

**UNIVERSITY OF RHODE ISLAND W. ALTON JONES CAMPUS**  
**EARTH CAMP HEALTH HISTORY FORM**  
**PRESENT TO NURSE AT CHECK-IN**

Parent/Guardian: **Please complete both sides** of this form and **bring it to camp on check-in day** with the Medical Exam Form. If your child requires special treatments or non-oral medication (e.g. injections), contact the W. Alton Jones nurse by phone at least **two weeks before** the program (401-397-3304 ext. 6043).

Dates of Camp Session(s) \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Birth Date \_\_\_\_\_  
 \_\_\_\_\_

Father's Name \_\_\_\_\_  
 Telephone home:(\_\_\_\_) \_\_\_\_\_ work:(\_\_\_\_) \_\_\_\_\_ emergency:(\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_  
 Telephone home:(\_\_\_\_) \_\_\_\_\_ work:(\_\_\_\_) \_\_\_\_\_ emergency:(\_\_\_\_) \_\_\_\_\_

Name of another person to be contacted in case of emergency if you cannot be reached:  
 \_\_\_\_\_ Relation to child: \_\_\_\_\_  
 Telephone home:(\_\_\_\_) \_\_\_\_\_ work:(\_\_\_\_) \_\_\_\_\_ emergency:(\_\_\_\_) \_\_\_\_\_

Parent/Guardian's Health Insurance  
 Company \_\_\_\_\_  
 Policy \_\_\_\_\_

Number \_\_\_\_\_

**NOTES TO PARENTS:**

1. URI provides limited insurance coverage for all campers up to \$3,500.00 per injury. The parent/guardian is responsible for costs beyond this limit.
2. If your child has had or has been exposed to a contagious disease or gets a serious fever, cut, bruise, sprain, break, other injury or skin rash during the week prior to coming to Alton Jones, please contact our nurse by phone before arriving, otherwise you may risk being turned away at check-in.
3. All medications will be locked in a centrally located area except Inhalers and Bee Sting Kits/Epi-pens, which must be carried by children at all times. (Please include a fanny pack for campers who must carry these emergency medicines).
4. **All medications** must be properly labeled, correlated with written instructions and placed in a ziploc bag.
5. **Prescription Medication:** If your child is bringing medication prescribed by a physician, the medication must be in the original container with the doctor's orders on the container. Medications will be dispensed as specified on the container unless a physician's note is attached indicating a change in dosage. The medication will be dispensed under the supervision of an R.N. or other authorized staff member.
6. An information sheet on ticks and tick-borne illnesses is enclosed. Please read it carefully.

If your child is bringing prescription medication please complete the following:

<u>Medication</u>	<u>Dosage</u>	<u>Reason</u>

# MEDICAL BACKGROUND

If YES is checked, give **approximate dates, method of treatment, and or restrictions.** If your child has a compromised immune system or has had his/her spleen removed, contact our nurse two weeks before camp begins. If your child is under the care of a Social Worker, Psychologist, Behavioral Therapist etc., please fill in specific information concerning your child's needs.

- Bleeding Disorders Yes No \_\_\_\_\_
  - Convulsions Yes No \_\_\_\_\_
  - Epilepsy Yes No \_\_\_\_\_
  - Diabetes Yes No \_\_\_\_\_
  - Abscessed Ears Yes No \_\_\_\_\_
  - Asthma Yes No \_\_\_\_\_
  - Nebulizer? Yes No \_\_\_\_\_
  - Allergy Injections Yes No \_\_\_\_\_
  - Sleep Walking Yes No \_\_\_\_\_
  - Fainting Yes No \_\_\_\_\_
  - Kidney Trouble Yes No \_\_\_\_\_
  - Heart Trouble Yes No \_\_\_\_\_
  - Bed Wetting Yes No \_\_\_\_\_
  - Immune Compromised Yes No \_\_\_\_\_
  - Spleen Removed Yes No \_\_\_\_\_
  - Emotional Issues Yes No \_\_\_\_\_
  - Behavioral Issues Yes No \_\_\_\_\_
  - Learning Disability Yes No \_\_\_\_\_
  - Vegetarian Yes No \_\_\_\_\_
  - Other Yes No \_\_\_\_\_
- Does your child have any allergic reactions to: (Please note reaction)
- Bee Stings Yes No \_\_\_\_\_
  - Medications Yes No \_\_\_\_\_
  - Food or Drink Yes No \_\_\_\_\_
  - Other allergies Yes No \_\_\_\_\_

