



# HEALTH INFORMATION FORM

**To be completed by Parent or Guardian**

NorthBay wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information including medical history, insurance information, permission to give selected over the counter medications, and custodial parent signatures.

**SCHOOL NAME:** \_\_\_\_\_ **DATES AT CAMP:** \_\_\_\_\_

**Please print all information and ensure that it can be read by others**

<b>CAMPER INFORMATION</b>				
Last Name:	First Name:	M.I.	Date of Birth:	Grade:
Gender (circle one) Male / Female	Home Street Address:  City, State, Zip:	Home Phone:		
Parent/Guardian Name Printed:	Relationship to Camper:	Will you be coming as a chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:	
Email address:			Cell Phone:	
			Work Phone:	
Parent/Guardian Name Printed:	Relationship to Camper:	Will you be coming as a chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:	
Email address:			Cell Phone:	
			Work Phone:	
List an Emergency Contact Printed: (friend or relative who can/will care for your child if you cannot be contacted)		Relationship to Camper:	Home Phone:	
			Cell Phone:	
			Work Phone:	
Medical Insurance Information: (to be used if students seeks medical care outside NorthBay Adventure Camp) <span style="float: right;"><input type="checkbox"/> Not Insured</span>				
Company: _____ Policy Number: _____				
<b>HEALTH HISTORY</b>				
Camper's Primary Care Physician:		Office Telephone Number:		
		Office Fax Number:		
Health History (check if applicable & explain)	Allergies (check if applicable & explain)			
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes (a NorthBay diabetic order form must be completed) <input type="checkbox"/> Heart Condition _____ <input type="checkbox"/> Bleeding/Clotting disorder _____ <input type="checkbox"/> Seizures Type: _____ <input type="checkbox"/> ADHD <input type="checkbox"/> ADD <input type="checkbox"/> Psychological issues _____ <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Anger Management <input type="checkbox"/> Mood disorder <input type="checkbox"/> Autism <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Recent illness/injury/infectious disease _____ <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Bedwetting <input type="checkbox"/> Recent Hospitalizations or Major Surgery  <input type="checkbox"/> Other not listed _____ <input type="checkbox"/> <b>Date of Last Tetanus Shot:</b> _____ <input type="checkbox"/> Takes medication every day (A medication form/s needs to be completed for all medications to be taken while at camp)	<input type="checkbox"/> <u>Allergy</u> to Medications  <input type="checkbox"/> Foods _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Severe Poison Ivy reaction <input type="checkbox"/> Other: Please lists _____  <div style="text-align: center; background-color: #d9ead3; padding: 5px;"><b>Diet / Nutrition</b></div> <input type="checkbox"/> Eats a regular diet <input type="checkbox"/> Eats a vegetarian diet <input type="checkbox"/> Has special food needs (describe below)   			
Does the camper need his/her physical activity restricted <input type="checkbox"/> No <input type="checkbox"/> Yes – explain _____				
Please provide any additional information that we need to know to ensure your child's camp experience is a positive one:				



NorthBay

## PARENT / GUARDIAN CONSENT AND LIABILITY RELEASE FORM

*At NorthBay, health, safety and supervision are paramount. The approach to safety and risk management is accompanied with competence, judgment and purposeful sound programming. The children's safety and well-being is everyone's concern. As a policy of NorthBay we require that a Release of Liability Form be signed as a requirement to attend camp.*

I am the parent or legal guardian of \_\_\_\_\_ (the "Camper") who wants to attend camp and participate in activities sponsored by NorthBay, LLC ("NorthBay"). I agree to sign this Health Consent so my child can attend camp. I promise the information given on this Health Form is complete and accurate. It is true that the Camper has had all immunizations required by the Maryland DHMH Recommended Childhood Immunization Schedule and that the school has these records. If I cannot be reached in an emergency while my child is at camp, I give permission to the physician selected by the camp director to hospitalize, order proper treatment for, and/or order injections, anesthesia, or emergency surgery for my child. If something were to happen to my child, a doctor selected by the camp may treat him/her for any injury/illness. I understand medical information about my child is confidential and protected under state and federal law. I give permission for the camp nurse to discuss my child's medical information with his/her health care provider if my child is ill, injured, or takes medications. I give permission for the camp nurse to share information about my child with his camp teachers, counselors, and dining when necessary to protect his/her health and safety. I understand that participating in some of the activities sponsored by NorthBay, including canoeing, kayaking, boating, water skiing, hiking, swimming, snorkeling, tubing, fishing, rock climbing, zip line, sport activities, nature activities, and the ropes course, involve certain risks, including the risk of serious injury. I give permission for the Camper to participate in all of these activities while at NorthBay and agree on behalf of the Camper that I and the Camper assume all of these risks. Both I and the camper hereby release NorthBay, its employees, agents and related parties from claims or injuries caused by any inappropriate behavior on the part of the Camper. However, NorthBay will be responsible for claims caused by the negligence of NorthBay. I give permission to NorthBay the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of my child, without payment or approval rights, for use in materials created for promoting NorthBay. The laws of the State of Maryland shall govern the rights and obligations of the parties to this Release and the interpretation, construction, and enforceability thereof. I agree on behalf of the Camper and myself that any lawsuit brought against NorthBay shall be brought solely in the Circuit Court for Cecil County, Maryland and, in connection with any such lawsuit, I agree on behalf of myself and the Camper that the trial will be conducted and determined by the Judge assigned to such trial, and voluntarily waive any right the Camper or I may have to a jury trial.

**AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS** - In the event your child experiences minor discomforts during camp, we would like the opportunity to make your child as comfortable as possible. Therefore, below is a list of over-the-counter medications that can be administered by NorthBay personnel with your authorization. These medications are approved by the NorthBay Medical Director using the recommended doses from the manufacturers. This service is provided to alleviate your child's minor discomforts and avoid being sent home early from camp. The below approved medications are intended for occasional use only. If your child requires any medication on a regular basis, you must have a medication authorization form completed by your health care provider and supply the medications. I consent to the administration of the below indicated over-the-counter medications to my child while at NorthBay (check all that apply). If they are NOT checked they WILL NOT be given to the Camper.

- |   |  |
|---|--|
| <input type="checkbox"/> Acetaminophen (generic for Tylenol)                          | <input type="checkbox"/> Antibiotic Cream (for minor cuts/scrapes) |
| <input type="checkbox"/> Ibuprofen (generic for Advil and Motrin)                     | <input type="checkbox"/> Loratadine (generic for Claritin)         |
| <input type="checkbox"/> Calamine Lotion (for itching)                                | <input type="checkbox"/> Diphenhydramine (generic for Benadryl)    |
| <input type="checkbox"/> Hydrocortisone Cream (for itching)                           |  |
| <input type="checkbox"/> I do not want over-the-counter medications given to my child |  |

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of parent/guardian: \_\_\_\_\_



**NORTHBAY ADVENTURE CAMP**  
**MEDICATION AUTHORIZATION FORM**

This form **MUST BE COMPLETED FULLY** in order for NorthBay Adventure Camp to administer the required medication/s. List all medications to be taken while at camp on the form below with all the required information about each one. A new Medication Authorization Form must be completed each time there is a change in dosage or time of administration of a medication. If the student is bringing more than 4 medications use another copy of this form for the remaining medications.

- **Prescription medication** MUST be in a container labeled by the pharmacy or physician with the student's name, dosage and expiration date. At least one dose of prescription medication must be given at home prior to the student's arrival at camp.
  - Per Maryland regulation, sample medications cannot be administered to the camper.
- **Non-prescription medication** - Per Maryland regulation, all non-prescription medications that are not listed on the NorthBay Consent/Liability Release Form must be listed below followed by a physician's signature. This includes vitamins, homeopathic and herbal medications and cough/cold medications. All non-prescription medication MUST be in the original manufacturer's container labeled with the dosage instructions and the expiration date.

School/Group Name: \_\_\_\_\_ Dates at camp: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<b>Medication Name:</b>	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
<b>Medication Name:</b>	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
<b>Medication Name:</b>	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
<b>Medication Name:</b>	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				

**PRESCRIBER AUTHORIZATION**



**PRESCRIBER SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

Prescribers Printed Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION**

I request that designated camp personnel administer the medication above as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication while at camp. I authorize the camp medical staff to communicate with the health care provider as allowed by state and federal law.



**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Signature of Camp RN: \_\_\_\_\_ Date: \_\_\_\_\_

# Medication Guidelines

MEDICATIONS ARE NOT ALLOWED TO BE KEPT IN THE CABINS; THEY MUST BE SECURED IN THE WELLNESS CENTER AT ALL TIMES WHILE AT CAMP

In order for NorthBay medical staff to administer medications you must provide ALL of the items below:

