

**Manhattanville in West Harlem Implementation Plan Report
October 15, 2015 Submission**

Declaration Reference and Key Data

Obligation Section Number: **5.07(c)(xviii)**

Obligation Title: **Cubs Camps**

Obligation Page Number: **56**

Obligation Trigger: **PACB Approval**

Obligation Start Date: **May 20, 2009 (PACB Approval date)**

Obligation End Date: **May 20, 2034 (25 Years from Commencement)**

Obligation Status: **In Compliance**

Obligation: Innovation/Changed Conditions

In accordance with the Declaration of Covenant and Restrictions Section 5.08, Obligation 5.07 (c)(xviii) is modified to clarify the obligation. In general, the scope of services to be provided has not been changed.

Cubs Camps. Commencing in May 2009, CU shall offer 25 Athletics scholarships per summer based upon financial need to children from the Manhattanville in West Harlem area to attend CU's Cubs Camps until 2033 or for a period of 25 years, whichever is longer.

Evidence of Compliance

1. Link to Athletics website
2. Annual report

Columbia University's Implementation Plan and all supporting documentation are made available on the Community Services Webpage at <http://manhattanville.columbia.edu/community-services>. For more information about communications and outreach efforts regarding the obligations, please refer to the Annual Community Outreach and Communications Report, which is also available on the Community Services Webpage.

Cubs Camp

Link to Athletics website:
<http://www.dodgefitnesscenter.com>

Navigation: BECOME A MEMBER | TAKE A CLASS | EXPLORE FACILITIES | ORDER GEAR | GIVE TO ATHLETICS

Search: Search GoColumbiaLions.com

COLUMBIA UNIVERSITY PHYSICAL EDUCATION & RECREATION

MEMBERSHIP | GROUP FITNESS | PERSONAL TRAINING | REQUIRED P. E. | INTRAMURALS | CLUB SPORTS | CAMPS/CLINICS | FACILITIES | SCHEDULES | ATHLETICS | COLUMBIA

DFC NEWS

VIDEO ▶

Start your semester off STRONG with a Trainer

Group Fitness Classes | Cubs Camp | **Personal Training** | Intramural Activities

UPDATES

DFC	Intramurals	Voluntary Classes
TUESDAY, JUNE 23		
Uris Pool Closed for Repair until Sept 8		TBA -
Uris Pool		
TUESDAY, AUGUST 25		
Group Fitness Registration Opens		8:00 AM - 9:00 PM
DFC		
TUESDAY, SEPTEMBER 08		

GARMIN

You run a [play button] and run.

MEMBERSHIP

WELCOME TO THE
MARGRUS HARTLEY DODGE
PHYSICAL FITNESS CENTER
HOME OF THE COLUMBIA LIONS

TAKE CLASSES

LEARN MORE

AdChoices

Annual Report: Cubs Camps

State Submission Annual Reporting Period: **October 2014 - September 2015**

Cubs Camp Period: **6/15/2015 - 8/14/2015**

Please Note: The West Harlem Development Corporation (WHDC) managed the outreach efforts and the selection process for Obligation 5.07 (c)(xviii) - Cubs Camps. Please visit <http://www.westharlemdc.org> for more information regarding the WHDC's process.

2015 Cubs Camp Dates		
Dates	Location	Scholarship(s) Awarded
Session 1: June 15 - 19	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	1
Session 2: June 22 -26	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	3
Session 3: June 29 - July 2	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	8
Session 4: July 6 - 10	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	6
Session 5: July 13 - 17	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	0
Session 6: July 20 - 24	Baker Athletics Complex - 533 W. 218th Street, New York, NY 10034	0
Session 7: July 27 - 31	Baker Athletics Complex - 533 W. 218th Street, New York, NY 10034	0
Session 8: August 3 - 7	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	3
Session 9: August 10 - 14	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	4
TOTAL		25

2015 Cubs Camp Dates							
	Name	Zip Code	Age	Sex	Grade	Weeks Registered	Scholarship(s) Awarded
1.		10031	7	F	1	June 22 - 26	1*
2.		10031	8	F	3	June 29 - July 2; July 6 - 10	2**
3.		10031	7	M	2	June 29 - July 2; July 6 - 10	2**
4.		10027	9	F	4	June 22 - 26; June 29 - July 2	2**
5.		10027	8	F	3	August 3 - 7; August 10 - 14	2**
6.		10027	7	M	1	June 29 - July 2; July 6 - 10	2**
7.		10027	11	F	4	June 15 -19; June 22 - 26; June 29 - July 2; July 6 - 10	4****
8.		10027	10	M	5	August 3 - 7; August 10 - 14	2**
9.		10031	8	M	3	June 29 - July 2; August 10 - 14	2**
10.		10027	11	M	5	June 29 - July 2; July 6 - 10	2**
11.		10031	11	M	6	August 3 - 7; August 10 - 14	2**
12.		10031	12	F	6	June 29 - July 2; July 6 - 10	2**
TOTAL							25

Each Cubs Camp Scholarship Grants One Week of Free Access to the Camp

* Indicates that the participant received one scholarship which is equal to one week of camp.

