



Please staple.

CAMPER HEALTH FORM (For Camp Use Only)

Initial Screening Date/Time: _____ Initials: _____

Initials: _____

Screening has been conducted according to camp protocol and significant findings

- A. Any signs/symptoms of illness or injury upon arrival?
- B. History of exposure to communicable disease?
- C. Additions or corrections to information on this health history?
- D. Medication given to health-care staff?
- E. Any signs/symptoms of head lice? (ACA required question)

noted as follows:

- Yes, as noted below

Medicines: All medications (prescribed or over the counter) must be presented in their original containers/packaging with noted dosages/prescription information (required by law).

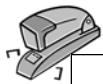
Provider notes: (date/time/initial all entries)

Exit Note: Check one of the following:

- Left camp this day with no reported illness or injury symptoms.
- Left camp this day with the following problem/concern:

This person was instructed to follow-up as noted above:

Date: _____ Initials: _____



Please staple.

CAMPER HEALTH RECORD (For Camp Use Only)

Provider notes continued: (date/time/initial all entries)

Cabin Name/Number _____ Session _____ Name _____

Cabin Name/Number _____ Session _____



Please staple.	Office Use Only
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2017 METROPOLIS OF PITTSBURGH SUMMER CAMP

CAMPER HEALTH RECORD

Please read carefully:

This completed form needs to be reviewed/signed by a LICENSED HEALTH CARE PROVIDER.

All Camper Health Records must be presented at Registration on the first day of camp. Please bring a hard copy with you to camp, and also send a scan one week before arrival to <medforms@pittsburgh.goarch.org>. We will be unable to permit any camper to remain at camp without a completed Health Record. If your child has a special need or health issue that you think should be addressed before camp, please contact the Camp Ministries Coordinator, 412-621-8543 or <camp@pittsburgh.goarch.org>.

Pages 3-6 are to be completed by the parent/guardian and reviewed by the health care provider at the time of examination. This form is used to help Camp Medical Staff in determining appropriate care. This information will only be shared on a "need to know" basis with Camp Staff.

Emergency Contact Information

Camper Name _____

Last

First

Middle

Home Address _____

Street

City

State

Zip

Area Code/Phone

Birth Date _____ Age _____ Gender _____

Parent/Guardian Name _____

Phone _____

Area Code/Phone

Home Address _____

Street

City

State

Zip

Area Code/Phone

Business Address _____

Street

City

State

Zip

Phone _____

Area Code/Phone

Other Parent/Guardian Name _____

Phone _____

Area Code/Phone

Home Address _____

(If different from above)

Street

City

State

Zip

Cell _____

Area Code/Phone

Business Address _____

Street

City

State

Zip

Phone _____

Area Code/Phone

If parent and other parent/guardian are not available in an emergency, please notify:

Name/Relationship _____

Phone _____

Area Code/Phone

Immunization History *Provide the month and year for each immunization. Starred MUST be current. Copies from health-care providers are acceptable; please attach to this form.*

Diphtheria, tetanus, pertussis* _____

Hepatitis B _____

Tetanus booster* _____

Hepatitis A _____

Measles, mumps, rubella* _____

Varicella (chicken pox) _____

Polio* _____

Menigococcal meningitis _____

Haemophilus influezae type B _____

Tuberculosis (tb) test _____

If your child 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 parent/guardian: _____ Date: _____

Name

Notes

Session

Cabin Name/Number
Counselors

Name of Family Physician _____ Phone _____ Area Code/Phone _____

Name of Family Dentist _____ Phone _____ Area Code/Phone _____

Insurance Information

Does the camper have family medical/hospital insurance? Yes No

Carrier _____ Policy or Group # _____

Name of Policy Holder _____ Relation to Camper _____

SS # of Policy Holder or Insurance ID Number _____

A copy of the Insurance Card
must be attached here.

Front of Card

A copy of the Insurance Card
must be attached here.

Back of Card

Mental, Emotional and Social Health

Has the camper... (Please answer "Yes" or "No" for each statement):

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? _____
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? _____
3. During the past 12 months, seen a professional to address mental/emotional health concerns? _____
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, etc.)

