



Mount Olive Baptist Church Camp Piggyback

2019 Parent Information Handbook

Dear Camp Piggyback Parents & Campers

Thank you for choosing Camp Piggyback for your child's summer camp experience! We are excited to be a part of this important time in your child's life and hope to make your experience and theirs, a successful and enjoyable one. Enclosed in this handbook is information to help prepare both you and your camper for Summer Camp. If you have any questions, please feel free to call our camp office at 201 490-7795. Whether you are a new or returning family, we hope you are as excited about Summer Camp as we are!

Happy Camping,

Gerri Craig, Finance Director
craigg@mountolivebaptist.org

Our Mission

The Mission of Camp Piggy back is to provide quality experiences that are designed to instill responsible citizenship, healthy lifestyles, coupled with concern for others and respect for differences.

2019 Camp Session

Start Date: Monday June 24, 2019

End Date: Friday, August 23, 2019

****No camp July 4th and 5th in observance of Independence Day****

Hours of Operation

The hours of operation for Camp Piggyback are Monday – Friday, 8:00am – 6:00pm.

- Breakfast is served from 8:30am – 9:30am
- Lunch is served from 12:00pm – 2:00pm
- Snack is served from 4:00 – 5:00pm.

General Camp Policies

When allowing your child to participate in the Camp Piggyback program, the following must be followed:

1. Your camper is a child who can and will participate fully in the program and is in good physical condition, unless otherwise communicated to the camp director in writing.

2. The camper will have a complete medical consent form submitted by the parent or guardian. In order for your child to have a successful camp experience, it is extremely important to provide us with all medical and behavioral information.
3. A camper is expected to enter camp at the beginning of session and remain until the end of their session. No reduction in cost can be made for late arrivals, early departures, or days missed. We will not make arrangements once the session has begun.
4. It is agreed that the camper will cooperate and accept camp guidance in standards of behavior. Failure to adhere to these standards may result in suspension or dismissal with no refund.
5. Camp activities/themes may be rescheduled at the discretion of the camp administration.
6. Rules for acceptance and participation in the program of Camp Piggyback are the same for everyone regardless of race, color, ethnicity, religion, or sex.
7. For the security and safety of all campers, no person may enter the camp facilities unless accompanied by a Camp Piggyback staff member. You will need to report to the main office using Door #1 before entering the grounds. For drop off and pick up campers and parents/guardian will use Door #3 to enter.
8. Please send campers with the appropriate clothing each day. In cool weather or rainy days, please send your child with a labeled jacket/sweatshirt.
9. Sneakers are a must! Campers participate in many activities and are prone to injuries without the proper foot attire. Sandals may be worn for water trips and activities only.
10. Please label all of your camper's clothing, and personal possessions with camper's name.
11. Camp Piggyback is not responsible for personal items brought to camp should they be misplaced or damaged. Parents who allow campers to bring items from home do so at their own risk.
12. It is the responsibility of each camper to remember to bring his or her bathing suit, towel, backpack, etc., home each day. While staff members will encourage campers to keep their belongings together in an orderly fashion, they will not be held responsible for items that do not make it home each day.

Camp Rules

Campers are expected to display appropriate behavior at all times. To assure the maximum enjoyment of the program by all participants, your child is expected to:

1. Be polite, courteous, and respectful to all participants, staff, and nature at all times.
2. Refrain from causing harm to self, other participants, and staff.
3. Use equipment, supplies, and facilities properly.
4. Stay with the group
5. Listen quietly while others are speaking and wait for permission to speak.
6. Follow directions the first time they are given.

Emergency Medical Care/Responses

The directors of Camp Piggyback have been trained and are CPR certified. In an emergency a camper will be transported to Hackensack Meridian Medical Center or the nearest hospital to receive services. Transportation will be provided by camp van or the area's ambulance services. Phone contact with parents/guardian is established in an emergency. Each person's application

contains the health form and contact information, as well as designated alternate contacts if the parent/guardian cannot be reached. This process is initiated by the director but can be delegated to an appropriate staff member. Since the program has no way of determining what each person considers an emergency, the general camp practice is to contact parents/guardians when there is concern about a person’s health and/or when a situation is not progressing as expected. Phone contact is followed by an accident/health care report which provides specific information about the situation. Because many people remotely access their voice mail, it is expected that camp personnel leave voice messages on answering machines that appropriately communicate the need for a given parent to call the camp. All contact, successful and unsuccessful, is documented in the camp medical concerns/incident binder located in the camp main office.

