

**Manhattanville in West Harlem Implementation Plan Report  
October 16, 2017 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.

**Original Language:**

*Summer Camp.* 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 Summer Sports Camps and Cub Camps until 2033 or for a period of 25 years, whichever is longer.

**Modified Language:**

*Cubs Camps.* Commencing in May 2009, CU shall offer 25 Cubs Camp scholarships per summer 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.

In Fall 2016, Columbia Athletics changed the name of this program from Cubs Camp to Little Lions Camp. The services provided and process for scholarship distribution remains the same.

**Evidence of Compliance**

1. Link to Little Lions Camp 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/benefits-and-amenities>.

**Manhattanville in West Harlem Implementation Plan Report  
October 16, 2017 Submission**

**EOC Checklist for Obligation 5.07(c)(xviii):**

Please check to verify EOC items submitted for review.

- 1. Link to Little Lions Camp website
- 2. Annual report

**Monitor's Notes / Comments:**

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**Status:**

Please check to indicate the status of Obligation 5.07(c)(xviii):

- In Compliance
- In Progress
- Not In Compliance
- Not Triggered

# Cubs Camp

**Link to Athletics website:**  
<http://perec.columbia.edu/littlelionscamp>



## Little Lions Camp

About Us	Sample Schedule	Camp Dates	Tuition	Registration & Required Forms	Location	Contact Us
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### About Us

Little Lions Camp, formerly Cubs Camp, is the Columbia University Athletics Department's day camp for all children ages 6 through 12. It is located in New York City, on Columbia University's historic Morningside Heights campus and at the new Baker Athletics Complex. The camp offers sports, athletics, arts & crafts, and team-building games in a collegiate setting over the summer, holiday, and spring break. 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. These staff members encourage campers to try new things and play together to build comradery. The goal of Little Lions Camp is to provide a memorable summer camp experience while promoting teamwork, friendship, and self-confidence in a safe community.

### Sample Schedule

Sample Daily Schedule for Camp at Dodge Fitness Center	Sample Daily Schedule for Camp at Baker Athletics Complex
9:00am: Morning Welcome & Warm-up	9:00am: Morning Welcome & Warm-up
9:30am: Sports Session #1	9:30am: Sports Session #1
10:15am: Recreational Swimming	10:15am: Tennis
11:00am: Sports Session #2	11:00am: Athletic Competitions
11:45am: Lunch	11:45am: Lunch
12:30pm: Outdoor Activities (Weather Permitting)	12:30pm: Sports Session #2
1:00pm: Sports Session #3	1:00pm: Sports Session #3
1:45pm: Snacks/Arts & Crafts or Project Period	1:45pm: Snacks/Arts & Crafts or Project Period
3:00pm: Dismissal	3:00pm: Dismissal

**Annual Report: Little Lions Camp**

State Submission Annual Reporting Period: **October 2016 - September 2017**

Little Lions Camp Period: **6/12/2017 - 8/18/2017**

**Please Note:** In Fall 2016, Columbia Athletics changed the name of this program from Cubs Camp to Little Lions Camp. The services provided and process for scholarship distribution remains the same. The West Harlem Development Corporation (WHDC) managed the outreach efforts and the selection process for Obligation 5.07 (c)(xviii) . Please visit <http://www.westharlemdc.org> for more information regarding the WHDC's process.

2017 Little LionsCamp Dates		
Dates	Location	Scholarship(s) Awarded
Session 1: June 12 - 16	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	2
Session 2: June 19 - 23	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	4
Session 3: June 26 - 30	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	7
Session 4: July 5 - 7	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	3
Session 5: July 10 - 14	Baker Athletics Complex - 533 W. 218th Street, New York, NY 10034	0
Session 6: July 17 - 21	Baker Athletics Complex - 533 W. 218th Street, New York, NY 10034	0
Session 7: July 24 - 28	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	3
Session 8: July 31 - August 4	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	2
Session 9: August 7 - 11	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	1
Session 10: August 14 - 18	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	3
<b>TOTAL</b>		<b>25</b>

