

Camper Health Forms

Our camp nurses do a great job of providing both medical and “mother” care but your input is essential.

There are 3 camper health forms:

1. **Camper Health History** **DUE MAY 7**
2. **Camper Healthcare Recommendations** **DUE MAY 7**
3. **Pre-Camp Health Monitoring Form** **BRING OPENING DAY**

If you do not have time to mail the health forms, you may scan and e-mail them or fax them. ALWAYS bring the hard copies. Do not assume that the mail, e-mail, or fax has arrived. Always make copies of the health forms for your records.

(We will document when a health form has been received in our office.

Log on to Bunk1 (Forms tab, Submitted Forms, 2022 Form Tracker, “edit” to see if the health form has been logged in.)

First year Hollymont campers:

You will need to complete **the CAMPER HEALTH HISTORY (FORM 1)**.

You will need to provide a copy of your insurance card, both sides (front and back)

Your camper’s licensed medical provider will need to complete **the HEALTH-CARE RECOMMENDATIONS (FORM 2)**. The physical exam upon which the health form 2 is based must have been conducted after July 23, 2021 (within 12 months of the 2022 summer).

Returning Hollymont campers:

You will need to complete **the CAMPER HEALTH HISTORY (FORM 1)**.

You will need to provide **a copy of your insurance card, both sides (front and back)**

While a physical exam is not required for returning campers, if you feel that our camp nurses would benefit from information provided by your camper’s licensed medical provider, please download a health care recommendation form 2 from our website or contact our office to receive one by mail.

A Word Regarding ADHD Medications

Sometimes children do not take their medications during the summer months.

Camp is just as intense as school and has much longer days.

There is constant stimulation from 8 am – 9/10 p.m. and campers live and play together 24/7.

***Based on years of experience,
it is our recommendation that campers take their ADHD medications while at camp.***

IMPORTANT INFORMATION ON THE NEXT PAGE →

Hollymont camp nurses provide health care based upon a local physician's general written orders. If your camper has a specific health care issue requiring daily or weekly medical treatment (example: diabetes or allergy injections), please have your camper's healthcare professional provide us with detailed treatment protocols.

Please note all medications must be in the original pharmacy container with labels which show the camper's name and how the medication should be given or in the original OTC container.

Medications will be given according to package label instructions unless we have written instructions from a healthcare professional.

Those who require glasses for constant wear should bring an extra pair or a copy of their prescription.

The camp does not provide medical coverage for doctor or hospital visits.

OPENING DAY SCREENINGS AND ASSESSMENTS

Since we are living and playing in close proximity, the camp nurses will perform health screenings on Opening Day to check for illness, injury, and exposure to communicable diseases. They will collect the Pre-Camp Health Monitoring form. **All campers, CITs, and staff, regardless of immunization status, must be tested before advancing beyond the Hollymont screening location. Off campus testing requires documentation of the negative result.**

We ask that your camper be free of signs/symptoms of illness or injury and free of signs/symptoms of head lice. Campers and staff will be asked specifically about COVID symptoms.

Please contact our office if your camper has had difficulties within 48 hours prior to her arrival at Hollymont. We will put you in contact with a Hollymont camp nurse. We reserve the right to ask that a child postpone or cancel her stay at Hollymont if her being at camp poses a risk to other campers and staff.

Please notify us in advance of opening day if your camper has a specific health care issue requiring extensive daily or weekly treatment (ex. diabetes). We may elect to make arrangements to complete the health screening away from the press of opening day and with sufficient time to cover all aspects of care.

HEAD LICE POLICY

If your camper has had head lice recently, she must be nit free upon arrival at camp.

All campers are checked for head lice by our camp nurses during the Opening Day health screening. If nits or head lice are found, your camper must be professionally treated before completing the check-in process, moving into her cluster, and participating in activities.

Best idea we've heard lately –

Get a professional head check at home just before coming to camp and ask for a certificate to document that on the day of the check your camper had no evidence of lice or nits. Having that certificate in hand will expedite the check-in process at Hollymont and avoid the stress of lice surprise.

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

american **CAMP** association®

Mail this form to the address below by _____ (date)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Name _____
First Middle Last
 (For Camp Use) Cabin or Group _____
 (For Camp Use) Session Code(s): _____

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:
 Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____
 Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:
 Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____
 Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:
 Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet. This camper is lactose intolerant. This camper is gluten intolerant.
 Other, *please explain in space.*

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.)

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 _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (____) _____

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.

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.

