

Dear Families,

We would like to call your attention to **[the vaccination requirements for the 2014/2015 season.](#)**

Please note our new requirement for one Tdap booster vaccine consistent with California Public School requirements.

We now require a Tdap booster for all campers (including siblings) age 11 through 18 at the time of the camp session. The vaccine must be administered no later than 2 weeks prior to the camp session

All primary campers (child with the medical condition) must receive the seasonal flu vaccination prior to attending the Family Weekend. Proof of vaccination must be provided before a Welcome Packet will be sent for your camp session. The vaccination should be obtained no later than 2 weeks prior to the camp session.

Children under the age of 9 *may* require 2 doses of the Flu vaccine. Please check with your child's physician for the appropriate vaccination schedule.

For free, or low cost immunization clinics in English and Spanish, please visit: <http://www.publichealth.lacounty.gov/ip/IZclinics/clinics.htm>

Exceptions will only be made for children who are medically unable to receive the vaccine, in which case, we will require a note from your child's specialist yearly.

Thank you for helping us to follow the CDC recommendations to keep camp safe for everyone. For more information, please see the CDC website www.cdc.gov/flu/

If you have any questions regarding our immunization policy, please contact Donna at 661-724-1768 x202 or donnapayne@thepaintedturtle.org.

Turtle Wishes,

Donna Payne
Camper Admissions
The Painted Turtle

THE PAINTED TURTLE - 2015 SPRING FAMILY WEEKEND IMMUNIZATION REQUIREMENTS

We are committed to the safety and health of all our campers, camper family members, staff and volunteers.

If you have any questions regarding immunizations, please call to speak with our camp medical staff at **661-724-1768**.

- For family weekend sessions, please make sure *all attendees'* immunizations are up-to-date (appropriate for age) and **attach an official copy of the vaccination record for each child (under 18 years) who will be attending**.
- Any missing required immunizations must be administered no later than 2 weeks before the camp session.

APPLICATIONS WILL NOT BE CONSIDERED COMPLETE, AND WILL NOT BE REVIEWED, UNTIL ALL OFFICIAL IMMUNIZATION RECORDS HAVE BEEN RECEIVED.
THANK YOU!

The following vaccines are REQUIRED:

REQUIRED Vaccine	Amount Required	Important Notes	Exceptions (If Applicable)
Seasonal Flu (Influenza)	Required for primary camper only. All sessions from Nov. 1, 2014 through March 30, 2015.	Vaccination must be administered 2 weeks prior to attending the session. Please fax proof of vaccination to camp in addition to usual vaccination record.	Only with written exception from your child's specialist.
Measles, Mumps, Rubella (MMR)	2 doses for all campers born on or after 1957 (both must be given ON or AFTER the first birthday)	/	For MMR & Varicella Vaccines: Campers who are unable to receive live vaccines, including: transplant recipients, children receiving chemotherapy within the last year, children with a CD4 count less than 15%, children on immunosuppressant medications are exempt from receiving the MMR and Varicella vaccines. (Healthcare provider MUST indicate child is exempt on medical form provided). Positive titers (blood test indicating immunity) to Varicella, Measles, Mumps, & Rubella are also acceptable
Chicken Pox (Varicella)	2 doses OR documented history of chicken pox disease or zoster (shingles) infections	DO NOT ATTEND CAMP IF: -If your child has had an outbreak of chicken pox or shingles or has been exposed to someone who has, IN THE 3 WEEKS PRIOR TO CAMP OR -A RASH IS ACTIVELY PRESENT AT THE SITE OF RECENT VACCINATION	
Tetanus/Pertussis	Initial series of 5 DTaP doses AND Tdap at age 11	*NEW REQUIREMENT*	/
Polio	4 doses	/	/
Hepatitis B	3 doses	2 dose series of Recombivax HB® is acceptable for children ages 11-15 years, but this must be clearly noted on the vaccine record	/

The following vaccines are STRONGLY RECOMMENDED:

Recommended Vaccine	Amount Recommended	
Hepatitis A	2 dose series for all children over 1 year of age	/
Meningococcal (Menactra)	For all children ages 11-18 years as well as for younger children with immunodeficiencies (e.g. functional asplenia, complement deficiency)	/
Pneumococcal (PCV-13)	1 dose age 6-18 years	/

The Painted Turtle

Peanut and Tree Nut Policy

The Painted Turtle has a peanut and tree nut policy. We have some campers or family members who have an anaphylactic reaction to nuts. This means they could stop breathing if they eat or come in contact with these products. Food that contains peanuts or tree nuts as ingredients will not be served and is not allowed at camp.

