

Camp Odyssey Behavior Contract

Parents: Please discuss the contents of this "contract" with your child, and explain to him/her what it means. **This completed form must be returned to the camp office PRIOR to your child's participation in our programs.** The camp staff certainly doesn't want to punish anyone; we just ask that each camper comply with our standards helping to ensure a happy, safe, spirited summer of wholesome fun and good fellowship for everyone!

RULES AND REGULATIONS FOR CAMPER BEHAVIOR ARE SIMPLE:

- 1. Campers must remain with their groups or under staff supervision at ALL TIMES. Wandering is not permitted.**
- 2. Respect other campers. Name calling, all teasing and offensive language will not be tolerated! COOPERATION with fellow campers and counselors is expected.**
- 3. Physical contact (fighting, pushing, piling on, etc.) is OUT!**
- 4. Respect the camp's property. Keep CAMP CLEAN!**

In order to ensure that appropriate standards of discipline and cooperation are maintained at camp, we have initiated this "Code of Behavior" contract for all campers. At camp, we strive to shape positive patterns of conflict resolution. Offensive, defiant, or disrespectful behavior will be dealt with in a logical and systematic fashion. The procedure is as follows:

1. STRIKE ONE: When a camper's behavior is deemed especially offensive or "out of bounds", he/she will be informed of his/her offensive behavior and will be counseled by the Camp Director or Assistant Director. The camp rules will be reviewed, and the camper's parents will receive written or verbal notice of the child's offense. The camper will have earned one "strike."

2. STRIKE TWO: The second time the camper's behavior is "out of bounds," the Camp Director or Assistant Director will discuss appropriate alternative behavior. A second "strike" will be issued, and the Camp Director or Assistant Director will contact the child's parents. The camper will be excluded from an in-camp activity/special event or from an out of camp trip. Please see refund policy on p.16 of the catalog.

3. STRIKE THREE: Should a third "strike" be issued, the camper will be removed from camp for a period of one to five days (depending on the offense). Please see the refund policy on p. 4 of the camp catalogue.

4. OUT AT THE PLATE: If, after the camper returns to camp, his/her behavior continues to be offensive, his/her parents will be contacted, and the camper will be removed from camp for the remainder of the program. Please see the refund policy on p.16 of the catalog.

I UNDERSTAND THE INFORMATION STATED IN THIS BEHAVIOR CONTRACT, and have discussed it with my child/children and agree to comply with these written standards.

Signature of Camper

Date

Signature of Parent/Guardian

Date

THE CAMP DIRECTOR RESERVES THE RIGHT TO "EXPEL" OR "SUSPEND" A CAMPER FROM A CAMP ODYSSEY PROGRAM.

**MARYLAND STATE
SCHOOL MEDICATION ADMINISTRATION AUTHORIZATION FORM**

This order is valid only for school year (current) _____ including the summer session.

School: _____

This form must be completed fully in order for schools to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of a medication.

- * Prescription medication must be in a container labeled by the pharmacist or prescriber.
- * Non-prescription medication must be in the original container with the label intact.
- * An adult must bring the medication to the school.
- * The school nurse (RN) will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

Prescriber's Authorization

Name of Student: _____ Date of Birth: _____ Grade: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ If PRN, frequency: _____

If PRN, for what symptoms: _____

Relevant side effects: None expected Specify: _____

Medication shall be administered from: _____ to _____
Month / Day / Year Month / Day / Year

Prescriber's Name/Title: _____

(Type or print)

Telephone: _____ FAX: _____

Address: _____

Prescriber's Signature: _____ Date: _____

(Original signature or signature stamp ONLY)



(Use for Prescriber's Address Stamp)

A verbal order was taken by the school RN (Name): _____ for the above medication on (Date): _____

PARENT/GUARDIAN AUTHORIZATION

I/We request designated school personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I/We authorize the school nurse to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self carry/self administration of **emergency** medication may be authorized by the prescriber and must be approved by the school nurse according to the State medication policy.

Prescriber's authorization for self carry/self administration of emergency medication: _____

Signature

Date

School RN approval for self carry/self administration of emergency medication: _____

Signature

Date

Order reviewed by the school RN: _____

Signature

Date