Camp Odyssey Behavior Contract

Parents: Please discuss the contents of this "contract" with your child, and explain to him/her what it means. This completed form must be returned to the camp office PRIOR to your child's participation in our programs. The camp staff certainly doesn't want to punish anyone; we just ask that each camper comply with our standards helping to ensure a happy, safe, spirited summer of wholesome fun and good fellowship for everyone!

RULES AND REGULATIONS FOR CAMPER BEHAVIOR ARE SIMPLE:

- 1. Campers must remain with their groups or under staff supervision at ALL TIMES. Wandering is not permitted.
- 2. Respect other campers. Name calling, all teasing and offensive language will not be tolerated! COOPERATION with fellow campers and counselors is expected.
- 3. Physical contact (fighting, pushing, piling on, etc.) is OUT!
- 4. Respect the camp's property. Keep CAMP CLEAN!

In order to ensure that appropriate standards of discipline and cooperation are maintained at camp, we have initiated this "Code of Behavior" contract for all campers. At camp, we strive to shape positive patterns of conflict resolution. Offensive, defiant, or disrespectful behavior will be dealt with in a logical and systematic fashion. The procedure is as follows: <u>1.STRIKE ONE:</u> When a camper's behavior is deemed especially offensive or "out of bounds", he/she will be informed of his/her offensive behavior and will be counseled by the Camp Director or Assistant Director. The camp rules will be reviewed, and the camper's parents will receive written or verbal notice of the child's offense. The camper will have earned one "strike."

<u>2.STRIKE TWO:</u> The second time the camper's behavior is "out of bounds," the Camp Director or Assistant Director will discuss appropriate alternative behavior. A second "strike" will be issued, and the Camp Director or Assistant Director will contact the child's parents. The camper will be excluded from an in-camp activity/special event or from an out of camp trip. Please see refund policy on p.16 of the catalog.

<u>3.STRIKE THREE</u>: Should a third "strike" be issued, the camper will be removed from camp for a period of one to five days (depending on the offense). Please see the refund policy on p. 4 of the camp catalogue.

<u>4.OUT AT THE PLATE</u>: If, after the camper returns to camp, his/her behavior continues to be offensive, his/her parents will be contacted, and the camper will be removed from camp for the remainder of the program. Please see the refund policy on p.16 of the catalog. I UNDERSTAND THE INFORMATION STATED IN THIS BEHAVIOR CONTRACT, and have discussed it with my child/children and agree to comply with these written standards.

Signature of Camper

Date

Signature of Parent/Guardian

Date

THE CAMP DIRECTOR RESERVES THE RIGHT TO "EXPEL" OR "SUSPEND" A CAMPER FROM A CAMP ODYSSEY PROGRAM.

MARYLAND STATE SCHOOL MEDICATION ADMINISTRATION AUTHORIZATION FORM

This order is valid only for school year (current)		including the summer session.	
School:			
This form must be completed fully in order administration form must be completed a change in dosage or time of administration	t the beginning of each school		
 * Prescription medication must be in a containant of the second second	original container with the label chool.	ntact.	ne child's medicatior
	Prescriber's Authorizat	on	
Name of Student:	Date of Birth:	G	ade:
Condition for which medication is being admi	nistered:		
Medication Name:	Dose:	Route:	
Time/frequency of administration:		If PRN, frequency:	
If PRN, for what symptoms:			
Relevant side effects: None expected	Specify:		
Medication shall be administered from:			
Prescriber's Name/Title:			
Telephone:FA>	or print) K:		
Address:			
Prescriber's Signature: (Original signature)	Date: e or <u>signature</u> stamp ONLY)	(Use for Prescriber's Addre	ess Stamp)
A verbal order was taken by the school RN (Name):	for the above medication on (Da	ate):
I/We request designated school personnel to have legal authority to consent to medical tre school. I/We understand that at the end of th I/We authorize the school nurse to communic	atment for the student named at ne school year, an adult must pic	escribed by the above prescriber. I/N ove, including the administration of r k up the medication, otherwise it will	medication at
Parent/Guardian Signature:		Date:	
Home Phone #: C	Cell Phone #:	Work Phone #:	
SELF CARRY/SELF ADMINIST Self carry/self administration of emergency r nurse according to the State medication polic	medication may be authorized by	DICATION AUTHORIZATION/APPR the prescriber and must be approve	-
Prescriber's authorization for self carry/self a	dministration of emergency medi	cation: Signature	Date
School RN approval for self carry/self admini	stration of emergency medication	ו:	
		Signature	Date
Order reviewed by the school RN:	Signature	Date	