Please be advised that The Painted Turtle does serve some packaged foods that have warning labels stating:

- 1) they may be processed in a facility that also has nuts, or
- 2) are processed on shared equipment which also processes nuts

If your camper or family member makes it a practice to avoid foods that contain these labels, you may need to bring your own food substitutions to camp. Please call our Director of Food Services at 661-724-1768 ext. 420.

Please check all labels prior to bringing snacks to camp. If the label states any of the below, then this product should not be brought to The Painted Turtle:

- Contains peanuts
- Contains tree nuts

Note: Coconut is allowed.

Thank you for helping us to make The Painted Turtle a safe and joyful experience for all.

Family Camp Weekend Application 2015

Special Diagnoses Family Weekend February 27-March 1 Liver Disease & Transplant, TPN and IBD Family Weekend March 13-15

Rheumatic Disease Spring Family Weekend March 27-29 Spina Bifida & Paraplegia Family Weekend April 24-26

Camper Name Date of Birth Age Male Female

Treatment Center Specialist Phone Number

Pediatrician Phone Number Primary Diagnosis

Please list family members attending: (family members include anyone living under the same roof as the camper.)

IF UNDER 18, PLEASE ATTACH IMMUNIZATION RECORDS

Parent / Guardian Name Age DOB Relationship to camper

Parent / Guardian Name Age DOB Relationship to camper

Brother Sister Name Age DOB

Brother Sister Name Age DOB

Brother Sister Name Age DOB

Brother Sister Name Age DOB

Please note: **only immediate family members may attend camp. (family members include anyone living under the same roof as the camper.)**

Other Name Age Relationship to camper

Other Name Age Relationship to camper

Total number of people attending camp

Please list any special need required by your family. (Other than housing and food, which are provided at no charge.)

Has your child previously attended a camp session at The Painted Turtle? What session/years?

If no, have you previously applied? What session/years?

Will your child be attending any camp other than The Painted Turtle this year? Yes No If yes, name of camp?

Is it a sleep-away camp? Yes No Were there any special medical accommodations made so that your child could attend camp?

What is your family's primary language? English Spanish Other

Would your family like the assistance of an interpreter while at camp?

Parent/Legal Guardian Contact Information

Name

Address

City State Zip Code

Home Phone Cell Phone

Work Phone Email Address

If you need additional information or have questions regarding the application, please contact our camper admissions at (661)724-1768

Camper Name: Date of Birth Weight

Primary Diagnosis Date of Diagnosis

If under 18, is child involved with DCFS (Department of Child and Family Services)? Yes No If yes, is it an open case? Yes No

Please list and explain any other known medical problems/conditions: (such as asthma, seizures, diabetes or other)

Please list major surgeries/serious injuries (dates)

Yes No Has the above-named individual ever had a positive tuberculosis test (TB test)? If yes, provide a negative chest x-ray within the last 12 months.

Yes No Has the above-named individual ever spent time with someone with a positive TB test or someone known to have tuberculosis (TB disease)? If yes, provide a negative TB test.

List all Medications

Insurance Information: Campers MUST provide proof of medical insurance coverage. You MUST include a TWO-sided copy of your insurance card (and a pharmacy card, if applicable).