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (*) immunizations must include date to meet ACA Standard. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test	Date: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
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If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

- Medication:**
- This camper will not take any daily medications while attending camp.
 - This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

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 Elimate) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____

First

Middle

Last

Birth Date: _____
Month/Day/Year

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. Passed 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.

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?.....
(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.

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 that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

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

Informed Consent and Acknowledgment Relating to Coronavirus/COVID-19.

We all know that these continue to be uncertain times, and that the novel coronavirus, COVID-19, poses risks that are not entirely understood. We understand that there is controversy among medical experts about how the virus can spread and how to prevent transmission from one person to another. The Centers for Disease Control (“CDC”) has recommended guidelines based on the current medical knowledge. Hollymont, Inc. dba Camp Hollymont (“Camp Hollymont”) is not an expert in the risk analysis, but we are willing to provide camp services to your child if you are willing to accept the risks inherent in these uncertain times. Further to this understanding, the Georgia General Assembly passed the COVID 19 Pandemic Business Safety Act acknowledging the inherent risk and allowing business to issue a warning to individuals who enter their premises as follows:

Warning

Any person entering the premises waives all civil liability against this premises owner and operator for any injuries caused by the inherent risk associated with contracting COVID-19 at public gatherings, except for gross negligence, willful and wanton misconduct, reckless infliction of harm, or intentional infliction of harm, by the individual or entity of the premises.

Camp Hollymont has put in place numerous preventative measures and enhanced cleaning protocols to reduce the likelihood of spreading COVID-19 at Camp Hollymont. However, Camp Hollymont cannot guarantee that you or your child will not become infected with COVID-19. Further, attending a Camp Hollymont summer camp session could increase your child’s risk of contracting COVID-19.

By signing this agreement, you are acknowledging the warning, contagious nature of COVID-19 and are voluntarily assuming all risks that you or your child may be exposed to and may contract the virus. You understand that Camp Hollymont Health Guidelines published April 26, 2022 are on the Camp Hollymont website and Bunk1 registration dashboard and that Camp Hollymont is making all reasonable efforts to comply with guidelines promulgated by Gov. Kemp and the CDC, but cannot guarantee that any of these measures will completely protect anyone from contracting COVID-19. You are voluntarily taking sole responsibility for any exposure of or injury to your child, yourself, and other family members that may be exposed to or infected by COVID-19 by attending any camps and activities at Camp Hollymont.

In consideration for the camp services that Camp Hollymont is providing, you agree to release, promise not to sue, and hold harmless Camp Hollymont for any injury, including but not limited to personal injury, disability, and death, illness, damage, loss, claim, liability or expense of any kind to yourself, your child, or any family member in connection to your child’s attendance at Camp Hollymont.

You hereby agree that you shall comply with all CDC guidance related to COVID-19 as well as with all policies, procedures and/or protocols implemented by, or that may be, implemented by Camp Hollymont in response to the COVID-19 pandemic, including, but not limited to those relating to social distancing, personal protective equipment, schedules, traffic patterns, and cleanliness and hygiene.

You hereby acknowledge and understand that Camp Hollymont has provided you with working plans, procedures and policies and such may be updated with additional guidance as it comes out from the Governor and/or the CDC. All of these initial plans, procedures and policies shall remain in place until as appropriate.

This waiver shall be governed by the laws of the state of Georgia. Any action or lawsuit that may arise shall only be brought in the general court of record, Cobb County, Georgia.

Camper Name (print legibly)

Name of Parent/Guardian (print legibly)

Relation to Camper (print legibly)

Signature of Parent/Guardian

Date Signed



Five Day Health Monitoring Form - CAMPER OR CIT

Please have this form filled out and ready to submit the day you arrive.

Full Name: _____ Date of Birth: _____

Please complete the five sections, initial all boxes, and sign the form.

Section 1: All Campers and CITs - Mandatory Testing

____ I have completed a COVID-19 Test (Rapid Antigen or PCR)
and provided documentation of a negative test,
and observed COVID precautions in the 5 days prior to the arrival at camp.

Initial
Here

COVID Immunization Record: _____ Immunization is recommended but not required.

Type _____ Date(s) Given _____

Section 2: Daily Temperature Check

For five days prior to your arrival at camp, you MUST have recorded your temperature. Please check and record temperature at the same time each day and use the recording sheet below.

Day 1	Day 2	Day 3	Day 4	Day 5

I have been fever-free for the past five days.