Health Policy

A record of immunizations, including the date of last tetanus shot, and available information concerning age specific vaccinations consistent with the sample immunization form below must be on file at camp. MOBC Camp Piggyback requires that immunization form be filled out every year.

PLEASE INDICATE ALL KNOWN DATES OF IMMUNIZATION OR ILLNESS

Immunization Record Chart				
LAST NAME		FIRST NAME		MIDDLE NAME
MEDICAL NOTES				
Allergies?				
Reactions?				
Vaccine	Type	Date Given (m/d/yy)	Administered By	Next Dose Date
Hepatitis B (HepB, Hib-HepB, HepA-HepB, DTaP-HepB-IPV)				
Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT, Td, Tdap, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, DTaP/Hib) boosters				
Haemophilus influenzae type b (Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib)				

Anti-Vaccine Policy

All children joining us this summer must have all their vaccinations or have a non-medical exemption form from their doctor. In the event of a breakout of a highly infectious disease, children without vaccinations may need to be sent home for the remainder of the week for their safety.

Medication

It is the policy that all medication is kept in a secure area under the director(s) supervision. Routine personal medications are administered under the supervision of the nurse with orders from a physician or upon the request of a parent.

Three essential for administering medication, regardless of the qualification of the health-care provider are:

- Written directions from the parent for any medications that will be given or applied for any existing condition, OR Written order of a physician (including procedures in treatment procedures).
- Written record of treatment which includes the reason for the treatment, the dates and times of treatment, and the person giving treatment. When medications are given, the written record should show the medication, dosage, authority for giving it, and the name of the person administering the medication.
- All medication sent to camp (prescription and over the counter) must be prescribed by a physician.
- All medication must be in the original pharmacy labeled bottle. Do not transfer medication to another container or attempt to send medication that was prescribed for someone other than your child, even if it is the same medication in the same dosage that your child takes.
- All medications (prescription and over the counter) that you send from home must be accompanied by a signed written consent for a parent or guardian. ***If you are sending medications to camp for your child please write a note giving us permission to administer the medication.***
- Each camper should have their medication placed in a Ziploc bag with their names on it.
- Inhalers must be checked in with the Camp Director.
- Medications for immediate life-threatening conditions (inhalers and EpiPens) must be checked in with the Camp Director unless the camper's doctor requires him/her to keep it on his/her person at all times.
- All medication must be stored securely and dispensed from the designated First Aid area.
- At no time should a camper be allowed to self-administer medication without supervision.
- A Medication Administration Record (MAR) is to be maintained for each camper that brings medication to the camp.
- The Medication Administration Record (MAR) should be used to record the camper's name, the date, the medication and the dosage.
- The Camp Director must initial the entry.

Before the dispersal of medication at MOBC Camp Piggyback, the Parent/Guardian must provide a letter giving MOBC Camp Piggy Back permission to dispense over the counter medications. Medication, prescription or over the counter, must:

- Be handed to the Camp Director on the first day of camp
- Be in its original container
- Include the camper's name
- Indicate proper dosages
- Include specific written instructions for use
- Any camper with asthma must bring medication for treatment. Even if the camper has not needed this medication recently, camp activities/locations, heat, and dust can aggravate symptoms.
- Food allergies or any dietary needs must be indicated during the registration process

CAMP TRANSPORTATION POLICY

DO NOT LEAVE CHILD before checking in with the camp staff and signing him/her in.

If there is a delay or late cancellation, family needs to call: **201 490-7795**.

