



## 2020 Camp Aristotle Forms and Information

**Prior to starting camp, all families must complete the following. Please return this checklist along with the required forms. A supply list is included at the end of the forms.**

### **Required Forms**

**Complete**

1. Emergency Contact Form
2. Medical Information & Immunization Form
3. HIPAA Form
4. Computer, Technological Devices, and Internet Use Agreement
5. Sunscreen Permission Form
6. Photo and Video Release Form

### **Additional Form – Complete as necessary**

1. Authorization to Administer Medication

**Return completed forms via email or post to:**

**Email:** Ashley Pawlowitz, Office Manager  
[info.silverspring@camparistotle.org](mailto:info.silverspring@camparistotle.org)

**Post:** Camp Aristotle  
The Auburn School, Silver Spring  
Campus 9115 Georgia Avenue  
Silver Spring, MD 20910



Emergency Contact Information Form Summer 2020

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Household

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_
Parent/Guardian 1: \_\_\_\_\_ Relationship: \_\_\_\_\_
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
E-Mail: \_\_\_\_\_
Parent/Guardian 2: \_\_\_\_\_ Relationship: \_\_\_\_\_
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
E-Mail: \_\_\_\_\_

Household 2 (if applicable)

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_
Parent/Guardian 1: \_\_\_\_\_ Relationship: \_\_\_\_\_
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
E-Mail: \_\_\_\_\_
Parent/Guardian 2: \_\_\_\_\_ Relationship: \_\_\_\_\_
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
E-Mail: \_\_\_\_\_

Should this household be included on official camp communications regarding Camper? YES  NO

Emergency Contact 1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
E-Mail: \_\_\_\_\_

Emergency Contact 2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
E-Mail: \_\_\_\_\_

Emergency Contact 3

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
E-Mail: \_\_\_\_\_

Are there any court mandated custody/visitation orders limiting access to this camper?

Yes  No  (if yes, please attach)

THE FOLLOWING INDIVIDUALS ARE ALLOWED TO PICK UP MY CHILD FROM CAMP ARISTOTLE: (Please include names of parents/guardians and all carpool drivers and note any limitations, e.g., specific days of the week the person is allowed to pick-up, etc. NO CHILD WILL BE RELEASED TO A PERSON WHOSE NAME IS NOT SPECIFIED BELOW WITHOUT A PRIOR SIGNED NOTE FROM THE PARENT).

Table with 4 columns: Name, Phone, Relationship to Child, Limitations (if any). Includes five empty rows for data entry.



### Medical Information & Immunization Form 2020

Student's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### Medical Provider & Insurance Information

Student's Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Relationship to Insured Student: \_\_\_\_\_

Are there any health problems including diagnoses, physical, psychiatric, or behavioral that we need to be aware of?

No

If YES, Please Explain Below:

Are there any allergies, dietary restrictions, or special needs that we need to be aware of to ensure your child has a positive camp experience? (food, insect, drug, other):

No

If YES, Please Explain Below:

Student Wears (contacts/glasses, hearing aid, etc.):

Medications the student is currently taking (including over-the-counter medications):

#### Immunization Information:

For campers that **reside within** the United States, a US Territory, or the District of Columbia:

1. State in which your child resides: \_\_\_\_\_
2. Date of Last Tetanus Booster: \_\_\_\_\_
3. Is this child exempt from any immunizations? NO?

If YES, Please List:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For campers that reside **outside** the United States, a United States territory, or the District of Columbia:

1. Country in which the child resides: \_\_\_\_\_
2. Attach Record of Immunizations Form DHMH-896

I certify the above information is correct and will notify Camp Aristotle officials should any information change. I authorize Auburn officials to administer first aid and/or take my child to a physician or hospital for emergency treatment, and/or activate the Emergency Medical System (EMS) in the event it appears necessary and a Parent (Guardian) cannot be contacted.