2017 Little Lions Camp Dates							
	Name	Zip Code	Age	Sex	Grade	Weeks Registered	Scholarship(s) Awarded
1.		10027	10	M	5	August 14 - 18	1*
2.		10027	7	F	2	August 14 - 18	1*
3.		10031	6	M	2	June 19 - 23; June 26 - 30	2**
4.		10030	8	F	4	June 26 - 30	1*
5.		10030	12	F	7	June 26 - 30	1*
6.		10031	6	F	1	June 12 - 16; June 19 - 23	2**
7.		10027	9	M	4	July 24 - 28; July 31 - August 4	2**
8.		10031	9	M	4	July 5 - 7; July 24 - 28	2**
9.		10027	8	F	4	June 19 - 23; June 26 - 30	2**
10.		10031	7	F	2	June 12 - 16; June 19 - 23	2**
11.		10027	10	F	6	June 26 - 30; July 5 - 7	2**
12.		10031	7	F	2	July 24 - 28; July 31 - August 4	2**
13.		10031	7	F	2	June 26 - 30	1*
14.		10031	9	F	5	June 26 - 30	1*
15.		10027	11	M	5	July 5 - 7; August 14 - 18	2**
16.		10031	11	F	6	August 7 - 11	1*
<b>TOTAL</b>							<b>25</b>

Each Little Lions 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.

**Additional Supporting Documentation**

- Little Lions Camp 2017 Application
- Little Lions Camp 2017 Medical Form
- Little Lions Camp 2017 Asthma Form
- Little Lions Camp 2017 Departure/Release Form
- Little LionsCamp 2017 Swim Waiver
- Little Lions Camp 2017 Camper Code of Conduct
- Little Lions Camp 2017 Media Release Form



## Columbia University Little Lions Camp – Summer 2017 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 Little Lions Camp (formerly known as Cubs 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

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### FOR WHDC USE ONLY:

#### Little Lions Camp at Dodge Physical Fitness Center

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Session 1:<br><b>June 12-16</b> | <input type="checkbox"/> Session 2:<br><b>June 19-23</b>       | <input type="checkbox"/> Session 3:<br><b>June 26-30</b>  | <input type="checkbox"/> Session 4:<br><b>July 5-7</b>      |
| <input type="checkbox"/> Session 7:<br><b>July 24-28</b> | <input type="checkbox"/> Session 8:<br><b>July 31–August 4</b> | <input type="checkbox"/> Session 9:<br><b>August 7-11</b> | <input type="checkbox"/> Session 10:<br><b>August 14-18</b> |

#### Little Lions Camp at Baker Athletics Complex

- |  |  |
|--|--|
| <input type="checkbox"/> Session 5:<br><b>July 10-14</b> | <input type="checkbox"/> Session 6:<br><b>July 17-21</b> |
|--|--|

Please note: Transportation is available during Sessions 5 and 6 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.**

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### 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](http://www.westharlemdc.org).
- PLEASE NOTE: Lunch is not provided, campers must bring a labeled nut-free lunch (refrigeration is available).

**Columbia University must receive all completed scholarship application packets from the West Harlem Development Corporation no later than Friday, May 5, 2017.**

## 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

## COLUMBIA ATHLETICS

# 2017 LITTLE LIONS CAMP



[PEREC.COLUMBIA.EDU/LITTLELIONSCAMP](http://PEREC.COLUMBIA.EDU/LITTLELIONSCAMP)

## CAMP PROGRAM:

Little Lions Camp (formerly known as 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 10 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 Little Lions 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.

Little Lions 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, 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.*

### TENNIS

During session 5 and 6, we will offer tennis instruction while Little Lions 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, footwork, tennis terminology, and more. Campers are welcome to bring their own equipment, but racquets are provided.



## CAMP DIRECTOR

### ANNE MARIE SKYLIS

Anne Marie Skyllis is in her fourth year as the Director of Sports and Little Lions Camp (formerly Cubs Camp) and is excited to spend a sixth summer at Little Lions. Prior to her involvement at Little Lions Camp, she taught middle school science in Providence, Rhode Island, where she also received her teaching certificate in secondary science. She earned her B.A. from Columbia University, and is currently pursuing an MA in Applied Exercise Physiology.

Contact at 212-854-2233 • [camps@columbia.edu](mailto:camps@columbia.edu)

### ADDITIONAL STAFF

Staff includes teachers, graduate and 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. Little Lions 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

All forms and waivers can be **downloaded** from [perec.columbia.edu/littlelionscamp](http://perec.columbia.edu/littlelionscamp). Please **scan** to [camps@columbia.edu](mailto:camps@columbia.edu) or **fax 212-854-7397** required paperwork before camp date. All current forms must be on file for camp participation.