Initial
Here

Section 3: Symptoms - Please circle any that apply to you

Fever (above 100.4 F)	Change in taste or smell
Cough	Change in appetite
Shortness of breath	Headache
Body aches	Sore throat
Congestion	Runny nose

If any of the above apply to you, please email emily@hollymont.com to discuss PRIOR TO ARRIVAL.

Initial
Here

I have been symptom free for the past five days.

Section 4: Pre-Existing Illness

Currently, information indicates that people of any age, including children, with pre-existing medical conditions might be at a higher risk for severe illness from COVID-19. If you have any pre-existing medical condition(s), such as but not limited to...

Cardiovascular Disease	Diabetes
Respiratory Disease	Immunocompromised
Severe Asthma	Other

... camp might not be the right choice this summer. If any of the above apply to you, please email emily@hollymont.com to discuss PRIOR TO ARRIVAL.

Initial
Here

If pre-existing conditions are applicable, I've consulted with my medical provider.
Camp is medically appropriate for me this summer.

Section 5: Signature

- I have not been in close contact with someone known to be exposed or infected with COVID-19 in the last 5 days.
- I do not have a household member who has been in close contact with someone known to be exposed or infected with COVID-19 in the last 5 days.
- I am not experiencing any symptoms of COVID-19 as identified by the CDC to be: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea nor have I experienced any of these symptoms in the last 10 days.

I acknowledge that I have filled out this form truthfully and to the best of my ability. This form is not valid unless all initial boxes are filled out and signature is obtained.

STAFF SIGNATURE: _____ Date: _____

PARENT/GUARDIAN: _____ Date: _____



2022 Health Guidelines

Given the variability of the coronavirus, Covid testing and health monitoring prior to arrival at camp will be required.

Check-In: On Opening Day, parents will be allowed to help their camper move in, socialize with staff members, and even take a guided tour of our property. In order to “protect our bubble” and keep the camp atmosphere as normal as possible for the campers, we kindly ask that all parents and visitors wear a mask when entering all indoor areas on campus.

Each camper will undergo our customary health screening and medication review with one of our camp nurses. Closing Day procedures will follow a drive-thru pick-up pattern. You can visit the “Parents” section of our website for detailed information regarding Opening and Closing Day procedures.

Meals: While we have always provided hand sanitizer at every table, we will also have a “sanitation station” prior to entering and exiting meal times.

Visitors: After Opening Day, we request that there be no visitors to campers and counselors-in-training during the 2022 summer.

Health Screenings:

Pre-camp: We will ask that ALL campers complete a 5-day “watch period” prior to arrival at camp. This simply means that we ask you to daily: Check camper temperature, follow CDC guidelines for wearing a mask, use caution when entering public places, be aware of any COVID-19 symptoms you or a family member develops, and be aware if you or a family member have come in close contact with a person confirmed to have COVID-19. Close contact is defined by the CDC to be contact within 6 feet for a total of 15 minutes or more over a 24 hour period..

A Pre-camp screening information and symptoms checklist is available on our website (health information), at the Forms tab of your Bunk1 account, and at linktr.ee/camphollymont.

This checklist should be completed & turned in on Opening Day.

Testing: ALL Campers are required to have a negative COVID-19 test administered within 72 hours prior to arrival to camp. (PCR or Rapid Antigen) Documentation needs to be brought to camp for check-in.

If your camper has been vaccinated, you will need to provide a copy of the Vaccination Record card.

Updated 4/26/2022

At check-in: Upon arrival, each camper will undergo our customary health screening and medication review with one of our camp nurses. Campers and staff will be asked specifically about COVID symptoms, or any close contact with a person confirmed to have COVID-19.

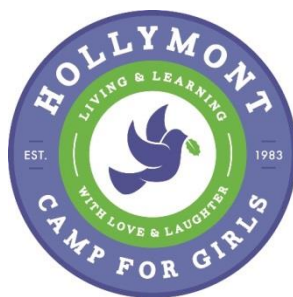
During camp: Daily temperature and symptom checks will occur for the first three days for all campers. The added benefit to this is allowing nurses to become familiar with campers and CITs in their session and vice versa.

If a camper receives a positive COVID-19 diagnosis, we will make arrangements with parents for pick-up within approximately 12 hours. Our infirmary center is equipped to quarantine the individual until pick-up. We will provide options for refunds or rollover of tuition. Other campers, CITs, and staff who have been in close contact with the person who tests positive will be monitored closely and we will follow real time CDC guidelines (currently requires wearing a mask for 5 days).