List all Allergies <input type="checkbox"/> None	List Allergy	Describe Reaction	If Epi-pen is required, an allergist must complete Severe Allergy Action Plan Form
Medication Allergies (Example: Penicillin)	1.		<input type="checkbox"/> Epi-pen prescribed
	2.		<input type="checkbox"/> Epi-pen prescribed
Other (Examples: LATEX, Horses, Bee Stings)	1.		<input type="checkbox"/> Epi-pen prescribed
	2.		<input type="checkbox"/> Epi-pen prescribed
Food (Example: Peanuts*, Shellfish)- ALLERGIES ONLY	1.		<input type="checkbox"/> Epi-pen prescribed
*please see attached nut policy	2.		<input type="checkbox"/> Epi-pen prescribed

Yes No Has your child seen an allergist for these allergies? If yes, Name: Phone:

Special Needs

Food restrictions/Special diet (include tube feeding or TPN): None

Describe use of any special mobility devices (wheelchair, scooter, leg braces, crutches etc): None

Describe any activity restrictions: None

Describe any special communication needs (uses sign language, speech board, etc): None

Personal Care Assistance (toileting, feeding) None

Does your child have: Central Line Ostomy Gtube Oxygen Tracheostomy to Catheterize Spinal Rods
 HD PD VP Shunt Development delay Behavioral/emotional conditions IEP

Please explain

Health Profile In the past 12 months, your child has had how many:

ER visits Dates and reasons:

Hospitalizations Dates and reasons:

Weekend Family Members Medical Form

The Painted Turtle needs to be prepared should your family need medical assistance while at camp. Complete this form for **all family members**. **Do not repeat the camper information**. All information is confidential. Each family is responsible to bring their personal medications and medical supplies.

Name of Family Member: Relationship to Primary Camper

Date of Birth Age Weight If under 18, is child involved with DCFS (Department of Child and Family Services)? Yes No If yes, is it an open case? Yes No

Ethnicity African-American American Indian Asian/Pacific Islander Latino White Other
 The Painted Turtle is made possible through generous donations and grants from public and private organizations. Providing your ethnicity will help our prospective donors evaluate our programs. This information is for demographic purposes only, and will remain anonymous and confidential.

Does the above-named individual have any medical conditions? Yes No If yes, explain: (please also note any medical conditions that could be affected by altitude as we are at 3240 ft. above sea level)

Primary Care Physician Phone Number

If pregnant, due date: Pregnancy Care Provider Phone

The Painted Turtle does not provide pregnancy-related medical care. Pregnant participants should expect to be sent offsite if medical care is needed and will be responsible for any related costs.

Please provide answers to immunization history questions, regardless of age. If under 18 years old, please also attach a copy of Immunization Records.

Date of last Tetanus shot:
 Yes No Has the above -named individual received the measles, mumps, and rubella (MMR) vaccine (2-dose series)?
 Yes No Has the above-named individual received the varicella/chicken pox vaccine (2-dose series)?
 Yes No Has the above-named individual ever had chickenpox? If yes, please list date (if known):
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 Yes No Has the above-named individual ever spent time with someone with a positive TB test or someone known to have tuberculosis (TB disease)? If yes, provide a negative TB test.

Please List all Medications None

Medication Name	Reason for Use	Medication Name	Reason for Use

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	2.		<input type="checkbox"/> Epi-pen prescribed
Food (Example: Peanuts*, Shellfish)- ALLERGIES ONLY *please see attached nut policy	1.		<input type="checkbox"/> Epi-pen prescribed
	2.		<input type="checkbox"/> Epi-pen prescribed

Yes No Has the above-named individual seen an allergist for these allergies? If yes, Name: Phone:

Special Needs

Food restrictions/Special diet None
 Supportive devices (wheelchair, Oxygen, BiPAP, etc) None
 Activity Restrictions None
 Personal Care Assistance (toileting, feeding) None

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Activity Restrictions None

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 Personal Care Assistance (toileting, feeding) None

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Primary Camper's Ethnicity

- African-American
- American Indian
- Asian/Pacific Islander
- Latino
- White
- Other

Affected Sibling's Ethnicity

- African-American
- American Indian
- Asian/Pacific Islander
- Latino
- White
- Other

Zip Code

County

What is the **TOTAL** number of persons residing in the home?

