergy medicine (Benadryl)
Sore throat spray
Lice shampoo or cream (Nix or Elimate)
Calamine lotion
Laxatives for constipation (Ex-Lax)

Ibuprofen (Advil, Motrin)
Pseudoephedrine decongestant (Sudafed)
Guaifenesin cough syrup (Robitussin)
Dextromethorphan cough syrup (Robitussin DM)
Generic cough drops
Antibiotic cream
Aloe
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)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?.....
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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.