

YMCA CAMP SHAVER  
PARENT INFORMATION PACKET

The following information should be helpful to you and your camper in preparing for his or her stay at Camp Shaver. Please contact the Horn family YMCA (505)265-6971 if questions arise concerning registration, fees, and financial aid. **PLEASE RETAIN PAGES 1 THROUGH 5 OF THIS PACKET FOR YOUR INFORMATION INCLUDING THE WHAT TO BRING CHECKLIST.** PAGES 7 THROUGH 11 NEED TO BE RETURNED TO THE CAMP OFFICE.

The following are included in this packet:

1. Information and Instructions/What To Bring To Camp (Pages 1 – 5)
2. Health History & Physical Exam Form (completed by licensed physician) (FORM A)
3. Parent Confidential Information (FORM B)
4. Permission to Administer Medication Form. (FORM C)

THE FOLLOWING FORMS MUST BE COMPLETED IN FULL. In order to serve your child best we ask you to please make every effort to return these forms two weeks prior to your child's first day at Camp Shaver by email to Chris Glenn at cglenn@ymcacnm.org. If you are unable to email them, PLEASE DO NOT MAIL FORMS. BRING ALL FORMS WITH YOU WHEN YOU DROP OFF YOUR CHILD. ALL FORMS WILL BE KEPT CONFIDENTIAL.

Parent Confidential Information: The information you provide on this form will help us better understand and help your child during his or her stay at camp. Please make sure you list separate emergency contacts and phone numbers on this form. This form is also useful for expressing concerns/issues the Camp Staff should be aware of as well as cabin mate requests your camper may have.

Health History Form & Physical Exam form: This form provides the Camp Staff with a general health history of the camper and is to be completed by the camper's parent or guardian. Please be sure to provide the information requested about your insurance. The back of the health history form is for a PHYSICIAN TO FILL OUT. ALL CAMPERS MUST HAVE A MEDICAL EXAMINATION BY A LICENSED PHYSICIAN TO ATTEND CAMP. A copy of a previously signed Physicians Release form will be accepted ONLY if the time between the exam and the child's scheduled stay at camp DOES NOT EXCEED TWELVE MONTHS.

Permission to Administer Medication: This form must be signed and filled out in order for our staff to administer non-prescription and prescription medication throughout the week if needed. OUR STAFF AND HEALTH CARE PROFESSIONAL CAN ONLY ADMINISTER MEDICINE IF WE HAVE BEEN GIVEN PERMISSION TO DO SO BY THE PARENT/GUARDIAN. STAFF CANNOT ADMINISTER MEDICINE THAT IS NOT IN ITS ORIGINAL CONTAINER. WE WILL NOT ADMINISTER ANY MEDICATIONS, VITAMINS, HOMEOPATHIC AND HERBAL REMEDIES, ETC., WITHOUT THE PROPER DOCUMENTATION AND ORIGINAL CONTAINER!

CAMP OFFICE MAILING ADDRESS:  
YMCA Camp Shaver  
4901 Indian School rd NE  
Albuquerque, NM 87110

**Big Fun Week** – Session 5 is a two-week session lasting July 8<sup>th</sup> - July 20<sup>th</sup> The Flexible pricing is A – \$1125 B – \$1025 C – \$925 Please plan accordingly with packing and supplies. (Campers do not go home over the in-session weekend) Session 5 will be a slower paced session with more time given to learn new skills and make friends as well as an extended campout. We will be continuing traditions During this session that we started in past years. **New for 2018** Session 5 will end on Friday July 20<sup>th</sup> at 6:30pm all parents are invited to a cookout the evening of the 20<sup>th</sup> at no cost starting at 5:30pm followed by our closing ceremony,

#### Camp Registration and Payments:

1. Registration: A \$100.00 NON-REFUNDABLE, deposit is required for EACH session to reserve your child's spot. The deposit will be applied towards the total camp fee.
2. Payment of Balance: The balance of the total camp fee MUST be paid at Camp on check-in day. Balance can also be paid in advance, if desired.
3. Camp Fees: YMCA Camp Shaver has a 3 tiered pricing structure.