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

Date \_\_\_\_\_



**HIPAA Form 2020**

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

In accordance with government HIPAA regulations, I hereby authorize Camp Aristotle School to share health information and health history with other staff members on a need-to-know basis. The purpose of this disclosure is for the teachers to be prepared in advance for any medical emergencies.

The health information to be disclosed will be from the Medical Information & Immunization Form, Emergency Contact Form, and Medication Administration Form, if applicable, as well as other information you provide throughout the year both in writing and verbally.

I also authorize the release of information to \_\_\_\_\_ (name of doctor) for the treatment of my child while attending Camp Aristotle at The Auburn School.

This medical information will be from the health record that is maintained in the health files by the camp administration.

\*\*\*\*\*

**Authorization**

This authorization is valid for the Summer Camp 2020 session from June 29 to August 7, 2020. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I also understand that this information is released to help with the treatment of my child while attending Camp Aristotle.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian



## **Computer, Technological Devices, and Internet Use Agreement 2020**

### **CAMP ARISTOTLE COMPUTER, HAND-HELD DEVICE, AND INTERNET USE**

Campers at Camp Aristotle may make use of computers and the internet. We expect that such camper usage is carried out in an appropriate manner. In order to limit camper use of Camp Aristotle's internet system, we utilize computer software that blocks access to certain inappropriate websites. Camp Aristotle, however, cannot guarantee that this software is capable of blocking all such websites or all inappropriate content as it is impossible for us to continually monitor the changing content of remote websites around the world.

### **COMPUTER, TECHNOLOGICAL DEVICE, AND INTERNET USE POLICY**

Camp Aristotle offers campers access to use our computers, various technology devices, and internet system. Use of our computers, technology, and internet connection is a privilege, not a right. All users must agree to use these resources responsibly before being given access. The following rules apply to camper use of Camp Aristotle computers and internet system:

1. Use of Camp Aristotle's computers, technological devices, and internet system, including electronic mail, is for academic purposes only. Camp Aristotle reserves the right to revoke computer or internet use privileges at any time with or without cause or notice.
2. Use of Camp Aristotle's internet system to violate any federal, state or local law is prohibited.
3. Camp Aristotle's computers, technological devices, and internet system are the sole property of Camp Aristotle School. Use of these resources is not guaranteed to be private as we maintain the right to monitor use at any time with or without notice.
4. Electronic mail received or sent is not guaranteed to be private and Camp Aristotle maintains the right to monitor such mail at any time with or without notice.
5. Users are not allowed to give out any account information or passwords to anyone.
6. Users are not allowed to use another person's account or password.
7. Users are not allowed to give out any personal information over the internet about themselves and/or friends, or other campers (such as an individual's address and telephone number).
8. Vandalism, altering or tampering with hardware or software belonging to Camp Aristotle or to another camper is prohibited. This includes but is not limited to: adding, installing, deleting or changing any icons, programs, software and system settings, or downloading or uploading any files that are not expressly for academic purposes.
9. The illegal downloading or duplication of copyrighted materials, such as music, videos, software or other materials, whether in digital, printed or other format is expressly prohibited.
10. Users are not permitted to access unauthorized computers or websites at any time.
11. Use of Camp Aristotle's computers, technological devices, or internet system to offend or harass another individual is prohibited.
12. Camp Aristotle does not make warranties of any kind, express or implied, for the internet service it is providing to campers and our ability to limit or control camper access to inappropriate content.

### **RELEASE AGREEMENT**

In consideration of Camp Aristotle School ("Camp Aristotle") furnishing services to my child enabling him/her to use Camp Aristotle's Internet system, I hereby assume all risk of injury, physical, psychological, or otherwise, that may occur to my child arising from his/her use of Camp Aristotle's Internet system. I specifically release, forever discharge and hold harmless Camp Aristotle School, its officers, agents, employees, insurers, volunteers, successors and assigns from any and all liabilities, actions, causes of action, damages, claims, or demands which I, my heirs, executors, administrators, or assigns may have against Camp Aristotle for all injuries, losses, damages to persons, and acts of negligence on the part of Camp Aristotle and/or its officers, agents, employees, or volunteers, known or unknown, which my child may incur by using Camp Aristotle's Internet system, including but not limited to, any damages which may be incurred should my child disclose personal information to an operator of a website or an online service directed towards children or any operator that has actual knowledge that it is collecting personal information from a child or should such personal information otherwise be collected.