** Indicates that the participant received two scholarships which is equal to two weeks of camp.

**** Indicates that the participant received four scholarships which is equal to four weeks of camp.

Additional Supporting Documentation

- Cubs Camp 2015 Application
- Cubs Camp 2015 Medical Form
- Cubs Camp 2015 Asthma Form
- Cubs Camp 2015 Departure/Release Form
- Cubs Camp 2015 Swim Waiver
- Cubs Camp 2015 Camper Code of Conduct
- Cubs Camp 2015 Media Release Form



Columbia University Cubs Camp – Summer 2015 Manhattanville Scholarship Application

In partnership with the West Harlem Development Corporation (WHDC), Columbia University offers 25 scholarships per summer based upon financial need for children from the **Manhattanville in West Harlem area** to attend Columbia's Roar-ee's Cubs Summer Camp. One scholarship is equal to one week of summer camp.

This application packet contains the following forms:

- 1. Brochure/Registration Form
- 2. Medical Form
- 3. Asthma Form (only to be filled out if child has asthma)
- 4. Swim Waiver
- 5. Camper Code of Conduct
- 6. Departure/Release Form
- 7. Media Release Form

FOR WHDC USE ONLY:

Cubs Camp at Dodge Physical Fitness Center

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Session 1:
June 15-19 | <input type="checkbox"/> Session 2:
June 22-26 | <input type="checkbox"/> Session 3:
June 29-July 2 | <input type="checkbox"/> Session 4:
July 6-10 |
| <input type="checkbox"/> Session 5:
July 13-17 | <input type="checkbox"/> Session 8:
August 3-7 | <input type="checkbox"/> Session 9:
August 10-14 | |

Please note: Sessions 4 and 5 are subject to limited availability due to high registration numbers for those weeks.

Cubs Camp at Baker Athletic Complex

- | | |
|--|--|
| <input type="checkbox"/> Session 6:
July 20-24 | <input type="checkbox"/> Session 7:
July 27-31 |
|--|--|

Please note: Transportation is available during Sessions 6 and 7 when camp meets at Baker Athletics Complex. The cost for bus transportation is \$100/round trip and \$50/one way. **This is not included in the scholarship.**

IMPORTANT:

- **In order for an application to be considered complete, all forms listed above must be filled out and signed by the scholarship applicant's parent or legal guardian.**
- All camp weeks are subject to availability and are awarded on a first-come, first-served basis. Applicants are not guaranteed a scholarship for the week(s) selected in their application.
- Scholarships are awarded for specific camp weeks and cannot be used for alternate weeks.
- If you have any questions, please contact the WHDC at www.westharlemdc.org.

Columbia University must receive all completed scholarship application packets from The West Harlem Development Corporation no later than Friday, May 8, 2015.

Locations:

Dodge Fitness Center

3030 BROADWAY, NEW YORK, NY 10027
DODGE FITNESS CENTER CONTAINS...



Levien Gymnasium: boasts three full basketball courts

University (Blue) Gymnasium: has a full basketball court made of mondo rubberized performance surface

Uris Pool: eight lane pool

Squash Courts: areas where games, arts & crafts, lunch, and post-care will be based

The Math Lawn: grassy area adjacent to The Scholar's Lion statue

Baker Athletics Complex

533 W. 218TH ST. NEW YORK, NY 10034



BAKER ATHLETICS COMPLEX CONTAINS...

Wien Football Stadium: field-turf, Division 1 athletics stadium, surrounded by a 400-meter 8-lane track

Multiple fields for a variety of outdoor activities

Dick Savitt Tennis Center: six cushioned hard courts, covered by a state-of-the-art air dome

2015 Rear-ee's CUBS CAMP



WWW.DODGEFTNESSCENTER.COM/CAMPS

Camp Program:

Cubs Camp is a day camp open to all children ages 6 through 12 located on Columbia University's historic Morningside Heights campus. The camp offers athletics, arts & crafts, and team-building games in a collegiate setting over 9 weekly sessions. Campers will have access to Columbia's top-notch Division 1 Athletic facilities and a competent and caring staff comprised of coaches, student-athletes, and teachers. The goal of Cubs Camp is to provide a memorable sports summer camp experience while promoting teamwork, friendship, and self-confidence in a safe community. Campers are encouraged to work and play together and try new things.

Cubs Camp is offered either at Dodge Fitness Center or Baker Athletics Complex to allow campers to experience all of Columbia's athletic facilities. Specific weeks correspond to each location.

