



# Summer Camp Registration 2021

Please return **THIS** form to:  
[summercamp@bbbscentralohio.org](mailto:summercamp@bbbscentralohio.org)



Camp Oty'Okwa  
24799 Purcell Road  
South Bloomingville, Ohio 43152  
(740) 385-5279

## Child's Information:

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Age when at camp: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Grade, Fall 2021 \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

### If the parent/guardian cannot be reached; persons to be notified in case of emergency:

Name	Relationship to Child	Preferred Phone	Secondary Phone
1.			
2.			

Cost to send your camper to Oty'Okwa is listed below. If your camper is a victim of crime or has experienced trauma, cost will be waived to attend camp. Has your camper experienced trauma? YES  NO  Scholarship applications are available to help cover the cost of camp for those families in need. If requesting a scholarship, how much are you requesting? \_\_\_\_\_

### 2021 Camp Dates

Please Mark Your Top Three Choices: 1, 2, 3	Camps	Session Dates	First Day Check – In At Oty' Okwa	First Day Check – in At BBBS	Last Day Pick-Up At Oty 'Okwa	Last Day Pick- Up At BBBS	Cost of Camp
	<b>Session 1</b> ADVENTURE CAMP AGES 6-14	Sunday, June 13 to Friday, June 18	10:00 am to 11:00 pm	8:00 am to 9:30 am	10:30 am	12:00 PM	\$450
	<b>Session 2</b> ADVENTURE CAMP: <b>GIRLS ONLY</b> AGES 6-14	Sunday, June 20 to Friday, June 25	10:00 am to 11:00 pm	8:00 am to 9:30 am	10:30 am	12:00 PM	\$450
	<b>Session 6</b> ADVENTURE CAMP <b>BOYS ONLY</b> AGES 6-14	Sunday, July 25 to Friday, July 30	10:00 am to 11:00 pm	8:00 am to 9:30 am	10:30 am	12:00 PM	\$450
	<b>Session 7</b> ADVENTURE CAMP AGES 6-14	Sunday, Aug 1 to Friday, Aug 6	10:00 am to 11:00 pm	8:00 am to 9:30 am	10:30 am	12:00 PM	\$450
	<b>Session 8</b> ADVENTURE CAMP AGES 6-14	Sunday, Aug 8 to Friday, Aug 13	10:00 am to 11:00 pm	8:00 am to 9:30 am	10:30 am	12:00 PM	\$450

### Bus Transportation Options: (Please V only one)

TO & FROM Camp  TO Camp ONLY  FROM Camp ONLY  Do NOT need transportation

Referring Agency: Please indicate the organization referring your camper and the Caseworker/Counselor (if any):

EASTWAY  VILLAGE NETWORK  SOJOURNER'S  A BBBS Agency: \_\_\_\_\_

Other Agency OR School: \_\_\_\_\_

Caseworker/Counselor Name: \_\_\_\_\_ Email: \_\_\_\_\_

# CAMPER HISTORY

In an effort to ensure your child is placed in the most appropriate cabin group, please provide us with the following information.  
All information will only be shared with Camp Staff.

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

## Child's Camp Experience:

This child has attended Camp Oty'Okwa Summer Camp. This will be the child's \_\_\_\_\_ year at Camp Oty'Okwa.

Has this child attended another camp before? \_\_\_\_\_ When and where? \_\_\_\_\_

Please comment on the child's previous camp experience: \_\_\_\_\_

Does the child need any special accommodations? Yes  No

If YES please explain: \_\_\_\_\_

Has the youth or family been involved with children's services and/or foster care? Yes  No

If YES please explain: \_\_\_\_\_

Has the youth or family been exposed to trauma of any kind? Yes  No

If YES please explain: \_\_\_\_\_

## Please comment on the following regarding the child:

What would you like the child to accomplish while at camp?