1. Medication Authorization Form listing all of the medications brought to camp
  2. Parent/guardian signature at the bottom of the Medication Authorization Form
  3. Physician signature at the bottom of the Medication Authorization Form
  4. A pharmacy label showing the name of the student, medication, strength and dosage instructions on EVERY prescription medication including inhalers, nasal sprays, cream, disc's, etc.
  5. Over the counter medications must be in their original containers – medication in baggies or pill-a-day containers will not be accepted.
- While the student is at NorthBay, all of their prescription and over the counter/non-prescription medication will be secured in the Wellness Center and can be administered by the Wellness Center staff. Before any medication can be administered a NorthBay Medication Authorization Form must be completed and signed by the prescribing physician and by the student's parent/guardian for EACH MEDICATION that is to be given. If the student already has a medication form on file with the school a copy of that form may be sent in lieu of the NorthBay Medication Form as long as it is signed by both the prescribing physician and the parent/guardian. If you are submitting a copy of the school medication form please insure that all the administration times for an entire 24 hours are listed on that form. These forms are due to NorthBay at least 2 weeks prior to the student's arrival.
  - All medications that are to be given while at camp MUST be in their original container (box, pill bottle, etc.) They cannot be in a pill organizer, baggie or envelope. Prescription medications (including rescue inhalers) MUST have the pharmacy label attached to the container and it MUST match the signed NorthBay medication form in order for the student to receive the medication. Medications cannot be expired or more than 1 year past the original prescription date. Sample medications from a doctor's office cannot be administered while at camp.
  - In the effort to ensure the safety of all students, medications cannot be packed in the student's luggage. All medications (including any self-carry medications) must be given to a designated school staff member prior to leaving the school then delivered to the NorthBay Wellness Center immediately upon arriving at camp. The medications will be secured in the Wellness Center for the duration of the camp and returned to school personnel at the end of the week. The medications will be returned to the parent/guardian after returning back to the school at the end of camp. The student cannot keep any medication (other than self-carry medications) in his/her cabin or give medication to his or herself. All medications that the student wishes to self-carry will be redistributed to the students after they arrive at camp and after approval is obtained by the NorthBay RN.
  - **Self-Carry Medications:** The following are the only medications that can be carried by the student while at camp with permission of the NorthBay RN: rescue inhalers (Albuterol, ProAir, Ventolin, Zopenex), Epi-Pens and insulin used while in insulin pumps. These medications must be in the control of the student, educator or counselor/chaperone at all times while at camp and be self-administered with an adult's supervision. If you would like the student to self-carry any of the above medications please send two of each medication so one can be kept in the Wellness Center for quick access during any emergency.
  - **Over-the-counter medications:** The following over-the-counter (OTC) medications can be given as needed by the Wellness Center staff while the student is at camp: Acetaminophen (Tylenol), Ibuprofen (Motrin, Advil), Calamine Lotion, Diphenhydramine (Benadryl), Triple Antibiotic Ointment (for minor cuts/scrapes), & Loratadine (Claritin). Before the student can receive any of these medications the parent/guardian must check the boxes beside the medications that the student is allowed to receive then sign the Parent/Guardian Consent that is on the back of the North Bay Health Form. These are the only OTC medications that the student can receive with just the parent/guardian's consent. If your student requires any medication on a regular basis that is not listed above (i.e. cold medication, cough medication) you must complete a NorthBay Medication Form (signed by a physician) and supply the medication/s while the student is at camp.
  - **Please call the staff at the Wellness Center if you have any questions – (443) 674-9035**

# NorthBay

What parents  
need to know!  
*and other stuff...*

NorthBay Environmental  
Learning Center  
11 Horseshoe Point Lane  
North East, MD 21901

(phone) 443-967-0500  
fax) 443-967-0501

[www.northbayadventure.org](http://www.northbayadventure.org)

## Things to know...

### CABINS

Lodging is provided in one of 18 different cabins. Each cabin consists of 2 rooms, with 5 bunk beds each, for a total sleeping capacity of 10/room and 20/cabin. Inside the cabin, next to each room is a bathroom. Our cabins are heated and air conditioned, and separated by gender. **Males and females are NEVER allowed to be in or around a cabin of the opposite gender! Students are NEVER allowed in the cabin without adult supervision.** Each cabin will have at least one adult chaperone who will move throughout the week with that group from one activity to another.

**\*Bed linens are provided by NorthBay!**

**\*Towels and washcloths are NOT provided**

## Introducing NorthBay

### THE SCHOOL PROGRAM

*At NorthBay, the outdoors is the classroom and it is spectacular! An education center devoted to hands-on environmental science in the field, the program will serve 350+ (primarily middle school) students, teachers and adult chaperones each week of the school year. The 5 day/4 night experience will combine exposure to exceptional leadership, character, and discovery in a high adventure setting. Class offerings are extensive and integrate the **Maryland Voluntary State Curriculum.***

### OUTSTANDING LEARNING AND ADVENTURE OPPORTUNITIES...

✓ Enormous Waterfront	✓ Wet Lab on the Bay
✓ Kayaks and Canoes	✓ Weather Station
✓ Bird Platform	✓ Game Room
✓ Snack Bar	✓ Gymnasium
✓ Art Studio	✓ Zipline Tower
✓ 5+ miles of Hiking Trails	✓ High Ropes Course
✓ Camp Store	✓ Indoor and Outdoor Climbing Walls
✓ Sand Volleyball Courts	✓ Live feed aquariums

### MEALS

NorthBay takes time with meals and serves them family style to make them fun, full of surprises, relationship oriented, nutritious, and tasty. We can also accommodate special dietary requirements for your child assuming they are communicated in advance.