## TUITION:

Before May 1st	On or After May 1st
1 week: \$450	\$475
2+ weeks: \$420	\$445

### Session 4: July 5th - 7th (Wed. - Fri.)

1 week: \$270	\$295
2+ weeks: \$240	\$265

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 [perec.columbia.edu/littleionscamp](http://perec.columbia.edu/littleionscamp)
- 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 ten 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 5 & 6 when camp meets at Baker Athletics Complex. A 50 passenger chartered bus will depart at 8:45am 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. During larger enrollment weeks, campers may be split into three groups: 6-7s, 8-9s, 10-12s. 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 2017 SPRING BREAK CAMP!**  
REGISTER ONLINE FOR THE MARCH 13-17 CAMP AT  
[PEREC.COLUMBIA.EDU/LITTLELIONSAMP](http://PEREC.COLUMBIA.EDU/LITTLELIONSAMP)

## CAMP AT DODGE PHYSICAL FITNESS CENTER

### DATES:

- June 12-16     June 19-23  
 June 26-30     July 5-7     July 24-28  
 July 31-Aug 4     Aug 7-11     Aug 14-18

### 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, squash, and much 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 or Project Period
3:00 pm	Dismissal



## CAMP AT THE BAKER ATHLETICS COMPLEX

### DATES:

- July 10-14     July 17-21

### TIME:

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

## SAMPLE DAY:

Little Lions 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 or Project Period
3:00 pm	Dismissal



# 2017 LITTLE LIONS CAMP REGISTRATION FORM

NAME OF CAMPER: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

GENDER: M / F    GRADE: \_\_\_\_\_

CAMPER'S SCHOOL: \_\_\_\_\_

CITY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

STATE: \_\_\_\_\_ Zip: \_\_\_\_\_

REGISTER ONLINE AT

[perec.columbia.edu/littleionscamp](http://perec.columbia.edu/littleionscamp)

### LITTLE LIONS CAMP AT DODGE PHYSICAL FITNESS CENTER

June 12-16     June 19-23     June 26-30     July 5-7

July 24-28     July 31-Aug 4     August 7-11     August 14-18

Week of Post-Care- \$125

Daily Post-Care \$30/day Select days:  Mon,  Tue,  Wed,  Thu,  Fri

### LITTLE LIONS CAMP AT BAKER ATHLETIC COMPLEX

July 10-14     July 17-21    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

PAYMENT:  Master Card     Visa     Check (Made payable to Columbia University)    CREDIT CARD #: \_\_\_\_\_

We'll hereby request you accept camper's application for enrollment in the 2017 Little Lions 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.

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

**CHILD & ADOLESCENT HEALTH EXAMINATION FORM**  
NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please Print Clearly

NYC ID (OSIS)

[Grid for NYC ID (OSIS) numbers]

**TO BE COMPLETED BY THE PARENT OR GUARDIAN**

Child's Last Name First Name Middle Name Sex  Female  Male Date of Birth (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Address Hispanic/Latino?  Yes  No Race (Check ALL that apply)  American Indian  Asian  Black  White  Native Hawaiian/Pacific Islander  Other

City/Borough State Zip Code School/Center/Camp Name District Number Phone Numbers Home Cell Work

Health insurance  Yes  No Parent/Guardian Last Name First Name Email Cell Work

**TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER**

Birth history (age 0-6 yrs) Allergies  None  Epi pen prescribed Attach MAF in in-school medications needed Does the child/adolescent have a past or present medical history of the following? Asthma (check severity and attach MAF): Intermittent, Mild Persistent, Moderate Persistent, Severe Persistent

PHYSICAL EXAM Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_ General Appearance:  Physical Exam WNL  NI Abnl Psychosocial Development HEENT Lymph nodes Abdomen Skin Language Dental Lungs Genitourinary Neurological Behavioral Neck Cardiovascular Extremities Back/spine Describe abnormalities:

DEVELOPMENTAL (age 0-6 yrs) Validated Screening Tool Used? Date Screened < 1 year  Breastfed  Formula  Both  Well-balanced  Needs guidance  Counseled  Referred

Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk) Lead Risk Assessment (annually, age 6 mo-6 yrs) Screening Tests: Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk) Hemoglobin or Hematocrit

IMMUNIZATIONS - DATES DTP/DTaP/DT Tdap Hepatitis B Measles Mumps Rubella Varicella Polio 1 Polio 2 Polio 3 MMR Varicella Mening ACWY Hep A Rotavirus Mening B Other