Swimming

Supervised swim is offered Tuesday-Friday while at Dodge Fitness Center. Campers will be able to swim in a 25-yard pool for 45-60 minutes. Group instruction will occur for the first portion of swim time, and is aimed to teach new skills, improve existing techniques, and increase swimming confidence. Campers will also enjoy recreational swim immediately following the lessons. The Aquatics Director and staff emphasize pool rules, including a "buddy system" based on swimmer ability to ensure we maintain a fun, safe pool environment. Necessary forms must be submitted in order for individual children to swim! Swimming is not mandatory, but is encouraged; those who do not wish to swim will have other activities available to them.

Private swim lessons are available upon request; please contact 212-854-4439 for more information. (30-minute session; \$40 for private lesson, \$60 for groups of 2-4 kids).

Tennis

During session 6 and 7, we will offer tennis instruction while Cubs Camp is held at Baker Athletics Complex. Led by a trained tennis pro and supported by our staff, campers will learn the fundamentals of tennis. This includes forehand, backhand, and volleying, to footwork, tennis terminology, and more. Campers are welcome to bring their own equipment, but racquets are provided.

All forms and waivers can be **downloaded** from www.dodgefitnesscenter.com/cubscamp. Please **scan** to camps@columbia.edu or **fax 212-854-7397** required paperwork before camp date.

All current forms must be on file for camp participation.



Camp Director Anne Marie Skylis

Anne Marie Skylis- Anne Marie Skylis is in her second year as the Director of Sports and Cubs Camp and is excited to spend a fourth summer at Cubs Camp. Prior to her involvement at Cubs Camp, she taught middle school science in Providence, Rhode Island, where she also received her teaching certificate in secondary science. While in Providence, she also coached middle school softball players and ran science enrichment courses after school. She earned her B.A. from Columbia University, and during her time there she was extremely involved in the Athletics Department as an athlete and employee.

Contact at 212-854-2233 • camps@columbia.edu

Additional Staff

Staff includes teachers, graduate, undergraduate students, and Varsity student-athletes. Our staff has extensive experience working with children of all ages, both in the camp setting and in the classroom. Cubs Camp maintains a maximum leader to camper ratio of 1:10 to provide all children with a positive camp experience and the professional attention they deserve. In addition, a certified athletic trainer and aquatic director will be on-site.

What to Bring

- Athletic Wear
T-shirt, shorts, athletic shoes (No open-toed shoes allowed!)
- Labeled nut-free lunch (Refrigeration is available)
- Labeled water bottle
- Sunscreen
- Swimsuit, Towel, Goggles (while at Dodge Fitness Center)
- Inhalers, Epi-pens, Medication

Mandatory Forms & Waivers

- Health Form- must be within one year from camp
- Departure/Release Form
- Code of Conduct Waiver
- Swim Waiver- if swimming
- Bus Form- for campers using transportation to/from Baker Athletics Complex

Tuition:

Before May 1st On or After May 1st

1 week: \$445 \$470
 2+ weeks: \$415 \$440

Session 3: June 29th - July 2nd (Monday-Thursday)

1 week: \$340 \$385
 2+ weeks: \$330 \$355

Post-Care: \$125 per week or \$30/day

Bus: \$100/round trip, \$50/one way

- Payment can be made by check or credit card (Visa or Mastercard) and payment is due in full at time of registration. Please make checks payable to Columbia University and include your child's name on all checks.
- Registration is available online at www.dodgefitnesscenter.com/cubscamp
- Upon completion of the online registration process you will receive a confirmation email, which will include all the required forms and waivers that must be completed and returned. Campers will not be able to participate without all completed forms on file.

Refunds and Cancellations

In the event you request a cancellation, a \$50 administrative fee will be deducted from your refund. All refund requests must be made no later than 2 weeks prior to the start of the camp week.

- Refunds will not be given for missed days.
- Pro-rating options are available if communicated and requested before registering for camp.
- Transferring attendance to different weeks is accepted if requests are made no later than 2 weeks prior to the start of the camp week, and space is available.

Post Care:

Takes place in Dodge Fitness Center all nine sessions. Campers will play games and do arts & crafts in the Squash Courts and go outside to the Math Lawn. There will be a fee for late pick up.

Bus:

Transportation is available during Sessions 6 & 7 when camp meets at Baker Athletics Complex. A 50 passenger chartered bus will depart at 9:00am sharp from Amsterdam Avenue between 116th & 117th streets. Campers will return to the same location between 3:00pm-3:15pm for pickup. One-way trips are available for a reduced price.

Groups:

Campers will be grouped by age and participate in all activities in their groups. Campers ages 6-8 will be in the Cubs group and 9-12 year olds will be in the Lions group. Staff may move campers into a different group to balance the camper to counselor ratio. Campers will not be able to move into another group without the approval of the Camp Director.