5. Experienced any other medical or emotional condition which may require additional attention by camp staff? _____

Please explain "Yes" answers in the space below, noting the number of the question, use additional sheets if needed:

IMPORTANT— PLEASE READ CAREFULLY AND SIGN

Custodial Parent or Guardian Consent: This health history is correct and complete to my knowledge. The person described has permission to participate in all camp activities except as noted. I hereby give permission to the camp to obtain relevant health care, administer prescribed medications, and seek emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission for the camp to arrange related transportation for my child. The purpose of onsite camp medical staff is solely for administering medications and performing triage and minor first-aid. In the event that I cannot be reached in an emergency, I hereby give permission to the health care provider selected by the camp to secure and administer treatment, including hospitalization. Parents/guardians are responsible for ALL medical bills incurred while at camp (doctor visits, emergency room visits, and prescriptions). All attempts will be made to contact parent/guardian before taking the camper for "off camp medical care." A description of care received will be given to the parent.

Signature of Custodial Parent/Guardian: _____ Date: _____

***Please bring all medications to camp in their original containers (legal requirement) and
in a plastic Ziploc bag that is labeled with the Camper's name.***

CAMPER HEALTH HISTORY FORM *(To be completed by Parent/Guardian)*

Participant has or has had any of the following: *(Please check if YES.)*

Recent injury, illness, infection	_____	Joint problems	_____
Chronic illness/condition	_____	Back problems	_____
Surgery	_____	Skin problems (i.e. rash, acne)	_____
Frequent headaches/migraines	_____	Mononucleosis in the last 6 months	_____
Recent head injury	_____	Asthma	_____
Heart murmur	_____	Diarrhea/constipation	_____
Diabetes	_____	Sleepwalking	_____
Glasses, contacts	_____	Orthodontic appliances	_____
Frequent ear infections	_____	Significant emotional difficulties	_____
Passed out during or after exercise	_____	Bed-wetting	_____
Dizzy during or after exercise	_____	Eating disorder	_____
High blood pressure	_____	Other _____	_____

Please explain any "yes" answers: _____

IF FEMALE *(Please answer YES or NO.)*

Has this person menstruated? _____ If not, has she been told about it? _____ Is her menstrual history normal? _____

ALLERGIES *(List all known and describe the reaction and management of the reaction.)*

Medication Allergies List _____

*Food Allergies List - (Nuts, lactose intolerance, shell fish, etc.) _____

*Medically Diagnosed Gluten Allergy - (Due to the extremely high cost of Gluten-free products, there will be a \$50.00 additional camp fee charged by Camp Nazareth for all who request a medically diagnosed gluten-free menu. Please note, Campers are unable to bring their own meals.) _____

Other Allergies List - (Insect stings, hay fever, asthma, animal, plant, etc.) _____

*Please note, unless medically diagnosed food allergies are involved, no special dietary measures will be taken. If your child has a specific diet, you will need to make arrangements prior to camp and provide for the necessary dietary changes. Please email the Camp Director at least two weeks prior to the start of the session: camp@pittsburgh.goarch.org

NON-PRESCRIPTION MEDICATIONS The following non-prescription medications may be given to my child, if needed:
(Please answer YES or NO)

Tylenol/Acetaminophen	_____	Decongestant	_____
Advil/Ibuprofen	_____	Benadryl	_____
Cough syrup, lozenges, throat spray	_____	External ointments, sprays, lotions	_____
Antacid	_____	Pepto Bismol	_____
Imodium	_____	Other medications, per discretion of Camp Medical Staff	_____

MEDICATIONS (To be continued at camp)

Please keep in original bottles labeled with health care provider's name, phone number, dosage and instructions (legal requirements). Place all medicines in one plastic Ziploc bag and label with Camper's name.

Have available for collection at Registration.

Please list all prescription and non-prescription medications taken on a regular basis.

It is camp policy that ALL medications be kept and secured at the Camp Health Center. This includes vitamins/supplements and medications taken on an "as needed basis." The only medicines that may be left in cabins are creams and inhalers.

Please attach additional pages for more medications. Make sure to notify the medical staff when you arrive at camp if additional medications have been added after the health form was filled out.

- 1) Med _____ Dosage _____ Specific times per day _____
Reason for taking _____
- 2) Med _____ Dosage _____ Specific times per day _____
Reason for taking _____
- 3) Med _____ Dosage _____ Specific times per day _____
Reason for taking _____
- 4) Med _____ Dosage _____ Specific times per day _____
Reason for taking _____
- 5) Med _____ Dosage _____ Specific times per day _____
Reason for taking _____

Please note: If your child has a special need/health issue that you think should be addressed before Camp begins, please contact the Camp Director: 412-621-8543 or camp@pittsburgh.goarch.org

TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER

Recommendations and Restrictions (Explain what limitations are necessary.)

Dietary (vegetarian, etc.): no restriction restriction: _____

Physical Activity: no restriction restriction: _____

Swimming/Diving: no restriction restriction: _____

Capable of swimming in the deep end of the pool? Yes No uncertain (Certified camp lifeguard may evaluate.)