ASSESSMENT  Well Child (Z00.129)  Diagnoses/Problems (list) ICD-10 Code RECOMMENDATIONS  Full physical activity  Restrictions (specify) Follow-up Needed  No  Yes, for Appt. date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Care Practitioner Signature Date Form Completed DOHMH ONLY PRACTITIONER I.D. Health Care Practitioner Name and Degree (print) Practitioner License No. and State TYPE OF EXAM:  NAE Current  NAE Prior Year(s) Facility Name National Provider Identifier (NPI) Date Reviewed: I.D. NUMBER Address City State Zip REVIEWER: Telephone Fax Email FORM ID#



# ASTHMA

## MEDICATION ADMINISTRATION FORM - OFFICE OF SCHOOL HEALTH

Authorization for Administration of Medication to Students for School Year 2016–2017

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

**THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY STUDENT'S HEALTH CARE PRACTITIONER**

<b>Diagnosis</b>	<b>Select Asthma Severity and Control</b>				
<input type="checkbox"/> Asthma	<b>Severity:</b>	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Mild Persistent	<input type="checkbox"/> Moderate Persistent	<input type="checkbox"/> Severe Persistent
Other:	<b>Control:</b>	<input type="checkbox"/> Well-controlled		<input type="checkbox"/> Poorly Controlled (includes Not Controlled category)	

**Student Asthma Risk Assessment Questionnaire (Y = Yes; N = No; U = Unknown)**

History of near-death asthma requiring mechanical ventilation	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	<b>History of asthma-related:</b>
History of life-threatening asthma (e.g., with loss of consciousness or with hypoxic seizure)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	PICU admissions (ever) <span style="float: right;"><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</span>
Received oral steroids within past 12 months: ____ times	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	ER visits within past 12 months: ____ times <span style="float: right;"><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</span>
Date last oral steroids received: ____/____/____				Hospitalizations within past 12 months: ____ times <span style="float: right;"><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</span>
History of food allergy, eczema, specify _____	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	

<b>Select In School ASTHMA Medications</b>	<b>In School Instructions</b>
<b>1. Quick Relief Medications</b> Choose <b>ONLY</b> one: <input type="checkbox"/> <b>Albuterol</b> [Ventolin® can be provided by school for shared usage (plus individual spacer): <b>see back</b> ]. <input type="checkbox"/> MDI with spacer <input type="checkbox"/> DPI <input type="checkbox"/> <b>Other Medication Order:</b> Name: _____ Dose: _____ Route: _____ Time interval: q ____ hrs <b>Instructions:</b>	<input type="checkbox"/> <b>Standard Order:</b> Give <b>2 inhalations</b> q 4 hours PRN for coughing, wheezing, tightness in chest, difficulty breathing or shortness of breath ("Asthma Flare Symptoms"). Monitor for 20 minutes or until symptom-free. If not symptom-free after 20 minutes may repeat <b>ONCE</b> <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> <b>If in Respiratory distress*:</b> call 911 and give <b>6 inhalations</b> ; then may repeat 6 inhalations q 20 minutes until EMS arrives. <input type="checkbox"/> <b>Pre-exercise:</b> give <b>2 inhalations</b> 15 -20 minutes before exercise. <input type="checkbox"/> <b>URI symptoms or recent asthma flare (within 5 days):</b> give <b>2 inhalations @ noon</b> for 5 days.

<b>2. Controller Medications for In-School Administration</b> <i>(Recommended for Persistent Asthma, per NAEPP Guidelines)</i> SPECIFY Name(s) of medication <input type="checkbox"/> <b>Inhaled corticosteroid (ICS):</b> _____ Strength _____ <input type="checkbox"/> MDI with spacer <input type="checkbox"/> DPI <input type="checkbox"/> <b>Other:</b> _____ Strength _____ Dose: _____ Route: _____ Time interval: q _____	<input type="checkbox"/> <b>Standing daily dose:</b> ____ inhalations <u>once a day</u> at ____ AM OR ____ PM <b>OR</b> ____ inhalations <u>twice a day</u> at ____ AM and ____ PM <b>Special Instructions:</b>
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**Select the most appropriate option for this student:**

Nurse-Dependent Student: nurse must administer medication

Supervised Student: student self-administers, under adult supervision

Independent Student: student is self-carry / self-administer:\*\*

\* I attest student demonstrated the ability to self-administer the prescribed medication effectively for school/field trips/school-sponsored events. \_\_\_\_\_  
practitioner's initials

**\*\* PARENT MUST INITIAL REVERSE SIDE**

<b>HOME Medications (include over-the counter)</b>	<b>For Office of School Health (OSH) Only</b>
	Revisions per OSH after consultation with prescribing practitioner. <input type="checkbox"/> IEP
	<b>*Respiratory Distress:</b> includes breathlessness at rest, tachypnea, cyanosis, pallor, hunching forward, nasal flaring, accessory respiratory muscle use, abdominal breathing, shallow rapid breathing, talking in words, wheezing throughout expiration and inspiration or decreased or absent breath sounds, agitation, drowsiness, confusion or exceptionally quiet appearance.