Bus/Van Rules:

- No child will be transported without a signed permission from parent/guardian and an emergency contact telephone number where they can be reached during the time of travel.
- At least one camp staff person will ride with campers and oversee the safety of all riders.
- Campers may not consume drinks, food, candy or gum while riding.
- The behavior rules of the camp are in force during transportation. If a camper does not comply, they may be dismissed from the camp.
- Campers will stay seated (and wear seat belts on vans) at all times while riding.
- Campers will not be allowed to ride in a personal staff vehicle. (Exception—unless they are related to the staff)
- Campers will not be left alone when they are dropped off at the hospital—a member of staff will wait until a parent/guardian picks up the child—parent/guardian must sign out the child with camp staff upon return.
- If the bus/van is delayed more than 15 minutes, parents/guardians will be called to inform them of the expected arrival time.

If parent is delayed or needs to designate another person to pick up child, they must call:

Gerri @ 201 490-7795 or 201 233-0437.

WE CAN'T WAIT TO SEE YOU AT CAMP THIS SUMMER!

Mount Olive Baptist Church Camp Piggyback

Permission to Transport Child

Child's name _____

Parent/guardian name _____

I, _____ permit MOBC Camp Piggyback to transport my child/ward to and from the camp activities and release its directors, drivers, volunteer and staff persons from any and all liability resulting from my child's participation in such transportation. I understand clearly that every effort will be made to provide safe transportation.

I have read and agree to the camp transportation policies and procedures. I understand that I am responsible for getting my child to the drop off location by the time listed and for picking up my child at the time listed.

I understand that while the camp staff will not leave my child alone, if I do not inform them of delays or changes, or if additional costs are incurred to get my child home after camp because I have not followed the policies, my child may not be invited to participate in future camp programs.

Child's name _____

SIGNED _____
Signature of Parent or Guardian

DATE _____

Telephone where parent can be reached _____

Alternate telephone if parent is not available _____

Alternate person's name _____

Relationship to child _____

Name of person authorized to drop off child _____

Name of person authorized to pick up child _____

Mount Olive Baptist Church Camp Piggyback

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

(To be completed by parent/guardian)

Name of Camper: _____ Age: _____

Parent/Guardian Name: _____

Home Telephone: _____ Business Telephone: _____

Emergency Telephone: _____

Food/Drug Allergies: _____

Diagnosis (at parents discretion): _____

Name of Licensed Prescriber: _____

Business Telephone: _____ Emergency Telephone: _____

Name of Medication: Dose given at camp: _____ Route of Administration: _____

Frequency: _____ Date Ordered: _____ Duration of Order: _____

Quantity Received: _____

Expiration date of Medications Received: _____ Special Storage Requirements: _____

Specific Directions (e.g., on empty stomach/with water): _____

Specific Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Other medications (at parents' discretion): _____

Location where medication administration will occur: _____

I hereby authorize _____ to administer, to my child, _____
Name of Camp Name of Child
the medication(s) listed above, in accordance with N.J.A.C. 8:25-5.3

5.3(a) Prescription medications administered with receipt of written authorization.

5.3(b) Written medical policies and procedures for treatment of illness and injury and the administration of non-prescription drugs.

5.3(c) All medications:

- 5.3(c)1 Labeled and stored properly.
- 5.3(c)2 Stored in a secure area.
- 5.3(c)3 Refrigeration provided and locked (if applicable).
- 5.3(c)3i Refrigerator has thermometer.
- 5.3(c)4 External and internal drugs kept separate.
- 5.3(c)5 Dispensed for camper prescribed only.

5.3(d) Staff informed of medication needs of campers.

5.3(e) Maintain the following information on file for medications are administered:

- 5.3(e)1 Camper's name and parental authorization;
- 5.3(e)2 Name of the medication administered;
- 5.3(e)3 Condition for medication used and any cautionary information;
- 5.3(e)4 Instructions for medication administration;
- 5.3(e)5 Date, time, and name of administerer;
- 5.3(e)6 Any medication errors;
- 5.3(e)7 Any adverse drug reaction; and
- 5.3(e)8 Any contact made with the prescribing physician pursuant to (f) below.

5.3(f) Informed the prescribing physician of medication errors or adverse drug reaction.

5.3(g) Return unused medications within 3 days or 5.3(g)1 Destroy any medications unable to return.

5.3(h) Informed the parent if their youth camp does not administer medications.

Parent/Guardian Signature: _____

Date: _____