Areas of success the child has had: \_\_\_\_\_

Does the child regularly use inappropriate language? Yes  No

Areas of positive self-esteem: \_\_\_\_\_

Camper's talents, strengths, and abilities: \_\_\_\_\_

Anything else that we should know about the child (behavior management, fear management, recent experience, etc.):

## Child's Educational Background:

Child's School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Regular classes       Regular classes with tutoring       Self-contained Special Class

Would your child be interested in attending Science Camp? Yes  No

Please indicate which of the following information pertains to this child (check all areas that apply)

### Child's Characteristics:

<input type="checkbox"/> Immature	<input type="checkbox"/> Insensitive	<input type="checkbox"/> Teases	<input type="checkbox"/> Physically aggressive
<input type="checkbox"/> Mature	<input type="checkbox"/> Demanding	<input type="checkbox"/> Calm	<input type="checkbox"/> Works well with others
<input type="checkbox"/> Self-reliant	<input type="checkbox"/> Confident	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Likes to be alone
<input type="checkbox"/> Shy / withdrawn	<input type="checkbox"/> Friendly	<input type="checkbox"/> Helpless	<input type="checkbox"/> Resistant to authority
<input type="checkbox"/> Inattentive	<input type="checkbox"/> Disruptive	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Feels inadequate
<input type="checkbox"/> Complains	<input type="checkbox"/> Disobedient	<input type="checkbox"/> Moody	<input type="checkbox"/> Needs a lot of attention
<input type="checkbox"/> Non-Conforming	<input type="checkbox"/> Obedient	<input type="checkbox"/> Temper	<input type="checkbox"/> Needs encouragement
<input type="checkbox"/> Physically Small for age	<input type="checkbox"/> Physically big for age	<input type="checkbox"/> Outbursts	<input type="checkbox"/> Leader

### Concerns and assistance that camper may need:

Vision     Mobility     Brushing teeth     Toileting     Dressing     Homesickness  
 Hearing     Medication     Religious Restrictions     Bedwetting     Allergies     Other \_\_\_\_\_

# CAMP OTY'OKWA LIABILITY RELEASE AND CONSENT

I, \_\_\_\_\_, **(parent/legal guardian's name)** am the parent and/or legal guardian of \_\_\_\_\_, **(camper's name)**, a minor and I agree to permit him or her to attend and participate in the Big Brothers Big Sisters of Central Ohio, Camp Oty'Okwa Summer Camp.

I understand that certain risks and dangers may exist in my child's attendance and participation in Camp Oty'Okwa and that my child's attendance and participation in Camp Oty'Okwa is conditioned upon my agreement to release any claims of liability, including, but not limited to any claims for property loss or personal injury to child/ward. Therefore, in exchange for the opportunity of my child/ward to attend and participate in Camp Oty'Okwa, I hereby release Big Brothers Big Sisters of Central Ohio, its board, officers, staff, employees, and volunteers from all claims which I or my child/ward may have for liability or legal responsibility for any damage or loss of any kind, including, without limitation, claims for personal injury, property damage or loss, and economic loss occurring during or resulting from my child's attendance and/or participation and/or travel to or from Camp Oty'Okwa which is caused by negligence, breach of contract, strict liability, or otherwise.

I give full permission for my child/ward to participate in all phases of activities. I have read the camp information and understand and agree to cooperate with all regulations. I also understand that in case of late cancellation, the registration fee will not be refunded. I give my permission to allow Camp Oty'Okwa and Big Brothers Big Sisters of Central Ohio, to use and photographs taken of my child/ward or their designee to promote/advertise Camp Oty'Okwa and Big Brothers Big Sisters of Central Ohio in paper publications, signage, television, websites, blogs, and social media sites.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

We use the following information for applying to grants that help fund our summer camp program so we can continue to offer low cost summer programs. All information will be kept confidential. You are not required to answer the following questions.