Other restrictions: _____

I examined this individual on (Mo/Day/Yr) _____ (Exam Date must be performed within 12 months of Camp.)

BP _____ Weight _____ Height _____

I have personally reviewed the Camper Health Record (Pages 3—6) and have made any necessary corrections or additions.

Signature of Licensed Health Care Provider _____

Name (printed) _____ Title _____

Address _____

Phone _____ Date _____



ARCHDIOCESE SOCIAL NETWORK POLICY

METROPOLIS OF PITTSBURGH SUMMER CAMP

Camper, Parents, and Staff, please make sure that you review and understand this policy. Approval is required for participation in the Metropolis of Pittsburgh Youth & Young Adult Ministries programs. You will be asked to agree to this during the Online Registration process, and in the “Terms & Conditions” form to be submitted at Registration.

In general, the Metropolis of Pittsburgh views social networking sites (Facebook, Twitter, Instagram, etc.), personal websites, and weblogs positively and respects the rights of campers to use them as a medium of self-expression. If a camper or member of the staff chooses to identify himself or herself as a Participant at the Metropolis of Pittsburgh Camp Program on such Internet venues, some readers of such websites or blogs may view the Participant as a representative or spokesperson of the Metropolis of Pittsburgh. In light of this possibility, the Metropolis of Pittsburgh requires, as a condition of participation in the camp, that all participants observe the following guidelines when referring to the Metropolis of Pittsburgh, its programs or activities, its campers, and/or other staff, in a blog or on a website.

- All participants must be respectful in all communications (texts and photos) and blogs related to or referencing the camp, camp staff, volunteers, employees and other campers.
- Any photos or messages that are linked or “tagged” from “friends” and attached to your site(s) or profiles(s) that are inappropriate should be removed.
- All participants must not post photos taken anywhere at the camp that are inappropriate (e.g. bathhouse, cabins, etc.)
- All participants must not use obscenities, profanity, or vulgar language.
- All participants must not use blogs or personal websites to disparage the Metropolis of Pittsburgh, other campers, or staff of the Metropolis of Pittsburgh Camping Program.
- All participants must not use blogs or personal websites to harass, bully, or intimidate other campers or staff of the Metropolis of Pittsburgh. Behaviors that constitute harassment and bullying include, but are not limited to:
 - Comments that are derogatory with respect to race, religion, gender, sexual orientation, color, or disability
 - Comments that are sexually suggestive, humiliating, or demeaning
 - Threats to stalk, haze, or physically injure another person
- All participants must not use these venues to discuss engaging in conduct prohibited by camp policies and an Orthodox Christian lifestyle, including, but not limited to, the use of alcohol and drugs, sexual behavior, sexual harassment, and bullying.
- Campers may “friend request” / “follow” Staff. Staff though, are not permitted to initially contact campers to request to be “friends” or to “follow” Campers.

Any camper found to be in violation of any portion of this policy will be subject to immediate disciplinary action, up to and including dismissal at the discretion of the Camping Ministries Coordinator and Summer Camp Session Chaplain. If such events are discovered after the camping season has ended (Facebook, Twitter, Instagram, YouTube posting, etc.) discipline may result, including removal from all future Metropolis Youth Ministry Programs. For Question or Concerns, please contact the Camp Ministries Coordinator: 412-621-8543 // camp@pittsburgh.goarch.org.



METROPOLIS DRESS CODE

METROPOLIS OF PITTSBURGH SUMMER CAMP

Note: The Clergy and Summer Camp Staff reserve the right to ask you to change your clothing if they feel that what are wearing is inappropriate.

Please see our Metropolis Dress Code Video available on our YouTube Station:

<https://www.youtube.com/watch?v=U5TBkHH6vmQ>

Due to the fact that we are in a camp setting, dress is casual. Please pack comfortable clothing. In keeping with the Orthodox Christian family environment, our Metropolis camp program requires modest clothing.

Please pack enough as your camper will not be able to wash clothes during the session!

Clothing with messages: No clothing with logos that contain profane language, reference to drugs, alcohol, tobacco, and violent or anti-Christian propaganda will be permitted.

Tattoos/Body Piercings: Consistent with the Orthodox teaching of respect for the body as a temple of the Holy Spirit, all participants in our program may not have any visible tattoos, branding or body piercings. (If you have a visible tattoo, you must keep it covered with a bandage. Males, if the tattoo(s) are on your chest/arm, you must wear a shirt while swimming.)