- Under special treatment? Yes No \_\_\_\_\_
- Any restrictions at school? Yes No \_\_\_\_\_ **A doctor's note is required.**
- Had a tetanus booster? Yes No Date: \_\_\_\_\_
- Immunizations up-to-date? Yes No \_\_\_\_\_

Bringing **over the counter meds**? Yes No Please complete the following:

<u>Medication</u>	<u>Dosage</u>	<u>Reason</u>

**Permission to secure treatment:** I give permission to have my child treated by the W. Alton Jones Campus nurse, authorized staff, or a physician in case of severe illness or emergency in which I cannot be reached. In the event that an illness or injury should arise in which a doctor's diagnosis is required, I authorize the campus management to dismiss my child early, in which case I will assume responsibility for arranging transportation. I hereby assume responsibility for all medical expenses for my child not covered by the University of Rhode Island accident insurance policy. (Please note that some hospital emergency rooms require notarization for permission to treat a minor. To promote optimal treatment security for your child, please have this form notarized.)

\_\_\_\_\_  
Parent/Guardian Signature (must sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary (optional)

\_\_\_\_\_  
Date

UNIVERSITY OF RHODE ISLAND W. ALTON JONES CAMPUS  
ENVIRONMENTAL EDUCATION CENTER

**MEDICAL EXAM FORM**

**PRESENT TO NURSE AT CHECK-IN**

To comply with state regulations and American Camping Association standards, you must provide evidence that your child has had a health examination **within the 24 months prior to camp attendance** by a licensed physician, a certified nurse practitioner, or other medical personnel licensed by the state to conduct health examinations.

Please choose **ONE** of the options below and present to the nurse at check-in:

1. CALL your physician's office and have them send YOU a copy of your child's last health examination or a form indicating that an examination had been conducted and indicating any special treatments or considerations about your child's participation in camp activities. Be sure to verify that the date of the examination was within 24 months of attendance. Attach the copy to this blank form and bring it to camp.

**OR**

2. Have your physician fill out, sign, and date the form below.

**OR**

3. Have your physician's secretary fill out, stamp, and date the form below with an official stamp.

**MEDICAL EXAMINATION**  
(options #2 and #3 only)

Name of participant \_\_\_\_\_ Age \_\_\_\_\_  
(please print)

Does this child have any physical condition requiring restriction(s) on participation in the camp program? YES NO If yes, attach information on restrictions.

Does this child have any current or on-going treatment and/or medications?  
YES NO If yes, attach information.

I have examined and questioned this child on \_\_\_\_\_.  
(date of examination)

I understand the nature of the program and activities involved, and I believe he/she is capable of participating in the camp activities offered by the W. Alton Jones Campus. (Exceptions attached.)

\_\_\_\_\_  
Licensed Examiner Date Phone

**UNIVERSITY OF RHODE ISLAND W. ALTON JONES CAMPUS**  
**PARENT/GUARDIAN AGREEMENT**  
**Earth Camp**

In order that the W. Alton Jones staff may provide each camper maximum opportunity for personal growth, I understand that in signing this agreement I certify that my child is healthy and free of problems that could be detrimental to his/her safety or that of other campers while in camp.

In the event that my child's behavior is felt to be unsafe or unmanageable, or if an illness or injury should arise in which a doctor's diagnosis is required, I authorize the camp management to dismiss my child early, in which case I will assume responsibility for transporting my child from the camp at a time specified by the program management. If I am not available, I authorize the people listed (see below) to pick up my child.

I grant permission for the camper named on this form to participate in all planned activities dictated by the program he/she is attending which may include but are not limited to off-campus trips both in Rhode Island and out of state by camp-authorized transportation including transportation by 15-passenger van, canoeing or hiking both on and off-campus, and swimming. I understand that participation in activities can expose my child to dangers both from known risks and from unanticipated risks. W. Alton Jones Camp reserves the right to change plans if weather or other circumstances dictate. I also understand that if the health or safety of other campers or staff or suspicion of theft indicates the need, campers may be required to inventory their belongings in the presence of staff members.

I also authorize the University of Rhode Island to have and use photographs, slides, recordings, and computer images of the camper named on this form as may be needed for its records or for public relations purposes.