**\*\*\* Check the TOTAL Household Income in one of the columns below: \*\*\***

<b>REDUCED INCOME ELIGIBILITY GUIDELINES – 185% Guidelines</b>					
<b>Effective from July 1, 2020 to June 30, 2021</b>					
<b>Households with incomes less than or equal to the reduced-price values are eligible for free or reduced-price meal benefits.</b>					
<b>HOUSEHOLD SIZE</b>	<b>ANNUAL</b>	<b>MONTH</b>	<b>TWICE PER MONTH</b>	<b>EVERY TWO WEEKS</b>	<b>WEEKLY</b>
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each add'l family member, add	8,288	691	346	319	160

**Does your child receive reduced or free lunches at school?**

\_\_\_ Yes \_\_\_ No

**Racial/Ethnic History:** If you choose, please indicate (v) one or more of the following identities:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White or Caucasian                | <input type="checkbox"/> Hispanic or Latino                  |
| <input type="checkbox"/> Asian                     | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Multi-Racial _____        |  | <input type="checkbox"/> Other _____                         |

**Monthly household Income** \_\_\_\_\_ **or Annual Income** \_\_\_\_\_ **# people in your household** \_\_\_\_\_

**EITHER Part 1 OR Part 2 MUST be completed, signed & dated:**

## Ohio Summer Food Service Program 2021 Income Eligibility Application

INSTRUCTIONS: Part 1 of this form is to be used only for children receiving Ohio Works First (OWF) or for children living in a household receiving Supplemental Nutrition Assistance Program (SNAP, food assistance) benefits. Complete Part 2 only for children not receiving OWF or SNAP benefits. Please complete the applicable section of the form. An adult signature is required to submit both sections. If you need more space, please attach a separate sheet.

**\* PRINT CHILD INFORMATION WHEN COMPLETING EITHER PART 1 OR PART 2:**

Enter name of **ONLY** those children participating in the Summer Food Service Program (SFSP).

Name:	Age:	Name:	Age:
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

**PART 1 - FOR CHILDREN RECEIVING SNAP (FOOD ASSISTANCE) OR OHIO WORKS FIRST (OWF)**

\_\_\_\_\_**YES**, I received SNAP (Food Assistance) or OWF benefits for the child(ren) listed above this month and request meal benefits.

My SNAP or OWF number is:

- \_\_\_\_\_ \* OHIO BENEFITS (SNAP) BENEFIT NUMBER (7-digit number) OR **(THIS IS NOT YOUR CARD NUMBER)**  
 \_\_\_\_\_ \* OHIOWORKS FIRST NUMBER OR  
 \_\_\_\_\_ \* FDPIR Identification Number (Food Distribution Program on Indian Reservations)

**PENALTIES FOR MISREPRESENTATION:** I certify that all the above information is true and correct and that the SNAP and OWF numbers are correctly reported. I understand that this information is being given for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of this information may subject me to prosecution under applicable state and federal laws.

\_\_\_\_\_  
**SIGNATURE OF ADULT HOUSEHOLD MEMBER      ADDRESS      DAYTIME PHONE      DATE**

**PART 2 - FOR CHILDREN NOT RECEIVING SNAP OR OWF BENEFITS**

**HOUSEHOLD MEMBERS AND MONTHLY INCOME:** List the names of all individuals living in your household including yourself, all related and non-related individuals and children. Include children listed above. List all income received last month on the same line with the person who received it. List each amount under the correct title. You must list gross income **BEFORE** deductions, taxes, social security, etc. To determine monthly income, if income is received every week, multiply the total gross income x 4.33; every two weeks, multiply the total gross income x 2.15; twice a month, multiply the total gross income x 2; or once a year, divide the total gross income by 12.