I have read the above Release Agreement and understand all of the terms contained therein. I execute this Release voluntarily and with full knowledge of its significance.

**COMPUTER AND INTERNET USE AGREEMENT**

My signature below shows that I have reviewed the above-referenced computer and internet Use Policy with my child and that we understand and agree to abide by the rules. I understand that if my child fails to comply with these rules, he/she may lose all privileges and be subject to disciplinary action. I also understand that Camp Aristotle is not responsible for any personal information that is unlawfully collected from my child by the operator of a website or an online service directed towards children or any operator that has actual knowledge that it is collecting personal information from a child. My signature below gives my child permission to use Camp Aristotle's computers, technological devices, and internet system, provided he/she complies with the above rules. I also understand that if my child brings in a personal computer, Camp Aristotle School is not responsible for theft, tampering, breakage, or any other loss or damage to it.

\_\_\_\_\_  
Name of Parent /Guardian

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Camper

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

\_\_\_\_\_  
Date



## Sunscreen Permission Form 2020

As campers will be spending time outdoors daily, you may wish to provide us with sunscreen for your child's protection.

Please apply sunscreen in the morning before your child arrives at camp. If you would like us to re-apply sunscreen to your child in the afternoon (or to supervise older children who may apply it themselves), please provide us with an unexpired bottle of sunscreen. Please label the bottle your child's first and last name.

As with any topical medication or cream, the first application of any brand of sunscreen should be applied at home in order to evaluate your child's possible allergic reaction to that product.

Camper's Name: \_\_\_\_\_

I give Camp Aristotle' staff permission to apply the provided sunscreen to my child.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian



## Photo and Video Consent Form 2020

Camper's Name: \_\_\_\_\_

Camp Aristotle has permission to use photos, audio, or video of my child for promotional purposes on our website or in brochures, videos, or similar use. Please note that your child's full name will not be identified without your permission.

I give Camp Aristotle staff permission to take pictures and video of my child.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian





## Authorization to Administer Medications 2020

Camp Aristotle, Silver Spring Campus  
9115 Georgia Avenue Silver Spring, MD 20910

### Part I – To Be Completed by the Parent/Guardian

I hereby request and authorize the camp personnel to administer prescribed and/or Over The Counter (OTC) medication as directed by the physician (Part II below). I agree to release, indemnify, and hold harmless the camp and any of their officers, staff members, or agents such as nurse delegates from lawsuit, claim, demand, or action against them for administering prescribed medication to this camper, provided the camp staff are following the physician's order as written in Part II below. **I have read the procedures outlined on the back (or as page 2) of this form and assume the responsibilities as required.**

Camper: \_\_\_\_\_ Birth date: \_\_\_\_\_

Prescription:  Renewal  New If new, the first full day's dosage was given at home on: \_\_\_\_\_

Allergies \_\_\_\_\_

List all medication(s) the camper is taking, including over-the-counter medication(s): \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

### Part II – To Be Completed by the Physician for Prescriptions or Over The Counter (OTC) Medications

The School discourages the administration of medication to campers in the camp program. Any necessary medication that possibly can be administered before or after camp should be so prescribed. Only non-parenteral medications are administered except in specific emergency situations. School personnel will, when it is absolutely necessary, administer medication to campers during the camp day and while participating in outdoor education programs and overnight field trips, according to the procedures outlined on the back of this form or as the 2<sup>nd</sup> page of this form. Please do not use abbreviations.