Why 3 prices? Realizing that families have differing abilities to pay for a camp experience, we have instituted a voluntary 3-tier pricing program. Please take a moment to look at the rate descriptions and determine which one your family is able and willing to pay for your child's camp experience. This is strictly an honor system: select the fees that are right for your family. This program is voluntary and in no way influences the experience children receive.

\$600- This fee is based on the actual cost to operate camp programs including wear and tear and depreciation.

\$550-This fee is partially subsidized for those families who cannot afford the actual cost of camp.

\$500- This is our traditionally subsidized rate and does not reflect the true cost of operating camp programs.

If you plan to have your child remain at the campsite between two consecutive sessions, there will be an additional fee of \$55.00 (per each interim period) stay-over fee. Since the LIT session is a three week session, they do not need to pay the stay-over fee for the weekends during the LIT session, though they will be asked to pay the fee if they stay-over the weekend between separate LIT sessions. There is a 10% discount for a second child and a 20% discount for a third child available. These discounts must be requested and only apply to siblings living in the same household. This discount cannot be used in conjunction with any other discount or financial aid.

#### Camp Store:

The Camp Shaver Store offers a wide variety of camp incidentals and is a great place for snacks and socializing. It is suggested that campers and parents open a Camp Store account upon arrival at camp. An additional \$25.00 - \$35.00 for the Camp Store is recommended. **CAMPERS MAY NOT KEEP THEIR OWN MONEY WHILE AT CAMP.** If campers are found with money they will be asked to deposit it in the Camp Store or leave it with the Camp Director for safekeeping. The camp store will be open opening and closing day. Campers will be able to receive a refund for money not spent at the Camp Store. We will make every effort to provide refunds on closing day, if we are unable to provide a refund please allow 2-3 weeks for processing. Store accounts can be kept active the whole summer so you do not have to close it after each session.

### Transportation:

We hope all parents and guardians are able to bring their children to camp and use this opportunity to meet the staff and acquaint themselves with Camp Shaver's surroundings. Camp Shaver does not provide transportation to or from camp. If you have a problem getting your child to or from camp please call the camp office and we will try to help get you in contact with another parent in your area that may be willing to carpool.

\*CAMPERS NOT PICKED UP BY 12:30 P.M. WILL HAVE A CHARGE OF \$30.00 APPLIED TO THEIR ACCOUNT.

### Where is Camp Shaver?

From I-25 take Exit 242 at Bernalillo and head West on Rte. 550 for 24 miles. At San Ysidro, head North on Hwy 4. Camp Shaver is located 4 miles north of Jemez Springs on Hwy 4. The camp is at the same turn off as the USFS Battleship Rock Picnic Area (just before mile-marker 23). Take a right into Battleship Rock Picnic Area, another right onto Camp Shaver Lane., and you will drive right into Camp. Please refer to the camp brochure for more specific information about getting to camp. Please note that the gate will be closed and no cars will be admitted to the grounds until 12:00 P.M. on Sunday and 9:00 A.M. on Saturday.

### Arrival Times:

All regular camp sessions begin on Sunday. **Campers should arrive on Sunday no earlier than 12:00 p.m. but prior to 3:30 p.m.** Camp Shaver does not open the gate prior to 12:00 p.m., as counselors are busy preparing for the new session. Campers must be at camp by 3:30 PM so they can attend the orientation and camp tour. The first meal will be on Sunday evening at 5:30 p.m.

We will have a fundraising grill open at 12:00 on Sunday where we sell hamburgers, hot dogs, soda and chips.

Come have lunch and support our staff. All proceeds go towards staff appreciation.

### Registration Check-in: Starts at 12:30

Registration check-in will be in the camp's dining hall. Counselors and CITs will be available to sign campers in and assist them with moving into the cabins and getting settled. The Health Care Manager will also be there to receive any medication(s), vitamins, herbal and homeopathic remedies brought to camp and to receive any other medical instructions for those campers requiring special medical attention.

### Departure Times:

On closing day, campers will be packed and ready to leave by 10:00 AM. At 10:15 we will have a short closing program in the dining hall when we will introduce the staff and recognize camper of the week for each cabin and Cabin of the week followed by a short slide show of the week (*program should last approximately 20 minutes*) Please be aware that the camp gate will remain locked until 9:00 a.m. If there are extenuating circumstances for an early pick-up, it must be approved by and arranged with the Camp Director no later than the day of check-in. Campers MUST be picked up no later than 12:30 pm. LATE PICK-UPS WILL BE CHARGED AN ADDITIONAL \$30.00.