Earrings: Males may not wear earrings. Females may wear no more than two earrings in each ear. Any additional earrings/piercing which may be visible must be removed prior to camp. (This includes belly, nose, and tongue piercings.)

Women & Girls: Mid-section (waist, hips) must be covered at all times. Tube tops, halter tops, tank tops, spaghetti straps, bikinis, tankinis, or 2-piece bathing suits are not permitted (even in the bathhouse or cabin). No “short shorts” or short mini-skirts. Yoga pants and leggings are permitted only if a female’s bottom is covered. Overly tight fitting or low cut apparel is also not allowed.

Men & Boys: Please wear swim trunks – no Speedos permitted. No “saggy-baggy” pants to be worn below the hips and no “short-shorts.” No boxers may be worn as outerwear or are allowed to extend above or below shorts or pants. Lacrosse jerseys and cut-off t-shirts are not permitted.

For Chapel: For all participants, during Vespers each evening and at Divine Liturgy, no shorts or flip-flops are permitted. Boys must wear long pants or jeans (no holes). Girls must wear conservative long pants, jeans (no holes), skirts or casual dresses/jumpers. Skorts are acceptable if the length is mid-thigh or longer. Please note, many of our campers and staff choose to bring a nicer outfit for Divine Liturgy on Thursday during each session.

For Outdoor Activities: The camp environment requires that campers come prepared for various weather conditions and outdoor activities. Campers must come with long pants/jeans, sweatshirts/jackets, tennis shoes and/or all-terrain shoes.

For Question or Concerns, please contact the Camp Ministries Coordinator: 412-621-8543 //
camp@pittsburgh.goarch.org.



PACKING LIST FOR CAMPERS AND STAFF

METROPOLIS OF PITTSBURGH SUMMER CAMP

- Blanket or Sleeping Bag
- Sheets, Pillowcase, & Pillow
- Modest one-piece Swimsuit (Girls)
- Modest swim trunks (Boys)
- Beach Towel(s)
- Bath Towels and Wash Cloth
- Brush and Comb
- Shampoo and Deodorant
- Toothbrush and Toothpaste
- Soap and Soap Dish/Body Wash
- Kleenex
- Flashlight
- Insect Repellent (No aerosols)
- Sunscreen
- Rain Gear
- Sweater/Sweatshirt/Jacket
- Tennis Shoes, Sandals, Flip Flops/Shower Shoes, Church Shoes
- Socks for Tennis Shoes
- Underwear
- Clothes for messy Activities (Arts & Crafts, mud fun, etc.)
- Clothes for daily Vespers and weekly Divine Liturgy (see Dress Code Policy)
- Shorts (No short-shorts or spandex)
- Summer T-Shirts
- Pajamas
- Ball Cap, Hat, Bandana
- Jeans/Pants or Skirts
- Baseball Glove (Optional)
- Large Plastic Bags (For Dirty Clothes)
- Laundry Bag & Hangers
- Personal Bible (Age Appropriate Bibles will be provided)
- Notebook/Pen
- Bottled Water (Optional)
- Travel Alarm Clock (Optional)
- Camera (We cannot be responsible for misplaced/damaged digital cameras.)
- Writing Paper/Stamps
- Family Pictures (Young ones often benefit from having a comforting reminder of home.)
- Spending Money (\$30 - \$40 suggested. Please allow for meals to camp/going home from camp for those travelling the long distances by the bus.)
- Snacks – Nothing with NUTS, please.
- Prayer Rope

Please bring all medications including inhalers, medicated lotions, in a labeled zip-lock bag to Registration on Sunday. All meds must be in their original containers with dosage labels.

LEAVE AT HOME LIST

- Aerosol sprays
- Alcohol
- Cigarettes & tobacco products
- Drugs (except medications)
- Electronics
- Fireworks
- Grills or Hibachis
- Laptop Computers
- Laser pointers
- Lighters and Incense
- Laser pointers
- Magazines
- Perishable Food
- Pets
- Pocket Knives
- Weapons (of any kind)
- Other items not appropriate for camp
- ***If in doubt, call and ask!***