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

**INCOMPLETE PRACTITIONER INFORMATION WILL DELAY IMPLEMENTATION OF MEDICATION ORDERS**

**ASTHMA**  
**MEDICATION ADMINISTRATION FORM - OFFICE OF SCHOOL HEALTH**  
 Authorization for Administration of Medication to Students for School Year 2016–2017

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

I hereby consent to the storage and administration of medication, as well as the storage and use of necessary equipment to administer medication, in accordance with the instructions of my child's health care practitioner. 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 all provided medication must be supplied in its original and UNOPENED medication box. I further understand that I must immediately advise 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 consent is only valid until the end of a New York City Department of Education ("DOE") sponsored summer instruction program session; or such time that I deliver to the school nurse a new prescription or instructions issued by my child's health care practitioner (whichever is earlier). By submitting this MAF, I am requesting that my child be provided specific health services by DOE and the New York City Department of Health and Mental Hygiene (DOHMH) through the Office of School Health (OSH). I understand that these services may include a clinical assessment and a physical examination by an OSH health care practitioner. Full and complete instructions regarding the above-requested health service(s) are included in this MAF. I understand that OSH 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.

I understand that 30 days before the above-mentioned MAF expiration date, an OSH health care practitioner may examine my child to evaluate his/her asthma symptoms and my child's response to the prescribed medication, and may issue a new MAF. If the OSH health care practitioner determines that no changes to the orders in the MAF are necessary, the OSH health care practitioner may issue a new MAF with the same orders to expire in one year unless my child's health care practitioner provides a new MAF. If an OSH health care practitioner determines based on an examination of my child and pertinent medical history that the orders in the MAF should be changed, the OSH health care practitioner may issue a new MAF with different orders. I, along with my child's health care practitioner of record, will be notified of the issuance of new MAF and of any change in the MAF orders. I further understand that I will have until 30 days before the expiration date of this MAF to submit a new MAF, or to object to this examination in writing, to the school nurse. If I do not submit a new MAF to the school nurse, or notify the school nurse in writing that I object to my child being examined by an OSH health care practitioner, by this deadline, my child may be examined and a new MAF may be issued.

I recognize that this form is not an agreement by OSH and DOE to provide the services requested, but rather my request, consent 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 understand that OSH and DOE and their employees and agents, may 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 practitioner 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 consent to 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, and for any and all consequences of my child's use of such medication in school. I understand that the school nurse will confirm my child's ability to self-carry and self-administer in a responsible manner. In addition, I agree to provide "back up" medication in a clearly labeled container to be kept in the medical room in the event my child does not have sufficient medication to self-administer.

\_\_\_\_\_ I consent to the school nurse storing and/or administering 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 practitioner and that I consent to the Office of School Health administering 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 (_____) _____ - _____	
Parent/Guardian e-mail address*		Cell Phone* (_____) _____ - _____	
Alternate Emergency Contact's Name		Contact Telephone Number (_____) _____ - _____	
DO NOT WRITE BELOW – FOR OFFICE OF SCHOOL HEALTH (OSH) USE ONLY			
Received by: Name		Reviewed by: Name	
Date ___/___/_____		Date ___/___/_____	
Self-Administers/Self-Carries: <input type="checkbox"/> Yes <input type="checkbox"/> No		Services provided by: <input type="checkbox"/> Nurse <input type="checkbox"/> OSH Public Health Advisor <input type="checkbox"/> School Based Health Center	
Signature and Title (RN OR MD/DO/NP):			

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.

Thank you,

The Little Lions Camp Staff

We / I certify that my child, \_\_\_\_\_, is able to swim and may do so under the supervision of the Columbia University Little Lions 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): \_\_\_\_\_

# LITTLE LIONS CAMP CODE OF CONDUCT

## Camp Philosophy and Behavioral Expectations

Respect Yourself, Respect Each Other, Respect the Space

Every camper has the right to a happy and safe experience at camp. 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 Little Lions 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 \_\_\_\_\_

## Little Lions Camp Departure/Release Form

“We/I hereby request you accept camper’s application for enrollment in the 2016 Summer Little Lions 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 Little Lions 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: \_\_\_\_\_