<b>* HOUSEHOLD MEMBERS</b>	<b>* INCOME BY SOURCE</b>			
<b>LIST ALL HOUSEHOLD MEMBERS</b>  (LAST NAME, FIRST NAME)	MONTHLY EARNINGS FROM WORK BEFORE DEDUCTIONS	MONTHLY WELFARE, CHILD SUPPORT, ALIMONY	MONTHLY PENSIONS, RETIREMENT, SOCIAL SECURITY	ALLOTHER MONTHLY INCOME
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

**FOSTER CHILD: Complete a separate application for each foster child.** In certain cases, meals served to foster children may be reimbursed regardless of the foster family's income. If you are applying for foster children living with you, complete the application as if for a family of one. List the child's name and monthly personal use income or enter "0" if the child has no personal use income. An adult signature is required. Personal Use Income \$ \_\_\_\_\_

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

\_\_\_\_\_  
**\* SIGNATURE OF ADULT HOUSEHOLD MEMBER**      **LAST 4 DIGITS OF SOCIAL SECURITY #** \_\_\_\_\_  
**\* SOCIAL SECURITY NUMBER** OF ADULT HOUSEHOLD MEMBER  
 (Write "None" if adult signer does not have a SSN)

\_\_\_\_\_  
 HOME ADDRESS      ZIP CODE      DAYTIME PHONE      DATE

**Total Household Monthly Income**      **FOR SPONSOR USE ONLY**      **Signature of Authorized Official**      **Date**

\$ \_\_\_\_\_ **ELIGIBILITY DETERMINATION**      \_\_\_\_\_ **APPROVED**      \_\_\_\_\_ **DENIED**

# Camper Health History

Please return this form to:

Camp Oty'Okwa  
24799 Purcell Rd. South Bloomingville, OH 43152  
Phone: 740-385-5279 Fax: 740-385-3962

Camper Name:

Camper's Name

LAST \_\_\_\_\_ FIRST (preferred) \_\_\_\_\_ Middle \_\_\_\_\_

Gender \_\_\_\_\_ Current Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Age when at camp \_\_\_\_\_

Home Address: \_\_\_\_\_

Custodial Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preferred Phones: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Second Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preferred Phones: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Allergies:

- No Known Allergies  
 This Camper is Allergic to:  Food  Medicine  Environment

Please describe below what camper is allergic to and the reactions seen:

## Diet/Nutrition:

- This Camper eats a regular diet.  
 This Camper eats a regular vegetarian diet.  
 This Camper has special food needs. Please describe below:

## Restrictions:

- I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.  
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. Please describe below:

Session:

## Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

PRINT Parent/Guardian Name: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_ Parent/Guardian Date of Birth \_\_\_\_\_

SIGNATURE of Custodial Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

\*If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Cabin Assignment:

**Medical Insurance Information:**

This camper is covered by family medical/hospital insurance:  Yes  No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company: \_\_\_\_\_ Insurance Company Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Group Number: \_\_\_\_\_ Plan/Policy Number: \_\_\_\_\_  
Subscriber: \_\_\_\_\_

**Prescription Insurance Information:**

This camper is covered by family prescription insurance:  Yes  No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company: \_\_\_\_\_ Insurance Company Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Rx BIN Number: \_\_\_\_\_ Rx PCN Number: \_\_\_\_\_  
Subscriber: \_\_\_\_\_

**Immunization History: (Only check ONE box)**

- Camper has been fully immunized and all shots required to attend school are up to date including a tetanus shot on \_\_\_\_/\_\_\_\_.  
Month/Year
- Camper has NOT been fully immunized and I understand and accept the risks to child from not being fully immunized.