It is my understanding that the University of Rhode Island provides limited accident insurance coverage for all campers up to \$3500.00 maximum per injury. I understand that in signing this agreement, I hereby assume responsibility for all medical expenses for my son/daughter not covered by the University of Rhode Island accident insurance policy.

**I understand that a photo driver's license (or an equivalent photo ID) is required to pick up my child. In the event of an emergency during a time when I cannot be reached, or if I (the person signing this form) cannot pick up my child at the end of camp, I authorize the following people to sign out my child upon presentation of a photo driver's license for identification.**

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Camper's Name (please print) \_\_\_\_\_

**Spouses must be listed if you would like them to be able to pick up your child.**

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_  
Telephone home:(\_\_\_\_) \_\_\_\_\_ work:(\_\_\_\_) \_\_\_\_\_

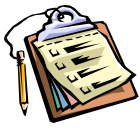
Name \_\_\_\_\_ Relation to Child \_\_\_\_\_  
Telephone home:(\_\_\_\_) \_\_\_\_\_ work:(\_\_\_\_) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

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**End Of Camp Check Out:**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Signature



# Packing List

*Campers will spend the majority of their daytime hours outside in all types of weather. Don't pack things you do not want to get dirty! Light colored clothing is best. The following list should help you prepare for camp.*

## **Clothing**

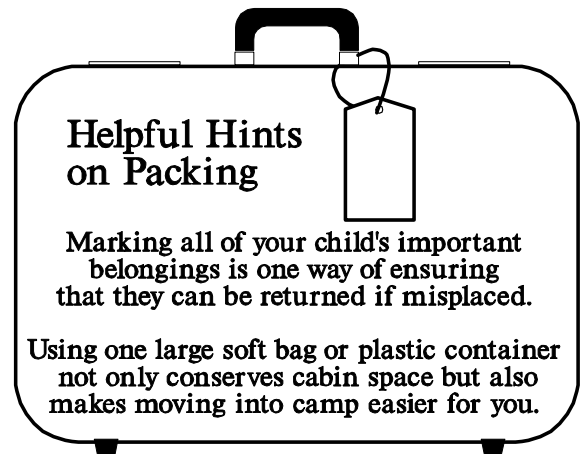
- Daily change of shirts, socks, underwear
- Extra socks
- Sweater or sweatshirt and light jacket
- Sleepwear
- 3 pairs of shorts
- 2 pairs of light pants
- 2 swimsuits (campers may shower with swimsuit on)
- 3 t-shirts for swimming (tight fitting for sun protection)
- 1 set of old clothes to get *really* dirty
- 1 waterproof rain jacket or poncho
- 2 pairs of sneakers OR 1 pair of sneakers and 1 pair of all-purpose shoes (hiking boots, waterproof boots, etc.)
- 1 old pair of sneakers for getting wet (Waterworlds, Marine Madness and Eco-Mania themes only)

## **Personal Items**

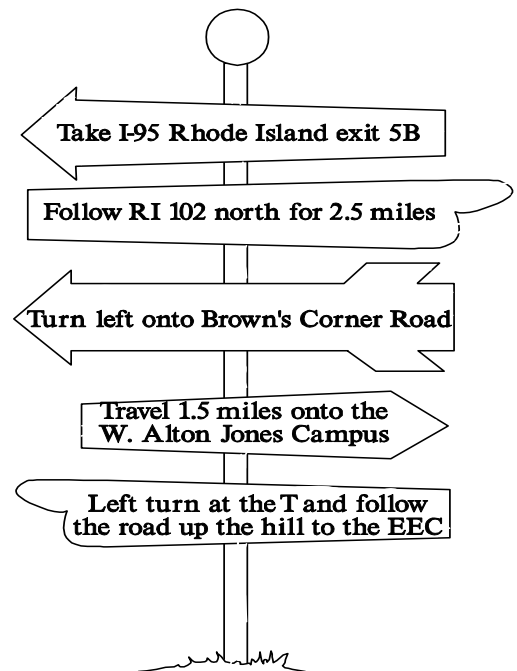
- Sleeping bag and 1 flat or fitted sheet
- Pillow and pillow case
- Toothpaste, toothbrush, and cup
- Soap in a container and shampoo
- Beach towel, bath towel, and wash cloth
- Insect repellent (stick or lotion please)
- Sun block (minimum SPF 15)
- Hat with visor
- Comb or brush
- Laundry bag/plastic bag for dirty clothes
- 2 Water bottles
- Stamped envelopes, stationary, and pen
- Flashlight with spare batteries
- Fanny pack (required if carrying inhaler or epi-pen)
- Knapsack or daypack

## **Optional Items**

- Camera with extra film
- Book or Journal for quiet time



## **How to Get to W. Alton Jones**



## **ITEMS TO LEAVE AT HOME**

Food, candy, gum, and soda.  
baseball bats, knives, weapons,  
toy weapons, or radios.  
Money, aerosol cans, hair  
dryers, electronic games,  
gameboys, walkmans, phones,  
beepers, and other electronic  
or battery operated devices.