### Cabin Assignments:

All Cabin assignments are based on age. Campers are assigned to a cabin of up to twelve campers. A Senior Counselor and a Junior Counselor are assigned to each cabin as well. Requests for friends (must be within 1 year of age) to be placed in the same cabin will be *strongly considered, though there is no guarantee*. All cabin assignments are made in advance, so be sure to fill out the cabin-mate request line on the registration form if your child would like to request a bunkmate. Cabins are typically separated by ages 7 - 9, 10 - 12, & 13 - 14 year olds.

### Visitors to Camp:

THERE ARE NO SCHEDULED VISITING DAYS DURING THE ENTIRE CAMPING PERIOD. This is done in order to minimize the potential problems of homesickness, which can affect campers of all ages. The time will go by rapidly for the busy camper, thus it is requested that there be no visiting or phone calls. It is suggested that parents or guardians spend time with their campers on opening day, walk around camp, meet the staff and then leave the camper cheerfully, not tearfully! If a visit to camp is necessary due to an emergency, please make arrangements with the Camp Director in advance by calling Camp Shaver directly at (575) 829-3572. Parents, guardians and relatives should not call the camp directly for any reason other than an emergency. Campers may only use the telephone with the permission of the Executive Director. If parents or guardians require any assistance or information while their child is at camp please call Camp Shaver at (575)829-3572 or the director's personal phone at (505) 480-7417

### Homesickness:

Some children do experience homesickness. This is a normal part of growing up, particularly if your child is leaving home for the first time. Please, DO NOT tell your child, "If you get homesick, I will come and get you." Adjustments do need to be made by some children to camp life, *but this is just one of the values of the camp experience and part of growing up!* Camp Shaver is known for its friendly atmosphere and fair handling of campers. This is one reason why so many campers return year after year. Homesickness is often overcome quickly as the camper becomes more involved in the excitement of the camp's activities and the making of new friends. Be encouraging and positive to your child and tell them you will be proud of their achievement with their stay at Camp Shaver.

### Letters and Packages:

Throughout the week and during "rest periods," campers are encouraged to write home. It would be helpful to provide your camper with writing paper, pens and pencils, and self-addressed, stamped envelopes. Stamps and stationary supplies are available for purchase at the Camp Store.

Any letters and packages sent to the campers must be sent to the actual camp address:

(CAMPER'S NAME)  
C/o YMCA CAMP SHAVER  
22900 HIGHWAY 4  
JEMEZ SPRINGS, NM 87025

### Character Counts! and Behaving Appropriately:

YMCA Camp Shaver believes Character Counts! A community of character is the foundation to a safe, healthy and caring environment. Character Counts defines a person of character as one who is trustworthy, treats people with respect, responsible, fair, caring, and a good citizen. We feel strongly about character development at Camp Shaver. All campers are expected to behave and model all the Pillars of Character Counts!

If a camper's behavior is harmful to themselves, to others at camp, or is disruptive to the camp program, the Camp Director RESERVES THE RIGHT TO DISMISS THAT CAMPER. Parents or guardians will be responsible for immediately picking the child up from camp. No refunds will be given for dismissal from camp due to behavioral problems or neglect of camp rules and regulations!!!

### Insurance:

All campers are covered by Accident Insurance.

### Financial Aid:

Financial Aid is available to those families that qualify. Families may receive up to a 50% reduction in the camp fee. Stay-over fees are not covered by financial aid. Financial aid will be given for up to two regular or one LIT session for a single child family. Families with more than one child interested in attending camp may receive one session of financial aid per child. To be considered for financial aid, all applications must be received no later than two weeks before the camp session requested. All applicants receiving financial aid must pay the \$100 deposit in full to reserve their session at Camp Shaver. All applications will be reviewed and approved by the Executive Director. Please be sure to provide all of the requested information to expedite your application. For more information on financial aid please contact the Corporate YMCA or Camp Shaver.