\_\_\_\_\_  
**Signature of Custodial Parent/Guardian**                      **Date**                      **Relationship to Camper**

**Medication:**

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_  
Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_  
Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer:

\_\_\_\_\_  
\_\_\_\_\_

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury.  
**Cross out those the camper should NOT be given.**

- |   |   |
|---|---|
| Acetaminophen (Tylenol)                                   | Ibuprofen (Advil, Motrin)                                     |
| Phenylephrine decongestant (Sudafed PE)                   | Pseudoephedrine decongestant (Sudafed)                        |
| Antihistamine/allergy medicine                            | Guaifenesin cough syrup (Robitussin)                          |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM)                  |
| Sore throat spray   | Generic cough drops   |
| Lice shampoo or cream (Nix or Elimite)                    | Antibiotic cream  |
| Calamine lotion   | Aloe  |
| Laxatives for constipation (Ex-Lax)                       | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

**General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.**

Has/does the camper:

- |  |  |   |  |
|--|--|---|--|
| 1. Ever been hospitalized?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passes out/had chest pain during exercise?            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses?               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease?                | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking?       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?        | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures?                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Please explain "Yes" answers in the space below**, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

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**Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.**

Has the camper:

- |   |  |
|---|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?<br>(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Please explain "Yes" answers in the space below**, noting the number of the questions. The camp may contact you for additional information.

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**Health-Care Providers:**

Name of camper's primary doctor(s): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name of dentist(s): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name of orthodontist(s): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**What Have We Forgotten to Ask?** Please provide in the space below any additional information about the camper's health that you think important or may affect camper's ability to fully participate in the camp program. Attach additional information if needed.

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**Parents/Guardians: STOP here. The rest of this form is completed when the camper arrives at camp. Keep a copy for your records.**

# Individual Health Record (For Camp Use Only)

Camper Name: \_\_\_\_\_ Camper Date of Birth: \_\_\_\_\_

Cabin Assignment:

**Initial Screening**

**Date/Time:** \_\_\_\_\_

**Initials:** \_\_\_\_\_

**Screening** has been conducted according to camp protocol and significant findings noted as follows:

- |  |                             |   |
|--|-----------------------------|---|
| A. Any signs/symptoms of illness or injury upon arrival?             | <input type="checkbox"/> No | <input type="checkbox"/> Yes as noted below |
| B. History of exposure to communicable disease?                      | <input type="checkbox"/> No | <input type="checkbox"/> Yes as noted below |
| C. Are you experiencing a new cough (not related to allergies)?      | <input type="checkbox"/> No | <input type="checkbox"/> Yes as noted below |
| D. Are you experiencing shortness of breath or difficulty breathing? | <input type="checkbox"/> No | <input type="checkbox"/> Yes as noted below |
| E. Are you experiencing shortness of breath or difficulty breathing? | <input type="checkbox"/> No | <input type="checkbox"/> Yes as noted below |
| F. Are you experiencing two or more of the following symptoms?       | <input type="checkbox"/> No | <input type="checkbox"/> Yes as noted below |

Chills - Repeated Shaking - Muscle Pain

G. Have you or a household member:  No  Yes as noted below

Been instructed by a medical professional to isolate for potential coronavirus, with or without being tested?

Had prolonged close contact\* with someone who has tested positive for the coronavirus?

Traveled to one of the states listed as part of Ohio's travel advisory within the last 14 days?

- |  |                             |   |
|--|-----------------------------|---|
| H. Additions or corrections to information on this health history? | <input type="checkbox"/> No | <input type="checkbox"/> Yes as noted below |
| I. Medication given to health-care staff?                          | <input type="checkbox"/> No | <input type="checkbox"/> Yes as noted below |
| J. Any signs/symptoms of head lice?                                | <input type="checkbox"/> No | <input type="checkbox"/> Yes as noted below |

Session:

If camper experiences any symptoms of coronavirus prior to attendance, they will not be permitted to attend camp. If any symptoms of coronavirus occur at camp, the camper will be monitor and a decision to send the camper home will be made. The camp staff will work with the parents/guardians to arrange for appropriate transportation.