# SOME THOUGHTS ON HOMESICKNESS

*Homesickness* is either a mild or severe form of anxiety, which can sometimes occur until a child becomes adjusted to the camp surroundings and social environment. It is a very real and natural emotion that can occur in anyone, child or adult, when they leave familiar people and places for a new adventure. Going away to camp is an experience in separation for parent and child. It is important that both are prepared for it before check-in day.

## *How can we help campers avoid homesickness?*

### **Before Camp:**

First time campers will benefit from having gone on other less threatening experiences away from home such as overnights with grandparents and friends or attending a day camp. Involving your child in as many decisions as possible about camp beforehand can also help. Pack the child's bags with familiar clothing and special mementos. A favorite stuffed animal can be very comforting, even for children who seem to be "beyond" that phase. It can provide a treasured reminder of home.

Talk to your child about the kinds of fun they will have exploring new camp activities and meeting new friends. Families should speak openly about the possibility of homesickness. Discuss what camp will be like well before your child leaves home and discuss any concerns. Don't tell children up front that you will "rescue" them if they don't like camp right away. Most homesickness fades away as the child becomes comfortable with their surroundings. Also, for some children overcoming homesickness can be a milestone in their development.

One suggestion is to send an encouraging letter that will be waiting for them when they arrive at camp. Camp Fire Boys and Girls conducted a study which concluded that a written message letting kids know they're important, loved, and appreciated can make a lasting impact on their lives. Letters should not include any bad news or stories about what the family is doing that may leave the child feeling left out. Also, don't dwell on how much you, the pet, or siblings miss them. We don't want campers to forget about home, we just don't want them to dwell on home to the exclusion of their current camp experience.

### **On Check-in Day:**

Check-in day can be the most exciting yet most difficult for both parents and children. On check-in day, try not to dwell on the subject of homesickness prior to your arrival at camp. Direct your child towards thinking of the positive things they will be involved in during their stay. After checking in help them move their gear into their cabin and assist them in organizing their space, meeting their cabin leaders and a few other cabin mates. Try not to linger too long. Once they are settled, it is time to say goodbye. Give words of encouragement, say your good-byes, and leave them to their experience. Some children will jump enthusiastically into the fray. Some will ease in slowly. Some will attempt to make you feel guilty for "abandoning" them. It is all normal behavior. Soon they will be engaged in exciting activities.

### **During Camp:**

Once the camp program is underway, we try to keep campers so busy that they will have little time to reflect on homesickness. Most child psychologists agree that telephone calls to or from home make homesickness much worse or stimulate it in children who are not experiencing homesickness. Because of this, we do not allow campers to call home except in cases of severe, persistent homesickness. Our approach is to get them involved and engaged as much as possible in what is happening around them. However, parents may call at any time to speak with the camp coordinator and staff about how your son or daughter is doing. The staff may have to call you back after checking on them, but they will give you an honest appraisal of how they are getting along.

According to the experts, children overcome homesickness and adjust to camp within a day or two in the vast majority of cases. At camp, children learn to problem-solve, make social adjustments to new and different people, learn responsibility, and gain new skills to increase their self-esteem. The goal of camp is to provide a safe, fun, and educational experience for children, while assisting their positive growth and development. It would be unfortunate to have a child miss out on developing these life skills because of an early bout of homesickness. With support and

encouragement, most children adjust very quickly to their new camp environment.

## TICKS AND YOUR CHILD

Blacklegged ticks, also known as deer ticks (*Ixodes scapularis*), which can carry Lyme Disease as well as the less common Human Granulocytic Ehrlichiosis and Babesiosis, are prevalent in Rhode Island. Disease carrying ticks have been found in 43 states. Caution is appropriate for anyone spending time in the outdoors. Tick population levels vary from year to year and place to place. Here are answers to some commonly asked questions about ticks.