### Refunds/Cancellations:

Refunds for the Camper Fee will be granted to individuals only if a cancellation is made 2 weeks before the camper's scheduled arrival. The deposit is non-refundable. Camp Shaver reserves the right to cancel a camp session(s) as it sees fit. We will make every effort to give parents as much notice as possible. We will reschedule your child's session for a different date or provide a complete refund of charges if we make a cancellation of a session. Reasons for cancellation include, but are not limited to, environmental concerns, climate concerns, low enrollment, etc.

## WHAT TO BRING TO CAMP

This is a *suggested* list of items to bring to camp for a week's stay. It is only meant to be a guide and is not absolute. Adjustments may be made depending on the individual camper and length of stay. Please use your own best judgment. Your camper may want to bring this list to camp and use it to double check items when packing again to return home.

We strongly suggest that parents or guardians send OLD CLOTHES to camp with your camper. VALUABLES SHOULD BE LEFT AT HOME (money, expensive watches, jewelry, radios, iPods etc.). Although every effort is made to insure the safety of all belongings, WE CANNOT AND WILL NOT BE RESPONSIBLE FOR LOST, STOLEN OR DAMAGED ITEMS. PLEASE MARK EACH ITEM WITH THE CAMPER'S NAME OR A SPECIAL SYMBOL!

It is suggested that the markings be made unique and that initials are not used, as children in the same cabin may have the same initials.

### DO NOT ALLOW YOUR CAMPER TO BRING THE FOLLOWING ITEMS:

FOOD, CANDY, OR FLAVORED BEVERAGES (THESE WILL ALL BE PROVIDED THROUGH MEALS AND THE CAMP STORE), KNIVES, MATCHES, FIREWORKS, VALUABLES OF ANY KIND, VIDEO GAMES, RADIO/IPODS, CELL PHONES, OR ANY OTHER ELECTRICAL APPLIANCES. THESE ITEMS WILL BE CONFISCATED IF FOUND AND WILL NOT BE RETURNED TO THE CAMPER UNTIL THE END OF THE SESSION. ANY MONEY BROUGHT TO CAMP WILL BE COLLECTED BY THE CAMP DIRECTOR AND APPLIED TO THE CAMP STORE ACCOUNT. NO PERSONAL FIREARMS INCLUDING BOWS, BB/PELLET GUNS, RIFLES, HANDGUNS, ETC. ANY CHILD FOUND IN POSSESSION OF SUCH ITEMS WILL BE REMOVED FROM CAMP PROGRAMS AND SENT HOME. ALL items brought to camp will go home dirty, tie dyed, ripped or all of the above. Please send older clothes

#### TOILETRIES

- SHEETS/BLANKETS FOR A SINGLE BED
- 2 TO 3 OLD TOWELS
- WASH CLOTH
- SOAP/SHAMPOO
- TOOTHPASTE/BRUSH
- COMB/BRUSH
- SUN SCREEN

#### SLEEPING AND STORAGE

- COMPACTIBLE SLEEPING BAG
- CARRY BAG
- PILLOW/CASE
- LAUNDRY BAG
- FOOTLOCKER/DUFFEL BAG

#### CLOTHING (OLD)

- HIKING SHOES
- TENNIS SHOES
- OLD TENNIS SHOES FOR WATER
- 2 BLUE JEANS
- 3 SHORTS/CUT-OFFS
- 2 LONG SLEEVE SHIRTS
- 6 T-SHIRTS
- 1 SWEATSHIRTS
- 1 LIGHT JACKET/SWEATER
- 7 UNDERWEAR
- 7 SOCKS
- 1 PAJAMAS
- 1 SWIM SUIT

#### MISCELLANEOUS ITEMS

- FLASHLIGHT
- CANTEEN/H2O BOTTLE
- PEN/WRITING PAPER
- STAMPED ENVELOPES
- INSECT REPELLENT
- BACKPACK
- FISHING GEAR (optional)
- READING MATERIAL
- FACIAL TISSUE
- GROUND COVER (plastic)
- RAIN GEAR (poncho)

Fishing: All campers twelve years of age and older who are planning to fish MUST HAVE A VALID STATE FISHING LICENSE AND TROUT STAMP.