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

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**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:

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This person was told about the problem and instructed about follow-up as noted above: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Initials: \_\_\_\_\_

Camper Name:



# CAMP OTY'OKWA

## WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF THE RISK ACKNOWLEDGEMENT & AGREEMENT



While we have worked tirelessly to adapt Camp Oty'Okwa to mitigate the risk of COVID-19 exposure in camp, it is important to note that there is no way for us to guarantee that COVID-19 will not be present. With that in mind, we are planning to both mitigate the chance the virus enters the camp and, if it does, deal with it in way that ensures the safety of the campers and staff. We intend to run because we believe we can care for campers and staff if they do contract COVID-19 prior to their departure, and that we can isolate and stop the virus from spreading if it does enter camp.

Camp will look and feel different this year. But the value of being in a beautiful Hocking Hills setting, among friends old and new, and participating in fun camp activities is needed more than ever during this challenging year.

By registering for Camp Oty'Okwa, you affirm that the below statements are true and accurate to the best of your knowledge:

- My Child is not currently experiencing nor in the past 14 days experienced any symptoms associated with COVID-19, which include fever of 100.4 degrees or more, chills, shortness of breath, persistent cough (wet or dry), sore throat, runny nose, new loss of taste or smell, headache, or muscle pain.
- Neither my Child, nor someone in my household, has had close, contact with a suspected or known COVID-19 patient (in the past 48 hours, spent longer than 15 minutes within 6 feet of someone who was sick with a fever and cough or tested positive for COVID-19)
- My Child has not travelled internationally or visited a state with a positivity rate of 15% or higher within the last 14 days as indicated in Ohio's most recent domestic travel advisory

In addition, I agree to self-screen my Child for COVID-19 symptoms before coming to Camp on \_\_\_\_\_. I also understand that I will be asked to recertify my answers upon arrival at camp check-in in accordance with Camp Oty'Okwa's 2021 COVID-19 Policies and Procedures.

I, as parent or guardian of \_\_\_\_\_ ("Child"), in consideration of my Child being allowed to participate in Camp Oty'Okwa on \_\_\_\_\_ ("Camp"), and related activities, provided by Big Brothers Big Sisters of Central Ohio ("BBBS"), acknowledge and agree that:

1. Participation by my Child in Camp includes possible exposure to and illness from infectious diseases, including, but not limited to, Coronavirus Disease 2019 (including any of its variants) (collectively, "COVID-19");
2. I have received, read, and understood all Camp Oty'Okwa 2021 COVID-19 Policies and Procedures set forth by BBBS relative to COVID-19 and have explained the same to my Child;
3. I acknowledge the contagious nature of COVID-19 and understand and voluntarily assume the risk that my decision to permit my Child's participation in Camp includes possible exposure to, and serious illness from, COVID-19;
4. I understand the risks and hazards associated with Camp and, on behalf of my Child, willingly accept those risks;
5. I expressly waive, release, forever discharge, and covenant not to sue BBBS, and their agents, sponsoring agencies, directors, employees, volunteers, members, representatives, sponsors, parents, subsidiaries, heirs, and assigns (collectively, the "Releasees"), from all liability in connection with exposure, infection, spread of, or disability or death caused by COVID-19, or loss or damage to person or property, whether arising from the negligence of Releasees or otherwise, to me or my Child, arising out of my decision to permit my Child to participate in Camp (collectively, the "Released Matters");
6. I agree to indemnify and hold harmless the Releasees for any and all liabilities and damages arising out of or related in any manner to the Released Matters; and
7. I understand that this waiver means I give up my right, and my Child's right, to bring any claims against Releasees for personal injuries, death, disease, or property losses, or any other loss, including but not limited to claims of negligence, and give up any claim I may have to seek damages, whether know or unknown, foreseen or unforeseen.

**I have read this Waiver, Release of Liability, and Assumption of the Risk Acknowledgement & Agreement, have had an opportunity to ask questions, fully understand and appreciate the legal effect of signing this document, and have signed it freely and voluntarily without inducement, assurance or guarantee.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
\_\_\_\_\_ Parent \_\_\_\_\_ Guardian

**Name and age of Participant(s) (print):** \_\_\_\_\_  
Guardian Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_