Annual Family Income: *Please check the amount closest to your family income:*

- \$0 - \$5,000
- \$6,000 - \$8,000
- \$8,000 - \$10,000
- \$10,000 - \$12,000
- \$12,000 - \$16,000
- \$16,000 - \$20,000
- \$20,000 - \$26,000
- \$26,000 - \$31,000
- \$31,000 - \$36,000
- \$36,000 - \$42,000
- \$42,000 - \$47,000
- \$47,000 - \$53,000
- \$53,000 - \$55,000
- \$55,000 - \$60,000
- \$60,000 - \$65,000
- over \$65,000

California County and Governmental Assistance: If you and your child(ren) receive assistance, please indicate below:

- TANF
- SSI

How did you hear about The Painted Turtle?

- Painted Turtle Outpost
- Word of Mouth
- Clinic visit from Painted Turtle staff
- Internet
- Other
- Medical Provider
- Former Camper
- Partner Organization

Family Camp Weekend Authorization & Release Form

Names of Participants (please list all family members attending):

I certify that I am the parent or legal guardian of the above named child (children) (hereinafter referred to as the "Applicant"). I understand that the Applicant(s) will be participating in many physical activities at camp, and with such knowledge I give permission for the Applicant(s) to engage in all activities except as noted by me or by my child's physician in a writing that accompanies this Form.

I authorize the camp medical staff to provide medical care to the Applicant(s) that they deem necessary, including the administration of medications unless noted below. I also authorize the Applicant(s) to receive any emergency care that is deemed advisable by the camp medical staff. I hereby give permission for The Painted Turtle staff to directly contact any of my child's physicians listed on his/her application.

I give permission to The Painted Turtle to use photographs, video footage, and statements of the Applicant(s) for promotional purposes (including but not limited to brochures, letters, posters, video, and/or the Internet) without compensation.

I hereby release The Painted Turtle, its respective employees, volunteers, directors, trustees, members and sponsors (hereinafter collectively referred to as the "Releasees") from all claims, damages and liabilities, that may result, directly or indirectly, from any injury whatsoever that the Applicant(s) may suffer while at The Painted Turtle in Lake Hughes, California or during transportation to, from or while attending Family Camp Weekend at The Painted Turtle in Lake Hughes, California.

I hereby agree to indemnify the Releasees against all claims, damages and liabilities, including legal fees and other out-of-pocket expenses, that may result, directly or indirectly, from any injury the Applicant(s) may suffer while at Family Camp Weekend or during transportation to, from or while attending Family Camp Weekend at The Painted Turtle in Lake Hughes, California.

I give permission for all Applicant(s)' medical information to be reviewed by The Painted Turtle staff and personnel to ensure the safety and wellbeing of my child while at camp.

As of January 1, 2008, The Painted Turtle is a completely non-smoking and tobacco-free camp. We do not allow alcohol, tobacco (including smokeless tobacco), or illegal drugs on the premises at any time. This includes having any of the above in your vehicle. The medical team recommends that any family members who smoke cigarettes or use tobacco products and who want to come to camp contact their own medical care providers to obtain nicotine replacement prior to the family weekend. This will help minimize any symptoms of nicotine withdrawal during your stay at camp. If, while at camp, you would like assistance with symptoms of nicotine withdrawal, then please see a member of the medical team.

The Applicant, , is allergic to the following medications:
Applicant Name

I FULLY UNDERSTAND AND AGREE TO THE TERMS STATED ABOVE AND AGREE THAT ALL INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ALL ABLE ATTENDEES OVER THE AGE OF 18 MUST SIGN.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian Signature (Required)	Date	Attendee over 18 Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian/Attendee over 18 Signature	Date	Attendee over 18 Signature	Date

Emergency Contacts

Please list **TWO** adults who, in case of an emergency, The Painted Turtle may contact and/or turn your child over to if you are not available. Please ensure contacts are aware of camp name and session dates.