DON'T FORGET THE 2015 SPRING BREAK CUBS CAMP!
 Register online for the March 16-20, 2015 camp at
www.dodgefitnesscenter.com/cubscamp

Camp at Dodge Physical Fitness Center

Dates:

- June 15-19 June 22-26
 June 29-July 2 July 6-10 July 13-17
 Aug. 3-7 Aug. 10-14

Time:

9:00 am - 3:00 pm
 *Post-care: 3:00 pm - 5:30 pm

Sample Day:

Our experienced staff strives to create a fun, positive environment with a variety of activities to make every camper feel included and engaged. The active lineup of sports and games typically includes basketball, whiffle ball, volleyball, soccer, track, frisbee, dodgeball, gaga ball, and much more! Swim sessions, which include group lessons and recreational swim time, are also scheduled throughout the week for swimmers. Each week, campers participate in activities around the weekly theme such as arts & crafts, scavenger hunts, trivia games, and much more!

Sample Daily Schedule (subject to change)

9:00 am	Morning Welcome and Warm-up
9:30 am	Sports Session #1
10:15 am	Recreational Swimming
11:00 am	Sports Session #2
11:45 am	Lunch
12:30 pm	Outdoor Activities (Weather Permitting)
1:00 pm	Sports Session # 3
1:45 pm	Snack, Arts and Crafts
3:00 pm	Dismissal



Camp at the Baker Athletics Complex

Dates:

- July 20 - 24 July 27 - 31

Time:

9:00 am - 3:00 pm
 *Post-care: 3:00 pm - 5:30 pm

Sample Day:

Cubs Camp at the Baker Athletics Complex takes advantage of the private outdoor space, along with the range of different athletic facilities available. Popular activities include flag football, track relays, water games, soccer, tennis lessons, enjoying the big sprinklers, and much more!

Campers will return to Dodge Fitness Center for post-care each day. Thus, please include the cost of transportation if you opt for post-care during the weeks at the Baker Athletics Complex.

Sample Daily Schedule (subject to change)

9:00 am	Morning Welcome and Warm-up
9:30 am	Sports Session #1
10:15 am	Tennis
11:00 am	Athletic Competitions
11:45 am	Lunch
12:30 pm	Sports Session #2
1:00 pm	Sports Session #3
1:45 pm	Snack, Arts and Crafts
3:00 pm	Dismissal



Registration Form – 2015 Roar-ee's Cubs Camp www.dodgefitnesscenter.com/cubscamp Register online at www.dodgefitnesscenter.com/cubscamp

Name of Camper: _____ Birth Date: _____
 Name of Parent/Guardian: _____ Gender: M / F Grade: _____ Camper's School: _____
 Street Address: _____ City: _____ State: _____ Zip: _____ Email: _____
 Home Phone: _____ Cell Phone: _____

CUBS CAMP AT BAKER ATHLETIC COMPLEX

July 20-24 July 27-31 Shuttle Bus \$100 /week
Circle one: Dodge to Baker Baker to Dodge \$50 /one way
 Week of Post-Care- \$125 Daily Post-Care \$30/day Select days: Mon Tue Wed Thu Fri

CUBS CAMP AT DODGE PHYSICAL FITNESS CENTER

June 15-19 June 22-26 June 29-July 2 July 6-10
 July 13-17 August 3-7 August 10-14
 Week of Post-Care- \$125 Daily Post-Care \$30/day Select days: Mon, Tue, Wed, Thu, Fri

Payment: Master Card Visa Check Credit Card #:
(Made payable to Columbia University)

Parent/Legal Guardian Signature: _____ Exp Date: _____
 We'll hereby request you accept camper's application for enrollment in the 2015 Roar-ee's Cubs Camp. In consideration of your acceptance of this application, we'll hereby agree to release, indemnify and hold harmless Columbia University, its agents, trustees, employees, representatives or assigns, including the Department of Intercollegiate Athletics and Physical Education, the coaching and training staff and camp employees, from all claims resulting from any injury sustained by my child while traveling and participating in the camp. We'll further hereby give permission to the coaches, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness.

CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please
Print Clearly
Press Hard

STUDENT ID NUMBER
OSIS

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TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Last Name	First Name	Middle Name	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month/Day/Year) ____/____/____
Child's Address			Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other
City/Borough	State	Zip Code	School/Center/Camp Name	District Number
Health insurance (including Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent/Guardian Last Name		First Name
		Foster Parent		Phone Numbers Home Cell Work

TO BE COMPLETED BY HEALTH CARE PROVIDER *If "yes" to any item, please explain (attach addendum, if needed)*

Birth history (age 0-6 yrs) <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____ Allergies <input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed <input type="checkbox"/> Drugs (list) _____ <input type="checkbox"/> Foods (list) _____ <input type="checkbox"/> Other (list) _____	Does the child/adolescent have a past or present medical history of the following? <i>If persistent, check all current medication(s):</i> <input type="checkbox"/> Inhaled corticosteroid <input type="checkbox"/> Other controller <input type="checkbox"/> Quick relief med <input type="checkbox"/> Oral steroid <input type="checkbox"/> None <input type="checkbox"/> Attention Deficit Hyperactivity Disorder <input type="checkbox"/> Orthopedic injury/disability <input type="checkbox"/> Chronic or recurrent otitis media <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Other (specify) _____	Medications (attach MAF if in-school medication needed) <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____ Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____
<i>Explain all checked items above or on addendum</i>		