### ACCESSIBILITY FOR ALL

The buildings, pathways, and activities at NorthBay are accessible to disabled persons. Students with special needs can participate in all activities, including our adventure courses. We encourage all students to attend and request to be informed of students with special needs.

Parents with additional questions can call NorthBay office Mon.-Thur. 8am-5pm, Fri 8am-3pm @ 443-967-0500 or visit [www.northbayadventure.org](http://www.northbayadventure.org)

NorthBay's snack bar will be open during activity time for student and adult use and serve foods such as ice cream, granola bars, sport drinks, soda, juice, pretzels, etc. "The NorthBay Trading Company" is open during students' activity time in the afternoon and evening. Items for sale include film, toiletries, various educational books and materials, along with t-shirts, sweatshirts, and other NorthBay items.

### **THOUGHTS ON POCKET MONEY...**

\$15 for snacks should be plenty for any student during the week. The NB Trading Company carries items which range in price from \$1.00-\$50. NorthBay recommends students bring no more than \$50 to camp, \$30 is average, and small bills are always helpful. For your convenience and security, non-refundable gift cards are available for campers to use at the snack bar and store. To utilize this option, please call our main office with a credit card number and the amount you wish to put on the card.

### **MEDICAL SERVICES**

NorthBay's Wellness Center contains a treatment area, isolation rooms, medication storage, and appropriate bathrooms. NorthBay's staff includes two RN's as well as several EMT's trained in CPR, first aid and medication administration. Twenty-four hour emergency medical care is also available at Union Hospital in Elkton, MD.

### **MEDICATION REQUIREMENTS FOR SCHOOLS AND PARENTS**

- **The Health Information form is required for every child attending NorthBay.** If your child requires prescription medication during their stay, then the additional Medication form is required.
- Medications must be coordinated and approved by your school representative.

- All individual medications must **be in their original containers, labeled for the student by the pharmacy.**
- Medications and the appropriate forms are to be delivered to NorthBay by a school representative not the camper.

### **PARENT NOTE: SAFETY & STAFF**

**At NorthBay safety is paramount.** All of our class locations, adventure courses, and safety equipment are regularly certified and inspected. Our instructors are also qualified in their field, federally background checked & drug tested. We make the safety of your child our highest priority.

**Parents are discouraged from visiting their children at camp** for security reasons and because it can cause disruption and home-sickness for students. All visitors must announce themselves at the front gate, sign in/out at the office, show appropriate ID, and wear a NorthBay wristband while on the premises. We ask that if you need to pick up/drop off your child for an extenuating circumstance, it is between the hours of 8:30 am and 6:00 pm.

### **PHONE CALLS**

**A NorthBay phone is available** at certain times throughout the day for students. Parents can leave a message with administration to request that their child call home. Those messages will be delivered during meal times. Please understand that NorthBay can house up to 350 students per week and therefore students will not be able to call home everyday of their stay.

**NorthBay has a policy of zero tolerance for the use/possession of drugs, alcohol, cigarettes, or weapons.** Parents will be notified and children will be sent home, along with appropriate measures.

## **What to Bring to NorthBay...**

**Students and adults are responsible** for bringing personal items and clothing appropriate for the season and the setting.

We want your stay at NorthBay to be as pleasant and trouble free as possible. A suggested list follows...

### **Clothing**

2 pairs of tennis or hiking shoes (one old)

Shoes to wear in the water

Sweaters/Sweatshirt

Several changes of outer clothing

Changes of inner clothing

5-6 pairs of socks

Swimsuit (seasonal)

Pajamas

### **Personal Gear**

Towel(s) & Washcloth

Soap and Shampoo

Toothbrush & Toothpaste

Medications

Writing materials

Sunscreen

Insect Repellent

### **Optional Personal Gear**

Flashlight

Camera & film

Store/ money

Water bottle

Sunglasses

Backpack

Rain Gear and boots

### **Add for Winter Season:**

Winter Hat (ear muffs are not enough)

2 pr. mittens or gloves

Long underwear

Warm jacket

## **What NOT to Bring...**

**Cell Phones \*\*highly discouraged\*\***

Ipod/MP3/CD Players

PSP/Gameboys

Drugs, alcohol, cigarettes or weapons

Skateboards