Other Considerations

Camp Hollymont is an ACA accredited camp and we have years of experience in mitigating the spread of infectious diseases. In addition, we have learned through collaboration with neighboring overnight camps that additional health and safety practices do not detract from a full and fun Hollymont session! Healthcare updates will continue to be posted on our website and sent in emails to registered camp families. This information can be found in the parent section of our website under “Health & Safety”

Policies and procedures are subject to change. Camp Hollymont Directors will communicate any changes to the healthcare guidelines via Constant Contact.



Dear Parents and Guardians,

Thank you for sharing your camper with us this summer. Her successful camp experience is the result of a team effort. As part of the team we want you to understand our parent/guardian notification policies and procedures.

The notification guidelines have been created by Hollymont's nurses, camp directors, and the board of directors. The notification guidelines are periodically reviewed by the aforementioned group.

Please refer to the attached sheet for parent/guardian notification guidelines and implementation policies.

Please be aware that in the camp community the camp nurses serve a dual purpose. They are the providers of health care and they are surrogate mothers. It is not uncommon to see homesick campers visit the health care center and approach the camp nurse outside the health care center whenever they feel the need for that "added mother's touch". During the first few days of camp if camp nurses see such a behavior in a child, they will notify the head counselors and camp directors at the morning central staff breakfast meeting. The staff team and the camper's counselor will work together to help the camper adjust to camp life. The situation will usually resolve itself within the first 72 hours of camp and the camp nurses will not see the child thereafter. Occasionally a child will resolve her homesickness by making daily contact with the camp nurses. Once the "mother's touch" is given, the camper is off and running again. If there are no substantial symptoms and the child is not in emotional distress after her daily dose of camp nurse TLC, there will be no parent/guardian notification.

If homesickness continues for longer than 72 hours with persistent emotional distress leading to an inability for the child to function in particular and a disruption of camp life in general, then a camp director will contact the parent/guardian.

We look forward to a healthy, happy summer. Please let us know if we can be of any assistance to you and your camper.

Sincerely,

Emily Levy
Camp Director

Missy Roper
Executive Director

Gail Mashburn
Administrative Director

Parent/Guardian Notification Guidelines

The Hollymont infirmary is staffed by health care providers who are licensed or endorsed by the appropriate Georgia medical board. Camp health care providers are generally registered nurses but may be physicians, nurse practitioners, or certified nursing assistants working under the supervision of a camp registered nurse, nurse practitioner, or physician.

PNG1

When a child stays overnight in the infirmary one of three things will occur in the morning.

1. The child will go to breakfast and return to her normal routine. A camp health care provider will contact a parent or legal guardian by phone or e-mail and let them know that their camper stayed overnight and has now returned to her normal camp activities.
2. The child will not be able to return to her normal camp routine and the camp health care providers will follow **PNG2**.
3. The child will remain in the health care center and the camp nurses in consultation with a camp selected advanced health care provider (physician or nurse practitioner) will continue to provide care and supervision in the health care center. A camp based health care provider will contact a parent/guardian.

PNG2

In the event of a non life-threatening injury or illness that requires outside medical attention (physician's office, urgent care, emergency room), a camp health care provider will contact a parent/guardian to advise her/him of the upcoming trip to the outside health care provider.

Upon returning to camp, a camp health care provider will call the parent or legal guardian with a diagnosis and treatment plan. If there are major options to be considered in the treatment plan, then a parent/guardian will be contacted from the outside medical location.

PNG3

In the event of a life-threatening injury or illness that requires medical attention at the emergency room, appropriate camp personnel will proceed to the emergency room with the child. A camp director and/or a camp health care provider will contact a parent/guardian with the request to stand-by for further communication from the emergency room.

PNG4

In the event a child loses consciousness, a camp health care provider and/or a camp director will notify a parent/guardian.

NOTIFICATION IMPLEMENTATION POLICIES

In the event of an emergency or an immediate health concern, a camp director and/or a health care provider will contact a parent/guardian by phone. Each camper's health form contains contact information as well as designates alternate contacts if the parents or legal guardian cannot be reached. Also parents/guardians who will not be available at the numbers listed on their health form may leave their itinerary with the business office.

If no responsible party can be contacted directly, the camp personnel will leave a voicemail message communicating the need for a given parent or legal guardian to call the camp. We will also attempt to contact the parents/guardians via text and/or e-mail. All contact – successful and unsuccessful – is documented.