## Health History & Examination Form for Children Attending Camp Shaver

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Last First Initial

Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street & Number/City/State/Zip Area/Number

Business \_\_\_\_\_ Phone \_\_\_\_\_  
Street & Number/City/State/Zip Area/Number

<b><u>Health History</u></b> <i>(Check/Give approximate dates.)</i>	<b><u>Diseases</u></b> <i>(Check/Give approximate dates.)</i>	<b><u>Allergies</u></b> <i>(Dates not needed.)</i>
_____ Frequent Ear Infections	_____ Chicken Pox	_____ Hay Fever
_____ Heart Defect/Disease	_____ Measles	_____ Ivy Poisoning, etc.
_____ Convulsions/Epilepsy	_____ German Measles	_____ Insect Stings
_____ Diabetes	_____ Mumps	_____ Penicillin
_____ Bleeding/Clotting Disorders	_____ Other: _____	_____ Other Drugs
_____ Hypertension		_____ Asthma
_____ Mononucleosis		_____ Other ( <i>Specify</i> )
		_____

Operations or serious injuries (*dates*) \_\_\_\_\_

Chronic or recurring illness or medical conditions \_\_\_\_\_

Dietary restrictions/food allergies \_\_\_\_\_

Current medications (send with instructions) \_\_\_\_\_

Name of dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Do you carry family medical/hospital insurance?  No  Yes Carrier \_\_\_\_\_

Policy/Group #s \_\_\_\_\_ / \_\_\_\_\_ Carriers contact number/hotline \_\_\_\_\_

For female: Has this person menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_

If so, is her menstrual history normal? \_\_\_\_\_ Special consideration \_\_\_\_\_

Does applicant have epilepsy?  Yes  No

Does applicant have diabetes?  Yes  No

Does the applicant have any behavioral disorders?  Yes  No

If yes to any of the above please describe treatment recommendations.

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**HEALTH CARE RECOMMENDATIONS BY LICENSED PHYSICIAN**

Child's name \_\_\_\_\_  
*First/MI/Last*

I have examined the above camp applicant within the past 12 months. Date examined \_\_\_\_\_

In my opinion, the condition of the child named above is acceptable for his/her participation in an active camp program. *Physician's initials* \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

**Immunization History**

Please record the date (month/year) of basic immunizations and most recent booster doses.

Vaccines	Month/Year of Basic Immunization	Month/Year of Last Booster
Diphtheria Pertussis (Whooping Cough) } DPT Tetanus or		
Tetanus Diphtheria } TD or		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubella)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given (most recent)		
Haemophilus influenza b (HIB)		
Hepatitis B		

The Administration of Camp Shaver and the Medical Advisors for Camp Shaver strongly discourage giving "breaks" or "vacations" from medications while at Camp Shaver, especially Behavioral Modification medications. Campers are often put into new and challenging situations and that can often introduce a new "stress" on a child, making behavior management more difficult.

Please list any recommended restrictions/concerns the camp administrator should know. \_\_\_\_\_  
 \_\_\_\_\_

**Licensed Physician's Signature** \_\_\_\_\_

Address \_\_\_\_\_ **Phone** \_\_\_\_\_  
*Street & Number/City/State/Zip* *Area/Number*

Date of form completion \_\_\_\_\_ By\* \_\_\_\_\_  
*\*Initial if completed by nurse practitioner/physician's assistant.*



**Parent Confidential information**

**Parents:** We can work more effectively with your child at camp this summer if we know as much about him/her as possible. Please help us by filling in the blanks on this form and returning it to us. All information will be strictly confidential and used intelligently in the best interest of your child. This will be shared with your child's cabin counselors to help them provide the best experience possible.

Child's **full** name \_\_\_\_\_ Age \_\_\_\_\_

Does your child prefer a nickname? \_\_\_\_\_ Home phone \_\_\_\_\_

Birthdate \_\_\_\_\_ School grade in the fall \_\_\_\_\_ Camp session(s) \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian(s) \_\_\_\_\_ Phone number \_\_\_\_\_

Who will be at home during your child's stay at camp? \_\_\_\_\_

Please provide your email address. \_\_\_\_\_

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If you cannot be reached who can act in your place to pick up camper if sick or authorize Medical treatment?