PHYSICAL EXAMINATION

Height _____ cm (____ %ile)
 Weight _____ kg (____ %ile)
 BMI _____ kg/m² (____ %ile)
 Head Circumference (age ≤2 yrs) _____ cm (____ %ile)
 Blood Pressure (age ≥3 yrs) _____ / _____

General Appearance:

<i>Nl Abnl</i> <input type="checkbox"/> HEENT <input type="checkbox"/> Dental <input type="checkbox"/> Neck	<i>Nl Abnl</i> <input type="checkbox"/> Lymph nodes <input type="checkbox"/> Lungs <input type="checkbox"/> Cardiovascular	<i>Nl Abnl</i> <input type="checkbox"/> Abdomen <input type="checkbox"/> Genitourinary <input type="checkbox"/> Extremities	<i>Nl Abnl</i> <input type="checkbox"/> Skin <input type="checkbox"/> Neurological <input type="checkbox"/> Back/spine	<i>Nl Abnl</i> <input type="checkbox"/> Psychosocial Development <input type="checkbox"/> Language <input type="checkbox"/> Behavioral
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Describe abnormalities:

DEVELOPMENTAL (age 0-6 yrs)

Within normal limits
 If delay suspected, specify below
 Cognitive (e.g., play skills) _____
 Communication/Language _____
 Social/Emotional _____
 Adaptive/Self-Help _____
 Motor _____

SCREENING TESTS

	Date Done	Results
Blood Lead Level (BLL) <i>(required at age 1 yr and 2 yrs and for those at risk)</i>	____/____/____	_____ µg/dL
Lead Risk Assessment <i>(annually, age 6 mo-6 yrs)</i>	____/____/____	<input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk
Hearing <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE	____/____/____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Hemoglobin or Hematocrit <i>(age 9-12 mo)</i>	____/____/____	_____ g/dL _____ %

Head Start Only

Tuberculosis

Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school

	Date Done	Results
PPD/Mantoux placed	____/____/____	Induration _____ mm
PPD/Mantoux read	____/____/____	<input type="checkbox"/> Neg <input type="checkbox"/> Pos
Interferon Test	____/____/____	<input type="checkbox"/> Neg <input type="checkbox"/> Pos
Chest x-ray <i>(if PPD or Interferon positive)</i>	____/____/____	<input type="checkbox"/> NI <input type="checkbox"/> Not Indicated <input type="checkbox"/> Abnl
Vision <i>(required for new school entrants and children age 4-7 yrs)</i>	____/____/____	Acuity Right ____ / ____ Left ____ / ____ <input type="checkbox"/> with glasses Strabismus <input type="checkbox"/> No <input type="checkbox"/> Yes

IMMUNIZATIONS - DATES

CIR Number of Child _____

Hep B	____/____/____
Rotavirus	____/____/____
DTP/DTaP/DT	____/____/____
Hib	____/____/____
PCV	____/____/____
Polio	____/____/____

Influenza	____/____/____
MMR	____/____/____
Varicella	____/____/____
Td	____/____/____
Tdap	____/____/____
Hep A	____/____/____
Meningococcal	____/____/____
HPV	____/____/____
Other, Specify:	____/____/____

RECOMMENDATIONS

Full physical activity Full diet
 Restrictions (specify) _____
Follow-up Needed No Yes, for _____ Appt. date: ____/____/____
Referral(s): None Early Intervention Special Education Dental Vision
 Other _____

ASSESSMENT

Well Child (V20.2) Diagnoses/Problems (list) _____ ICD-9 Code _____

Health Care Provider Signature	Date	DOHMH PROVIDER ONLY I.D.
Health Care Provider Name and Degree (print)	Provider License No. and State	TYPE OF EXAM: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s)
Facility Name	National Provider Identifier (NPI)	Comments
Address	City	Date Reviewed: _____
Telephone	Fax	I.D. NUMBER
		REVIEWER: _____

ASTHMA

MEDICATION ADMINISTRATION FORM - OFFICE OF SCHOOL HEALTH Authorization for Administration of Medication to Students for School Year 2014-2015

ATTACH STUDENT PHOTO HERE	Student Last Name	First Name	Middle	Date of birth ___/___/_____ <small>M M D D Y Y Y Y</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female
					OSIS # _____
	School (include name, number, address and borough)			DOE District _____	Grade _____

The following section to be completed by Student's HEALTH CARE PROVIDER

Diagnosis	Enter ICD code	Select Asthma Severity
<input type="checkbox"/> Asthma	_____	<input type="checkbox"/> Intermittent <input type="checkbox"/> Mild / Persistent <input type="checkbox"/> Moderate / Persistent <input type="checkbox"/> Severe / Persistent
<input type="checkbox"/>	_____	NAEPP guidelines recommend inhaled corticosteroids (ICS) for persistent asthma.