POLICES, TERMS, AND CONDITIONS FORM

METROPOLIS OF PITTSBURGH SUMMER CAMP

- During the ONLINE registration process, you will be asked to read and accept the following Terms and Conditions for the registration to be entered. Below, we ask for both a Parent/Guardian and the Camper to agree and sign acknowledgement of this.
- I/we will print, complete the Camper Health Record in its entirety and this Signature Form. I/we will present both forms upon arrival at Summer Camp for registration. No camper will be permitted to stay at camp without the completed form (see Camper Health Record for further instructions.)
- I/we agree that our child will abide by all the policies and guidelines set forth by the Metropolis of Pittsburgh and the Greek Orthodox Archdiocese of America.
- I/we give consent for our child to attend and participate in the entire Camp Session requested, included all (athletic, etc.) activities. If this is not possible, a letter in writing or e-mail must be received by June 1st.
- I/we agree to keep camp a safe place for everyone which means absolutely no bullying behavior.
- I/we also agree that if our child has to return home due to discipline violations, it will be at our own expense and I/we will be responsible for transportation.
- I/we understand that curfew violations are grounds for immediate dismissal from camp. No partial session refund will be given.
- I/we give consent to the use of any photo, film, or videotape taken during the camp session for publicity deemed appropriate by the Metropolis of Pittsburgh.
- I/we will be responsible for transportation for our child to/from camp and will not permit him/her to drive to camp.
- I/we will agree to the Mobile Technology Policy. My camper(s) will turn in all of their technology (e.g. cell phones, iPads, etc.) upon arrival at camp. If they are later found to still be in possession of their technology or any other prohibited item, this is grounds for immediate dismissal.
- I/we agree to abide by the Archdiocese Social Networking and Blogging Policy.
- I/we agree to abide by the Metropolis Dress Code Policy and will not pack or bring anything from the "Leave at Home" list.
- I/we understand that we are permitted to request 1 or 2 "Bunk Mates" provided the two campers are within one year of age with each other. We will do our best to honor these request, but make no guarantees.
- I/we agree that if deemed necessary by the Camp Ministries Coordinator, bag searches of anyone who is suspected of possessing items prohibited at camp may be required. The search will take place in the presence of at least the Camp Ministries Coordinator and a member of the Clergy.
- I/we understand that food allergy restrictions (see Camper Health Record) and will make sure that we have noted all medically diagnosed food allergies.
- I/we agree not to pack any snacks with nuts including items processed with nuts.
- I/we agree to bring a hard copy of the Camper Health Form to camp for registration, and to send an advance copy via e-mail to medforms@pittsburgh.goarch.org at least one week prior to arrival.
- I/we understand that prompt notification is needed if a camper must cancel. There is a \$50 minimum processing fee for all cancellations. All cancellations must be made at least two weeks prior to the beginning of the session. If cancelled less than two weeks prior to the start of camp, a 50% refund may be given only if requested in writing or by e-mail.

I/WE (PARENTS & CAMPERS) AGREE TO ABIDE BY ALL THE METROPOLIS POLICIES, TERMS, AND CONDITIONS AS LISTED ABOVE.

Camper Name

Signature

Session Applied For

Parent/Guardian Name

Signature

Date



AUTHORIZATION FOR ROPES COURSE PARTICIPATION

METROPOLIS OF PITTSBURGH SUMMER CAMP

Please submit this completed release form with the Camper Health Record and the Policies, Terms, and Conditions Form and bring it to Camp Registration.

Name of Camper (Please Print Clearly) _____

All campers will have access to the Low Ropes Course, and the oldest GOYAns will have access to the high ropes course as part of our programming. Please indicate below whether your child has permission to participate or not by circling "Yes" or "No" and signing each section. To ensure the safety of your children, each session will be led by the professionally-trained staff members.

Please be assured that no child will be forced to participate if they do not choose to do so, even if you have indicated that they may participate. However, they will not be permitted to participate if you have indicated "No" on this form.

The **Low Ropes Course** is a series of wooden and cable elements under 10' high that the camper works through with his or her cabin-mates under the supervision of the Camp Staff. These elements are designed to challenge each group to work together, problem solve, and develop themselves as a team.

The **High Ropes Course**, which will be available to oldest GOYAns, is a series of elements from the ground up to 35' high that the campers will work through as an individual under the supervision of the Camp Staff. Campers will be supported by a belay system and will navigate the elements as an individual while being 30 -35' in the air. The continuous belay system allows the participant to navigate all the Ropes Course elements while continually being hooked into the course. The Ropes Course and Zip Line have both been inspected to meet the standards of the Pennsylvania Amusement Ride Inspection Act.

A. My Child has permission to participate in the Low Ropes Course

YES or NO

Parent/Guardian Signature _____

B. My child has permission to participate in the High Ropes Course.

Yes or NO

Parent/Guardian Signature _____

Date _____

For Question or Concerns, please contact the Camp Ministries Coordinator: 412-621-8543 // camp@pittsburgh.goarch.org.