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Who is allowed to pick up your child from camp? Staff will check ID. (List all) \_\_\_\_\_

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How does your child feel about going to camp? \_\_\_\_\_

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Does your child swim? \_\_\_\_\_ At what level? \_\_\_\_\_

What does your child do in his/her spare time? \_\_\_\_\_

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Does he/she usually play with others the same age? \_\_\_\_\_

Does he/she get along well with others? \_\_\_\_\_

Does your child ever wet the bed? \_\_\_\_\_ What methods have been effective in preventing this from happening? \_\_\_\_\_

What types of concerns, if any, should the counselors be aware of with your child while at camp?  
(i.e. sleepwalking, Night terrors, anger management etc.)

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How would you describe your child's health? \_\_\_\_\_ Robust \_\_\_\_\_ Normal \_\_\_\_\_ Below Average \_\_\_\_\_ Sickly

**Form B**

What areas of your child's life would you hope to see developed by the camp experience? \_\_\_\_\_  
\_\_\_\_\_

What do you consider his/her strengths and weaknesses? \_\_\_\_\_  
\_\_\_\_\_

What responsibilities does camper have around home and in the community? \_\_\_\_\_  
\_\_\_\_\_

Has camper been away from home without his/her parents before? \_\_\_\_\_

How long? \_\_\_\_\_ Where? \_\_\_\_\_

Has camper experienced homesickness before? \_\_\_\_\_

How would you rate camper's school work: \_\_\_\_\_ Excellent \_\_\_\_\_ Average \_\_\_\_\_ Fair \_\_\_\_\_ Poor

What serious fears does camper have? (Name them) \_\_\_\_\_

**My Child**

Makes friends: \*Easily \*Fairly easily \*With difficulty

Expresses Feelings: \*Easily \*Fairly easily \*With difficulty

**Personality Traits:** Please circle the following characteristics you feel best describe your child...

Tense, Shy, Helpful, Happy, Selfish, Aggressive, Follower, Leader, Easy going, Moody, Cooperative, Nervous, Withdrawn, Quick learner, Passive, Outgoing

Do you have any additional comments/suggestions that you feel will help your child and the counselors while at camp? \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT – THIS BOX MUST BE COMPLETED FOR ATTENDANCE**

I hereby request that my child be accepted to attend YMCA Camp Shaver. I understand and am aware that my child will be participating in many physical activities and that the potential for accidents does exist. In consideration of acceptance to Camp Shaver:

- I indemnify and hold harmless Camp Shaver, the YMCA of Central NM and/or its staff and representatives from any and all liability, claims, damage, injury or illness sustained by my child during any camp activity, on and off the camp property and while in any camp vehicle.
- I grant permission for Camp Shaver to provide or obtain medical attention for my child in the event of sickness or injury.
- I agree that Camp Shaver may photograph or video tape my child for use in promotional materials.
- I grant permission to transport my child in case of an emergency.
- I/We parent(s)/guardian(s) have read and agree to follow the responsibilities described above and in the Parent Packet.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION TO ADMINISTER MEDICATIONS**

(To be filled out for all campers)

Child's Name \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

**Please note any allergies your child may have to over-the-counter medications, or special instructions that should be communicated to the Health Care Manager and Camp Shaver Staff in regards to the distribution of medications to your child:**

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**Epipens and Inhalers are the only medications Campers may keep with them; ALL other medications (including vitamins and supplements) must be stored at the health center and be dispensed with the health care staff's knowledge and consent.**

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I hereby give permission to the Camp Shaver Registered Nurse (RN) Health Care Manager, or a designated staff member (assigned by the Camp Director or Health Care Manager), to administer the above prescription medications to my child. I also authorize the Camp Shaver RN Health Care Manager, or a designated staff member, to administer over the counter medications for the treatment of colds, flues, allergies, first aid needs, upset stomachs, pain, irritation and/or itching. I recognize that in the administration of the above medications, there is an inherent possibility that adverse reactions may occur. If an adverse reaction occurs, I authorize the YMCA to take the necessary steps to ensure my child's safety. I will not hold YMCA Camp Shaver or the YMCA of Central New Mexico liable for any unanticipated adverse reactions to the above-prescribed medications or over the counter medications. **I understand that all medications, prescriptions, vitamins, herbal or homeopathic remedies, OR OVER-THE-COUNTER, must be in the original containers.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_