Select In School ASTHMA Medications	In School Instructions
<p>1. Rescue Medications Stock supply only available for Albuterol (Ventolin®) HFA. (see back)</p> <p>Choose one:</p> <p><input type="checkbox"/> Albuterol (Ventolin®) HFA (plus individual spacer with mouth piece may be provided by school for shared usage).</p> <p><input type="checkbox"/> _____®HFA (to be provided by parent).</p> <p style="margin-left: 20px;"><input type="checkbox"/> May substitute stock Albuterol (Ventolin®) HFA</p> <p style="margin-left: 20px;"><input type="checkbox"/> May not substitute stock Albuterol (Ventolin®) HFA</p> <p>Choose all options that are appropriate</p> <p><input type="checkbox"/> Student may carry medication & may self-administer (PARENT MUST INITIAL REVERSE SIDE).</p> <p><input type="checkbox"/> Store medication in medical room & student to self-administer with supervision.</p> <p><input type="checkbox"/> Store medication in medical room and nurse to administer.</p> <p>Student to self-administer personal MDI on school trips &/or after-school programs: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Standard order: 2 puffs Ventolin® HFA OR __ puffs _____® HFA q 4 hours via MDI with spacer PRN for coughing, wheezing, tightness in chest, difficulty breathing or shortness of breath.</p> <p style="margin-left: 20px;">➤ May repeat in 15 minutes x 2 if no improvement (total of 3 treatments).</p> <p><input type="checkbox"/> Pre-exercise: 2 puffs Ventolin® HFA OR __ puffs _____® HFA via MDI with spacer 15-30 minutes before exercise.</p> <p><input type="checkbox"/> URI or recent asthma flare (within 3-5 days): 2 puffs Ventolin® HFA OR puffs _____® @ noon via MDI inhaler with spacer for 3-5 days.</p> <p style="margin-left: 20px;">➤ URI symptoms can include: itchy watery eyes, nasal drainage and/or congestion, sneezing, sore throat, cough, headache.</p> <p style="margin-left: 20px;">➤ Asthma flare symptoms can include: shortness of breath, chest tightness or pain, coughing, wheezing.</p> <p><u>Instructions for partial or lack of improvement or adverse reaction</u></p> <p><input type="checkbox"/> If improved, but not enough to return to class, call parent.</p> <p><input type="checkbox"/> If significant respiratory distress persists</p> <p style="margin-left: 20px;">➤ Call 911</p> <p style="margin-left: 20px;">➤ Notify parent and PMD.</p> <p style="margin-left: 20px;">➤ May provide additional puffs as needed until EMS arrives</p>

<p>2. Inhaled corticosteroid (ICS) : _____® HFA (to be provided by parent).</p> <p>Choose all options that are appropriate</p> <p><input type="checkbox"/> Student may carry medication & may self-administer (PARENT MUST INITIAL REVERSE SIDE).</p> <p><input type="checkbox"/> Store medication in medical room & student to self-administer with supervision.</p> <p><input type="checkbox"/> Store medication in medical room and nurse to administer.</p> <p>Student to self-administer on school trips and/or after-school programs: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Standing daily dose: __ mcg via inhaler q day at ____ AM / PM</p> <p><u>Special Instructions</u></p>
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<p>3. Other asthma medication: _____</p> <p>Preparation/Concentration: _____</p> <p>Dose: _____ Route: _____</p> <p>Choose all options that are appropriate</p> <p><input type="checkbox"/> Student may carry medication & may self-administer (PARENT MUST INITIAL REVERSE SIDE).</p> <p><input type="checkbox"/> Store medication in medical room & student to self-administer with supervision.</p> <p><input type="checkbox"/> Store medication in medical room and nurse to administer.</p> <p>Student to self-administer on school trips and/or after-school programs: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Standing daily dose: _____ at ____ AM / PM</p> <p><u>Special Instructions</u></p>
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HOME Medications (include over-the counter)	For DOHMH Only
	Revisions per DOHMH after consultation with prescribing provider.
	<input type="checkbox"/> IEP

Health Care Practitioner (Please Print)	LAST NAME	FIRST NAME	Signature	The CDC and AAP strongly recommend annual influenza vaccination for all children diagnosed with asthma.
Address		Tel. (____)____-____	Fax. (____)____-____	
E-mail address*		Cell* (____)____-____		
NYS License # (Required) _____	Medicaid# _____	NPI # _____	Date ___/___/_____	

INCOMPLETE PROVIDER INFORMATION WILL DELAY IMPLEMENTATION OF MEDICATION ORDERS

*Confidential information should not be sent by e-mail.