Full Name Phone Number:

Full Name Phone Number:

The Painted Turtle

Activity Permission Form & Release and Hold Harmless Agreement: Equestrian, High/Low Ropes, and Rock Climbing Wall Programs

The Painted Turtle Camp (“The Camp”) provides a equestrian program, a high /low ropes program, and a rock climbing wall that offers adventurous opportunity and is supervised by professionally trained staff. All participants wear proper safety equipment provided by The Painted Turtle that is in compliance with the American Camping Association Standards. This includes helmets, harnesses and safety stirrups (horses).

All attendees may routinely participate and as common practice at The Painted Turtle Camp, all activities afforded to the attendees are optional.

In order to provide these programs, no liability can be accepted by The Camp, or any of the organizations or persons connected with The Camp. No camper will be allowed to participate in the horse, ropes, or rock climbing wall program until this form has been read, understood, and completed by the participant (if he/she is 18 years or older) or by the parent(s) or guardian(s) of a minor. Although participation in these programs is under strict supervision and every effort is made to avoid injury, accident, the undersigned acknowledged and understands the risks and potential risks associated with these programs. This includes but is not limited to: 1) The propensity of an equine to behave in a dangerous ways which may result in injury or death to the participant or damage to property: 2) The inability to predict an equine's reaction to sound, movements, objects, persons or animals; 3) Hazards of surface or subsurface conditions whether known or unknown: 4) Cuts and abrasions resulting for skin contact with the high ropes course, low ropes course, and rock climbing wall: 5) Failure to follow safety procedures set out by Equestrian Manager and equestrian staff, high/low ropes/rock climbing wall professionally trained staff and all other staff.

In consideration, for the privilege of participating in the equestrian program, high/low ropes program, and rock climbing wall the undersigned, as self, or as parent(s) or guardian(s) of the undersigned minor, jointly and severally, do hereby agree to release, defend, hold harmless and indemnify The Camp, it's officers, directors, trustees, agents, employees, representatives, successors and assigns, from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including but not limited to reasonable attorneys' fees, which any third party, the undersigned or said minor may now or in the future have against The Camp, its officers, directors, trustees, agents, employees, instructors, volunteers, representatives, successors and assigns, on account of any accident, damage, injury, or illness, physical or mental conditions, known or unknown, to the undersigned or said minor, or the treatment thereof, arising as a result of, or in any way connected to acts or incidents occurring at or and assigns, including but not limited to their negligence or gross negligence in operating the programs described above or in any way incidental thereto.

Date: **Camper Name:**

Parent/Guardian Name (Please Print) :

Parent/Guardian Signature:

Parent/Guardian Name (Please Print) :

Parent/Guardian Signature:

All attendees over the age of 18 must sign

All attendees over the age of 18 must sign

Please list all family members (under the age of 18) you are signing for:

Name Age Relationship to him/her:

Name Age Relationship to him/her:

Name Age Relationship to him/her:

Name Age Relationship to him/her:

Name Age Relationship to him/her:

Severe Allergy Action Plan/ Plan de Acción de Alergias Severas

Place Photo Here/Favor
de colocar foto aquí

For camp participants **with a severe allergy, requiring use of an Epi-pen**/para participantes Painted Turtle **que tienen alergias severas que requieren el uso de un "Epi-pen."**

This form must be filled out in its entirety by allergist/Este formulario deberá de ser completado por un alergólogo

Name Date of Birth Camp Session

Severe allergy to:

Extremely reactive to the following foods:

Yes No **Asthma:** (higher risk for a severe reaction)

Yes No Has this patient had a sudden and severe episode of anaphylaxis? If yes, to what allergen

Yes No Hospitalized overnight?

Please choose an action plan:

Give epinephrine immediately at the **first sign of any** symptom.

Give epinephrine **immediately after a known exposure** to an allergen which has caused a severe reaction in the past,(i.e. food, bee sting) **even if no symptoms are noted.**

Give epinephrine **with signs or symptoms of anaphylaxis.**

Other action plan:

Special instructions or precautions:

Medications/Doses

Weight (kgs)

Epinephrine (brand and dose):

Antihistamine (brand and dose):

Other (i.e. bronchodilator, if asthmatic):

Parent/Guardian Signature

Date

Physician (Allergist) Signature

Date

Physician Name

Specialty

Physician Phone

On Call Phone