**\*\*I have read the above parent/guardian information and assume the responsibilities as required.**

**\*\*\*MUST USE A SEPARATE FORM FOR EACH PRESCRIPTION OR OTC MEDICATION\*\*\***

Name of Medication: \_\_\_\_\_ Diagnosis (write out): \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency (write out): \_\_\_\_\_ Time(s) to be given at camp: \_\_\_\_\_

Route of Administration: \_\_\_\_\_ Effective Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Side Effects: \_\_\_\_\_

If PRN, must specify indication (signs/symptoms): \_\_\_\_\_

\_\_\_\_\_  
**\*\*Physician's Name (Print/Type)**                      **\*\*Physician Signature**                      **Phone Number**                      **Date**

MD Address or stamp: \_\_\_\_\_ Fax : \_\_\_\_\_

### SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self-carry/self-administration of Emergency med. such as inhalers and EpiPens<sup>®</sup> must be authorized by the prescriber and camp according to State medication policy.

**\*\* MD Prescriber's authorization** \_\_\_\_\_ **Camp approval** \_\_\_\_\_  
Signature                      Date                      Signature                      Date

### Part III – To Be Completed By Camp Aristotle

Parts I and II above are completed, including signatures.                       Medication is properly labeled by pharmacist.  
 Medication label and physician order are consistent.                       OTC Medication is in manufacturer labeled container.

Health Supervisor Signature and Date \_\_\_\_\_



## Information and Procedures 2020

1. No medication will be administered in camp or during camp-sponsored activities without the parent's/guardian's written authorization and a written physician order. This includes both prescription and over-the-counter (OTC) medications.
2. The parent or guardian is responsible for completing Part I and obtaining the physician's statement on Part II. This is required every camp year for each new or continuing order or if there is a change in dosage or time of administration during camp. (A physician may use office stationery or prescription pad in lieu of completing Part II.) Information necessary includes: child's name, diagnosis, medication name, dosage, time of administration, duration of medication, side effects, physician signature, and date.
3. The medication must be delivered to camp by the parent/guardian or, under special circumstances, an adult designated by the parent/guardian. Under no circumstances will the camp administer medication brought to camp by a child.
4. All prescription medication must be provided in a container with the pharmacist's label attached. Non-prescription OTC medication must be in the container with the manufacturer's original label. Physician samples must be appropriately labeled by the physician.
5. **The first day's dosage of any new medication must have been given at home before it can be administered at camp.**
6. The parent/guardian is responsible for collecting any unused portion of a medication within one week after expiration of the physician's order or at the end of the camp session. Medication not claimed within that time period will be destroyed.
7. Self-administered and/or non-medically prescribed medications are entirely the responsibility of the parent/guardian and not that of the School. Medications without accompanying physician's orders and parental consent will not be stored by camp.
8. Campers may not self-administer controlled substances.
9. A physician's order and parental permission are necessary for self-carry/self-administered emergency medications such as inhalers for asthma and EpiPens® for anaphylaxis. **Camp Aristotle must evaluate and approve the camper's ability and capability to self-administer medication. It is imperative the camper understands the necessity for reporting to the health staff or other camp staff that they have self-administered their inhaler without any improvement or have self-administered an EpiPen®, so that 911 may be called.**
10. The camp will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.
11. This form is only effective for the camp year listed.



## Supply List 2020

### What to Bring at the Beginning of Camp

Please bring the following items on your first day of camp. These items should remain at camp the entire time you are here. Please clearly label all of your belongings.

- Sunscreen
- A complete change of clothing
- A swimsuit, towel, and a pair of shoes that can be worn during water play
- A refillable water bottle
- Sunglasses
- A hat with visor

### What to Bring Daily

- A packed lunch
- A snack (We provide a daily snack, but campers with dietary restrictions may choose to bring one from home.)

### What to Wear During Camp

At times, we may be doing activities that are messy, so please keep that in mind. Dress comfortably in clothing that is weather-appropriate. We ask that campers wear closed-toed shoes except during water play.