ASTHMA

MEDICATION ADMINISTRATION FORM - OFFICE OF SCHOOL HEALTH Authorization for Administration of Medication to Students for School Year 2014-2015

Student Last Name	First Name	MI	Date of birth ___/___/_____	School
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PARENT/GUARDIAN'S CONSENT AND AUTHORIZATION

I hereby authorize the storage and administration of medication, as well as the storage and use of necessary equipment to administer the medication, in accordance with the instructions of my child's physician. I understand that I must provide the school with the medication and equipment necessary to administer medication, including non-Ventolin inhalers. Medication is to be provided in a properly labeled original container from the pharmacy (another such container should be obtained by me for my child's use outside of school); the label on the prescription medication must include the name of the student, name and telephone number of the pharmacy, licensed prescriber's name, date and number of refills, name of medication, dosage, frequency of administration, route of administration and/or other directions; over the counter medications and drug samples must be in the manufacturer's original container, with the student's name affixed to that container. I understand that if I provide an asthma inhaler, it must be supplied in its original and UNOPENED medication box. I further understand that I must immediately advise the principal and/or his/her designee(s) especially the school nurse of any change in the prescription or instructions stated above.

I understand that no student will be allowed to carry or self-administer controlled substances.

I understand that this Authorization is only valid until the earlier of: (1) June 26, 2015 (This prescription may be extended through August if the student is attending a New York City Department of Education (the "Department") sponsored summer instruction program); or (2) such time that I deliver to the principal or his/her designee(s) and nurse a new prescription or instructions issued by my child's physician regarding the administration of the above-prescribed medication. By submitting this MAF, I am requesting that my child be provided with specific health services by the Department and the New York City Department of Health and Mental Hygiene ("DOHMH") through the Office of School Health ("OSH"). I understand that part of these services may entail an assessment by an OSH physician as to how my child is responding to the prescribed medication. Full and complete instructions regarding the provision of the above-requested health service(s) are included in this MAF. I understand that the Department, DOHMH and their agents, and employees involved in the provision of the above-requested health service(s) are relying on the accuracy of the information provided in this form. It is my intention that my child will be provided with health service(s) according to the information and instructions that are provided in this MAF. I further understand that the Department, DOHMH and their agents are not responsible for any adverse reaction to this medication.

I recognize that this form is not an agreement by the Department or DOHMH to provide the services requested, but, rather, my request, consent and authorization for such services. If it is determined that these services are necessary, a Student Accommodation Plan may also be necessary and will be completed by the school.

I hereby authorize the Department, DOHMH and their employees and agents, to contact, consult with and obtain any further information they may deem appropriate relating to my child's medical condition, medication and/or treatment, from any health care provider and/or pharmacist that has provided medical or health services to my child.

SELF-ADMINISTRATION OF MEDICATION: Initial this paragraph for use of an epinephrine, asthma inhaler and other approved self-administered medications):

_____ I hereby certify that my child has been fully instructed and is capable of self-administration of the prescribed medication. I further authorize my child's carrying, storage and self-administration of the above-prescribed medication in school. I acknowledge that I am responsible for providing my child with such medication in containers labeled as described above, for any and all monitoring of my child's use of such medication, as well as for any and all consequences of my child's use of such medication in school. I further hereby authorize the Department, DOHMH, their agents and employees; including the principal, his/her designee(s), school nurse and my child's teacher(s), to administer such medication in accordance with the instructions of my child's physician should my child be temporarily incapable of self-administering such medication. I understand that the school nurse will confirm my child's ability to self-carry and self-administer in a responsible manner with the school. In addition, I agree to provide "back up" medication in a clearly labeled bottle to be kept in the medical room in the event my child does not have sufficient medication to self-administer.

_____ I also authorize the principal, his/her designee(s) and school nurse to store and/or administer to my child such medication in the event that my child is temporarily incapable of self-storage and self-administration of such medication.

_____ I hereby certify that I have consulted with my child's health care provider and that I authorize the Office of School Health to administer stock Ventolin in the event that my child's asthma prescription medication is unavailable.

You must send your child's Personal Metered Dose Inhaler (MDI) with your child on a school trip day in order that he/she has it available.

The stock Ventolin is only for use while your child is in the school building.

Parent/Guardian's Signature	Print Parent/Guardian's Name
Date Signed ___/___/_____	Parent/Guardian's Address
Telephone Numbers: Daytime (____) _____ - _____ Home (____) _____ - _____ Cell Phone* (____) _____ - _____	
Parent/Guardian e-mail address*	
Alternate Emergency Contact's Name	Contact Telephone Number (____) _____ - _____
DO NOT WRITE BELOW - FOR DOE AND DOHMH ONLY	
Received by: Name _____ Date ___/___/_____	Reviewed by: Name _____ Date ___/___/_____
Self-Administers/Self-Carries: <input type="checkbox"/> Yes <input type="checkbox"/> No	Services provided by: <input type="checkbox"/> Nurse <input type="checkbox"/> DOHMH Public Health Advisor <input type="checkbox"/> School Based Health Center <input type="checkbox"/> DOE School Staff
Signature and Title (RN OR MD):	

*Confidential information should not be sent by e-mail.