**What is the likelihood of my child getting a tick-borne disease at Alton Jones?** It is unlikely that your child will get a tick-borne disease from attending a program at the URI W. Alton Jones Campus. We work diligently to minimize risks and provide maximum protection for each child who attends our programs. We feel it is important to keep parents informed so that if a child displays symptoms, a prompt diagnosis can be made and proper treatment can be given.

**What measures are taken to prevent tick bites?** While the risk of getting a tick-borne illness at W. Alton Jones is low, we take a proactive approach. We teach children to be aware of ticks and methods of tick-bite prevention. We talk to them about ticks at their first orientation meeting. We teach them how to check themselves for ticks and frequently remind them to do so. We work to keep our trails trimmed back and we make every effort to avoid areas known to have high numbers of ticks. The W. Alton Jones Campus is participating in on-going, long-term tick research.

**What if a tick bites my child?** In the event that an embedded tick is found on a child, a trained staff member will promptly remove the tick. It is possible for an infected tick to be embedded for up to 48 hours before transmitting a disease. Prompt tick removal will reduce the likelihood of disease transmission. We call the parents of any child who is bitten by a tick since some pediatricians will prescribe antibiotics as a preventative measure. Other pediatricians prefer to wait to see if symptoms occur.

**Can the tick be tested?** If your child is bitten, you may request to have the tick saved for you to send out to be tested for Lyme Disease. One company that tests ticks is Imugen, 220 Norwood Park South, Norwood, MA 02062 (phone: 781-255-0770). Mail the tick in a crush proof container (such as a zip-lock bag surrounded by bubble wrap or a film canister) with a check for \$45 and information on where and how you want the report sent (phone, fax or mail). Do not store the tick in alcohol or any other liquid. Results take two weeks. A tick that tests positive for Lyme Disease does not mean that your child has Lyme Disease. It simply gives you more information.

**What are the symptoms of tick-borne diseases?** We encourage all parents and children to become familiar with the symptoms since it is possible for a tick bite to go undetected. If any symptoms occur, contact your doctor about possible exposure to tick-borne diseases. Please note that many of these symptoms are flu-like while tick-borne diseases are most likely to occur outside of the normal flu season. **Lyme Disease:** Early symptoms generally appear within a week and include an expanding (often but not always bulls-eye shaped) skin rash that can be, but is not always, near the bite site. The rash occurs in 60% to 80% of all cases and appears 3 days to 1 month after the bite. Also watch for chills, fever, headache, stiff neck, fatigue, swollen lymph nodes, dizziness and aching joints and muscles. Another possible symptom is swelling and pain in the joints, especially the knees. These symptoms may not seem serious enough to warrant initial concern. Lyme Disease is the most common tick-borne disease and is treatable with antibiotics. **Human Granulocytic Ehrlichiosis:** Symptoms include fever, headache, malaise, chills, sweating, muscle aches, nausea and vomiting. Symptoms may be severe and it is sometimes initially misdiagnosed as meningitis. This disease is rare but has been increasing in recent years. It is treatable with tetracycline derivative drugs (used with caution since some drugs will permanently stain children's teeth). **Babesiosis:** Symptoms are generally mild and may require no treatment but can be severe in some cases. Symptoms occur within 1 to 4 weeks of a tick bite and include a gradual onset of malaise, loss of appetite, and fatigue followed within a week or so by fever, drenching sweats, shaking chills, nausea, vomiting, headache, muscle pain, weakness, and depression. This disease is extremely rare particularly in children, however people with impaired immune systems or who have had their spleen removed are at greater risk.

**What can parents do to help prevent tick bites?** Certain insect repellents can be sprayed on clothing and skin to help prevent tick bites. Be sure that the label says it is effective against ticks. Repellents need to contain less than 10% of the chemical DEET since any greater amount may be hazardous to children. Light colored clothing can help children locate ticks. Keeping ticks off children and removing them before they bite or transmit the disease are the keys to disease prevention.

You can assist us in tick bite prevention by helping your son or daughter thoroughly check themselves for ticks as soon as they return home. Remove any embedded ticks with tweezers. Launder dirty clothing promptly and dry at high temperatures. Know the symptoms of tick-borne diseases.

Please call 401-397-3304 ext. 6043 if you have further questions or if your child contracts a tick-borne disease and you believe it

was from attending a program at Alton Jones (we try to keep track of cases). We welcome your comments.