Hello everyone,

If your child is able to swim and would like to do so, please sign the waiver below and return it by the first day of camp. Please send a swimsuit and towel with your child to camp as well, if he or she would like to swim. To swim at the pool, campers must pass the swim test that is approved by the New York City Department of Health, which is to swim one length of the pool (25 yards). For those children who are unable to swim or do not wish to do so, we will offer other activities during that time.

Please do not hesitate to contact us if you have any questions.

Thanks,
The Cubs Camp Staff

We / I certify that my child, _____, is able to swim and may do so under the supervision of the Columbia University Cubs Camp. We / I hereby agree to release, indemnify and hold harmless Columbia University, its agents, trustees, employees, representatives or assigns, including the Department of Intercollegiate Athletics and Physical Education, the coaching and training staff and camp employees, from all claims resulting from any injury sustained by my child while traveling and participating in camp. We / I further hereby give permission to the camp staff, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness.

Parent / Legal Guardian: _____ Date: _____

Print Child's Name (First and Last): _____

CUBS CAMP CODE OF CONDUCT

Camp Philosophy and Behavioral Expectations

Every camper has the right to a happy and safe experience at Cubs Camp. All Cubs Camp sessions focus on developing the sports skills of every camper and addressing the collective needs of the group. Our goal is to help each camper develop new skills and a greater appreciation of his/her capabilities. We hope to provide a community setting in which children will have the ability and confidence to explore new activities and meet new friends. Every experience is a learning experience and it is the responsibility of the counselors to provide a well-rounded program for all children. We aspire to create a safe and stimulating environment for all campers- an environment where sensitivity, respect for others, and cooperation are valued.

Code of Conduct

The code is intended to be a guide for general behavior for the Cubs Camp community and includes the following expectations:

1. Each person is respected and valued.
2. Each person has a responsibility to help make camp a better place.
3. Each person is expected to choose appropriate behaviors and language and encourage others to do so.
4. Each person is expected to think about the results of one's actions and how they impact others.
5. Each person is expected to solve disagreements by talking, listening and compromising

Consequences for Inappropriate Behavior

If a counselor is unable to resolve a conflict through discussions, redirections, and reviewed expectations, staff will proceed with the following steps:

1. The Counselor gives an official warning, which includes a clear explanation of the concern and suggestions for alternative behaviors that should be used in the future. Age appropriate activity adjustments and/or time-outs may be used.
2. The Counselor gives a second warning. The Camp Director talks with the camper about expectations and communicates with parent(s) explaining the concern.
3. A conference with the camper, parent(s), Camp Director will be arranged to discuss a plan of action for resolution of the concern. This could include suspension from camp for a period of time. No refunds will be made for any time a camper is suspended due to inappropriate behavior.

If the situation is judged by the administration to be very serious, the above steps may be waived and a parent/guardian may be asked to pick up the child from camp and the camper may be asked not to return to camp for a designated period of time.

- Please read and discuss this code of conduct form with your child. Sign this form and return it to camp in order to complete your registration.

Camper name _____ Signature of Camper _____ Date _____

Parent/Guardian name _____ Signature of Parent/Guardian _____ Date _____

Cubs Camp Departure/Release Form

“We/I hereby request you accept camper’s application for enrollment in the 2015 Summer Roar-ee's Cubs Camp. In consideration of your acceptance of this application, we/I hereby agree to release, indemnify and hold harmless Columbia University, its agents, trustees, employees, representatives or assigns, including the Department of Intercollegiate Athletics and Physical Education, the coaching and training staff and camp employees, from all claims resulting from any injury sustained by my child while traveling and participating in the camp. We/I further hereby give permission to the coaches, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness.

Name of Camper (please print): _____

- My Child HAS Permission to Leave Cubs Camp Unattended.
- My Child DOES NOT Have Permission to Leave Cubs Camp Unattended.

He/she may leave only with one of the following guardians listed below. Photo identification may be requested.

1. _____
Name Phone

2. _____
Name Phone

3. _____
Name Phone

4. _____
Name Phone

Signature of Parent/Legal Guardian _____ Date _____

Participation in or use of photograph

For valuable consideration, I do hereby authorize the Trustees of Columbia University in the City of New York (“Columbia”), and those acting pursuant to its authority to:

- a. Photograph me for use in one or more publications relating to Roar-ee’s Cubs Camp (“Cubs Camp”).
- b. Exhibit or distribute the photographs and / or my likeness in whole or in part in any medium, whether now existing or later created, including digitally and online, without restrictions or limitation for any educational or promotional purpose which Columbia, and those acting pursuant to its authority, deem appropriate.

I hereby release any and all rights I may have in such photographs, including intellectual property rights, right of publicity and all other rights.

Name of Camper: _____

Parent/Guardian Signature:

_____ Date: _____

Witness Signature:

_____ Date: _____